

7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</p> <p>The Barre Housing Authority does not operate a homeownership program under Public Housing, however under the Section 8 Voucher Program, the BHA has a cooperation agreement with the Vermont State Housing Authority to make referrals for those families that are potentially eligible and have requested to be referred to VSHA.</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>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>As of 10/1/2009: 324 currently eligible on the waiting lists for both Public Housing and Section 8</p> <p>68% extremely low income 27% very low income 5% low income</p> <p>119 (37%) families with children 96 (30%) elderly families 114 (33%) families with disabilities</p> <p>By Bedroom size:</p> <p>82 (62%) 1 br 30 (23%) 2 br 10 (8%) 3 br 2 (2%) 4 bedroom</p> <p>3 (1%) race/ethnicity.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>See additional information below</p>

Additional Information. Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

Goal #1: Our Public Housing facilities run at 98% occupancy. Also, we have applied for and received HUD Competitive Stimulus Grants (over \$800,000) to create optimal energy efficiency in two of our larger Public Housing buildings.

Goal #2: Our SEMAP score in 2009 was 96% vs 92% in 2008. We have an active and on-going modernization plan for Public Housing that is based on a twenty-year Capital Needs Assessment completed in October 2009.

Goal #3: BHA utilizes cost effective means to publicize our Section 8 Housing Choice Voucher program (Channel 7 cablevision advertising, Craig's List, The World on-line listings). We also have a cooperative agreement with the Vermont State Housing Authority to refer interested households to their Home Ownership programs and resources.

Goal #4: We have invested over \$80,000 in Formula American Reinvestment and Recovery Act (ARRA) funds to upgrade our security access and camera systems in all Public Housing buildings and our rental office.

Goal#5: BHA is an active partner with the Tangible Assets program of the Central Vermont Community Action Council. We also advertise this program in all lease-up packets for new tenants of Public Housing. We work closely with the Vermont Department of Employment and Training and use enrollees of their various programs for work site training opportunities in our Maintenance Department and Administrative functions when feasible. We use HUD ROSS Service Coordination funds to contract with the Central Vermont Council on Aging for the provision of early assessment and Case Management needs of elders in Public Housing. BHA sponsors a large senior meals program called The Galley where we provide 45,000 community and home delivered meals to elders and adults with disabilities living in Public Housing and in the surrounding towns near BHA housing. We have also revised job descriptions of our Tenant Services staff to reflect responsibilities of resource development to seek grants and other opportunities to better serve residents of Public Housing.

Goal #6: All of our policies and procedures for screening applicants for Section 8 and Public Housing as well as our Personnel Policies and Procedures contain clear and concise language which is enforced with regards to equal rights and opportunities for all applicants, residents and employees.

Goal #7: We have reduced our turn-around time from over 40 days in 2008 to just over 29 days in 2009. We will continue to make efforts in the area to lower the amount of time it takes to turn apartments over to new tenants of Public Housing.

10.0

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

Substantial deviations from the 5-Year Plan and significant amendments or modifications to the Annual Plan will result in the Barre Housing Authority subjecting these changes to the policies or activities to full public hearing and HUD review before implementation.

The Barre Housing Authority shall define substantial deviation from the 5-Year Plan or significant amendment or modification to the Annual Plan as any of the following actions:

- **Changes to rent or admissions policies or to the organization of the waiting list;**
- **Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Annual Plan) or change in use of replacement reserve funds under the Capital Fund;**
- **Any change with regard to demolition or disposition, designation 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; the Barre Housing Authority will not consider such changes significant amendments.

Violence Against women Act (VAWA)

The Barre Housing Authority (BHA) is committed to assisting individuals who have been victims of domestic violence by ensuring compliance with all aspects of the Violence Against women Act (VAWA). Our Occupancy and Leasing staff have the knowledge to effectively administer and comply with the provisions of VAWA. Victims of Domestic Violence get a higher priority from BHA and it is discussed with all applicants for housing assistance, both Public housing and the Section 8 Housing Choice Voucher Program. Our Property Managers and Tenant Services Coordinator also work closely with police departments in Barre city and Barre town, we have a well established working relationship with the Woman's Crisis Assault Team. Finally, Our Admissions and Continued Occupancy and Administrative Plan contain specific policies dealing with VAWA.

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)
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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

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

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

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

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

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

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

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

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

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

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

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

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

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

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

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

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

Part I: Summary	
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36P005501-06 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2006	
FFY of Grant Approval:	

Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:05) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report	
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Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	46,143.60	46,143.60	46,143.60	46,143.60
3	1408 Management Improvements	51,462.84	51,462.84	51,462.84	51,462.84
4	1410 Administration (may not exceed 10% of line 21)	46,141.80	46,141.80	46,141.80	46,141.80
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,849.69	9,849.69	9,849.69	9,849.69
8	1440 Site Acquisition				
9	1450 Site Improvement	2,500.00	0.00	0.00	
10	1460 Dwelling Structures	246,946.05	249,446.05	249,446.05	246,695.14
11	1465.1 Dwelling Equipment—Nonexpendable	33,840.00	33,840.00	33,840.00	33,840.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	24,552.02	24,552.02	24,552.02	24,552.02
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36P005501-06 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2006 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 05)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009			<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
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)	461,436.00	461,436.00	461,436.00	458,685.09
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Barre Housing Authority			Grant Type and Number Capital Fund Program Grant No: VT36P005501-06 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
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	
5-1 Green Acres	Flooring	1460		13,793.00	13,793.00	13,793.00	13,793.00	Finished
	Playground Equipment	1460		30,251.09	30,251.09	30,251.09	30,251.09	Finished
	Underground Waterleak	1460		117,383.07	132,132.16	132,132.16	132,132.16	Finished
5-2 Washington Apts	Flooring	1460		3,993.75	6,744.66	6,744.66	3,993.75	Finished
	Shared Housing Conversion	1460		3,550.94	3,550.94	3,550.94	3,550.94	Finished
	Windows	1460		15,000.00	0.00			
5-4 Tilden House	Corridor Renovations	1460		5,223.95	5,223.95	5,223.95	5,223.95	Finished
	Washers and Dryers	1465		8,436.00	8,436.00	8,436.00	8,436.00	Finished
	Flooring	1460		2,750.37	2,750.37	2,750.37	2,750.37	Finished
	ADA - Concrete Patio	1460		2,000.00	2,000.00	2,000.00	2,000.00	Finished
5-5 Jefferson Apts.	Flooring	1460		2,251.80	2,251.80	2,251.80	2,251.80	Finished
	Washers and Dryers	1465		2,876.00	2,876.00	2,876.00	2,876.00	Finished
5-8 North Barre Man.	Washers and Dryers	1465		13,996.00	13,996.00	13,996.00	13,996.00	Finished
	Flooring	1460		390.00	390.00	390.00	390.00	Finished
	Hot Water System	1460		49,625.30	49,625.30	49,625.30	49,625.30	Finished

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Barre Housing Authority			Grant Type and Number Capital Fund Program Grant No: VT36P005501-06 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
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	
5-8 North Barre Manor	Exterior Renovations - Lights	1450		2,500.00	0.00	0.00	0.00	
5-9 Quarry Hill Apts.	Washers and Dryers	1465		7,046.00	7,046.00	7,046.00	7,046.00	Finished
5-10 Avery Apts.	Washers and Dryers	1465		1,486.00	1,486.00	1,486.00	1,486.00	Finished
	Flooring	1460		732.78	732.78	732.78	732.78	Finished
PHA Wide	Maintenance Operations	1406		46,143.60	46,143.60	46,143.60	46,143.60	
	Salaries - 20% Max	1408		50,964.34	50,964.34	50,964.34	50,964.34	
	Salaries - 10% Max	1410		46,141.80	46,141.80	46,141.80	46,141.80	
	Fees and Costs	1430		9,849.69	9,849.69	9,849.69	9,849.69	
	Maintenance Equipment	1475		21,732.00	21,732.00	21,732.00	21,732.00	
	Office Equipment	1475		2,820.02	2,820.02	2,820.02	2,820.02	
	Staff Training	1408		498.50	498.50	498.50	498.50	

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: Barre Housing Authority					Federal FFY of Grant: 2006
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	
5-1 Green Acres	07/18/2008	07/18/2008	07/17/2010	07/17/2010	
5-2 Washington Apts.	07/18/2008	07/18/2008	07/17/2010	07/17/2010	
5-4 Tilden House	07/18/2008	07/18/2008	07/17/2010	07/17/2010	
5-5 Jefferson Apartments	07/18/2008	07/18/2008	07/17/2010	07/17/2010	
5-8 North Barre Manor	07/18/2008	07/18/2008	07/17/2010	07/17/2010	
5-9 Quarry Hill Apartments	07/18/2008	07/18/2008	07/17/2010	07/17/2010	
5-10 Avery Apartments	07/18/2008	07/18/2008	07/17/2010	07/17/2010	

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

Part I: Summary	
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36P005501-07 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2007 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: 09/30/2009 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	44,113.00	44,113.00	44,113.00	44,113.00
3	1408 Management Improvements	11,405.25	11,405.25	11,405.25	11,405.35
4	1410 Administration (may not exceed 10% of line 21)	45,621.00	45,621.00	45,621.00	45,621.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	355,067.75	355,067.75	355,067.75	355,067.75
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Summary					
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36P005501-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2007 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009			<input checked="" type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	456,207.00	456,207.00	456,207.00	456,207.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Barre Housing Authority					Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
5-8 North Barre Manor	09/12/2009	09/12/2009	09/12/2011	09/12/2011	
PHA Wide	09/12/2009	09/12/2009	09/12/2011	09/12/2011	

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

Part I: Summary	
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36P005501-08 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2008 FFY of Grant Approval:	

Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009	<input checked="" type="checkbox"/> Revised Annual Statement (revision no:04) <input type="checkbox"/> Final Performance and Evaluation Report
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Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	91,241.40	49,963.00	49,963.00	45,620.70
3	1408 Management Improvements	68,774.90	99,925.00	99,925.00	57,268.34
4	1410 Administration (may not exceed 10% of line 21)	45,620.70	49,963.00	49,963.00	22,810.34
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	1.00	0.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	202,472.00	202,266.00	199,841.00	199,841.00
10	1460 Dwelling Structures	66,014.00	72,077.44	39,078.44	30,475.30
11	1465.1 Dwelling Equipment—Nonexpendable	1.00	0.00		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	25,500.00	25,430.56	24,250.71	23,929.56
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36P005501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2008 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 04)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009			<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
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)				
21	Amount of line 20 Related to LBP Activities	499,625.00	499,625.00	463,021.15	379,945.24
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Barre Housing Authority			Grant Type and Number Capital Fund Program Grant No: VT36P005501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
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	
5-1 Green Acres	Cycle Painting	1460		1.00	0.00			
	Flooring	1460		15,000.00	21,577.38	21,577.38	15,000.00	
	Roofing	1460		1.00	0.00			
	New Windows	1460		1.00	0.00			
	Underground Heating System	1450		194,972.00	194,972.00	194,972.00	194,972.00	Finished
5-2 Washington Apts.	Windows	1460		12,499.00	0.00			
5-4 Tilden House	Renovate Kitchens	1460		1.00	12,500.00	12,500.00	12,500.00	
	Replace Vent Fan on Roof	1460		1.00	0.00			
	Corridor Renovation	1460		7,000.00	7,000.00			
	Cycle Painting	1460		1.00	0.00			
	ADA Renovations (2 apts)	1460		5,000.00	5,000.00			
	Exterior Reno - Paving, siding, etc	1450		5,499.00	5,499.00	3,074.00	3,074.00	
	Refridgerators	1465		1.00	0.00			
	Exterior Renovations	1460		1.00	0.00			
5-5 Jefferson Apts.	Weatherization	1460		1.00	0.00			
	Flooring - Apts, Lobby, and Hall	1460		5,000.00	5,000.00			

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 II: Supporting Pages								
PHA Name: Barre Housing Authority			Grant Type and Number Capital Fund Program Grant No: VT36P005501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
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	
5-5 Jefferson Apts	Cycle Painting - Community Room	1460		2,500.00	2,000.00			
	Exterior Renovations - siding, doors, etc.	1460		5,000.00	5,000.00			
	Generator	1460		1.00	0.00			
	Paving	1450		2,000.00	1,795.00	1,795.00	1,795.00	
5-9 Quarry Hill Apts.	Flooring	1460		2,500.00	2,500.00	2,500.00	1,276.10	
	Windows	1460		1.00	0.00			
	Generator	1460		1.00	0.00			
	Cycle Painting	1460		1.00	0.00			
	Weatherization	1460		1.00	0.00			
5-10 Avery Apts.	Exterior Renovations and Insulation	1460		8,999.00	8,999.00			
	Generator	1460		1.00	0.00			
	Flooring	1460		2,500.00	2,501.06	2,501.06	1,699.20	
	Sidewalks	1450		1.00	0.00			
	Cycle Painting	1460		1.00	0.00			
	Fire Panel	1460		1.00	0.00			
PHA Wide	Maintenance Operations	1406		91,241.40	49,623.00	49,623.00	45,620.70	

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: Barre Housing Authority					Federal FFY of Grant: 2008
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	
5-1 Green Acres	06/12/2010	06/12/2010	06/12/2012	06/12/2012	
5-2 Washington Apts.	06/12/2010	06/12/2010	06/12/2012	06/12/2012	
5-4 Tilden House	06/12/2010	06/12/2010	06/12/2012	06/12/2012	
5-5 Jefferson Apartments	06/12/2010	06/12/2010	06/12/2012	06/12/2012	
5-8 North Barre Manor	06/12/2010	06/12/2010	06/12/2012	06/12/2012	
5-9 Quarry Hill Apartments	06/12/2010	06/12/2010	06/12/2012	06/12/2012	
5-10 Avery Apartments	06/12/2010	06/12/2010	06/12/2012	06/12/2012	
PHA Wide	06/12/2010	06/12/2010	06/12/2012	06/12/2012	

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

Part I: Summary									
PHA Name:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Grant Type and Number</td> <td style="width:50%;">FFY of Grant:</td> </tr> <tr> <td>Capital Fund Program Grant No:</td> <td>FFY of Grant Approval:</td> </tr> <tr> <td>Replacement Housing Factor Grant No:</td> <td></td> </tr> <tr> <td>Date of CFFP:</td> <td></td> </tr> </table>	Grant Type and Number	FFY of Grant:	Capital Fund Program Grant No:	FFY of Grant Approval:	Replacement Housing Factor Grant No:		Date of CFFP:	
Grant Type and Number	FFY of Grant:								
Capital Fund Program Grant No:	FFY of Grant Approval:								
Replacement Housing Factor Grant No:									
Date of CFFP:									

Type of Grant	
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Revised Annual Statement (revision no:)
	<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				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Summary					
PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director			Date	Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Summary	
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36P005501-09 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval:	

Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:02) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report	
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Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	73,805.00	49,203.00		
3	1408 Management Improvements	80,805.00	80,805.00		
4	1410 Administration (may not exceed 10% of line 21)	49,203.00	49,203.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,542.00	8,542.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	2.00	0.00		
10	1460 Dwelling Structures	153,953.00	136,557.00		
11	1465.1 Dwelling Equipment—Nonexpendable	121,724.00	163,724.00		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	4,000.00	4,000.00		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36P005501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 02)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	492,034.00	492,034.00		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Barre Housing Authority			Grant Type and Number Capital Fund Program Grant No: VT36P005501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
5-1 Green Acres	Flooring	1460		5,000.00	0.00			
	Storage Units	1460		1.00	0.00			
5-2 Washington Apts.	Flooring	1460		2,500.00	0.00			
	Elevator	1460		82,000.00	61,000.00			
	Exterior Renovations - Trim, etc	1460		17,951.00	0.00			
5-4 Tilden House	Flooring	1460		2,500.00	0.00			
	Renovate Kitchens - Cabinets, Counters	1460		1.00	0.00			
	Refridgerators	1465		32,000.00	30,000.00			
	Unit Conversion	1460		0.00	17,955.00			
5-5 Jefferson Apts.	Flooring	1460		2,500.00	0.00			
	Faucet Replacement	1460		5,000.00	5,000.00			
	Unit Lighting	1460		5,000.00	5,000.00			
	HVAC Units	1465		17,000.00	17,000.00			
5-8 North Barre Manor	Flooring	1460		2,500.00	0.00			

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 II: Supporting Pages								
PHA Name: Barre Housing Authority			Grant Type and Number Capital Fund Program Grant No: VT36P005501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
5-9 Quarry Hill Apts.	Exterior Renovations - Exterior Doors	1460		21,000.00	0.00			
	Flooring	1460		4,000.00	0.00			
	Sidewalk	1450		1.00	0.00			
5-10 Avery Apts.	Exterior Renovations	1460		4,000.00	47,602.00			
	Sidewalk	1450		1.00	0.00			
PHA Wide	Maintenance Operations	1406		73,805.00	49,203.00			
	Salaries - 10% Max	1410		49,203.00	49,203.00			
	Salaries - 20% Max	1408		73,805.00	73,805.00			
	Maintenance Equipment	1475		1,000.00	1,000.00			
	Galley Equipment	1475		1,500.00	1,500.00			
	Security - All Buildings	1465		28,804.00	28,804.00			
	Local Energy Master Box System - All	1465		0.00	43,920.00			
	Photo Electric Smoke/Co2 Detectors - All	1465		43,920.00	44,000.00			
	Staff Training	1408		5,000.00	5,000.00			
	Software Upgrades	1408		2,000.00	2,000.00			
	Fees and Costs	1430		8,542.00	8,542.00			
	Office Equipment	1475		1,500.00	1,500.00			

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: Barre Housing Authority					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
5-1 Green Acres	09/14/2011	09/14/2011	09/14/2013	09/14/2013	
5-2 Washington Apartment	09/14/2011	09/14/2011	09/14/2013	09/14/2013	
5-4 Tilden House	09/14/2011	09/14/2011	09/14/2013	09/14/2013	
5-5 Jefferson Apartments	09/14/2011	09/14/2011	09/14/2013	09/14/2013	
5-8 North Barre Manor	09/14/2011	09/14/2011	09/14/2013	09/14/2013	
5-9 Quarry Hill Apartments	09/14/2011	09/14/2011	09/14/2013	09/14/2013	
5-10 Avery Apartments	09/14/2011	09/14/2011	09/14/2013	09/14/2013	
PHA Wide	09/14/2011	09/14/2011	09/14/2013	09/14/2013	

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

Part I: Summary	
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36P005501-10 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2010 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement **Reserve for Disasters/Emergencies** **Revised Annual Statement (revision no: _____)**
 Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	75,000.00			
3	1408 Management Improvements	57,000.00			
4	1410 Administration (may not exceed 10% of line 21)	49,203.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	44,281.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	11,550.00			
10	1460 Dwelling Structures	225,500.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	29,500.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

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

Part I: Summary					
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36P005501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2010 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	492,034.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Barre Housing Authority			Grant Type and Number Capital Fund Program Grant No: VT36P005501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
5-1 Green Acres	Flooring	1460		5,000.00				
	Backyard Fencing	1450		11,550.00				
5-2 Washington Apts	Windows	1460		105,000.00				
	Flooring	1460		1,000.00				
5-4 Tilden House	Weatherization	1460		5,000.00				
	Flooring	1460		7,500.00				
	Windows	1460		25,000.00				
5-5 Jefferson Apts	Flooring	1460		2,500.00				
	Unit Lighting	1460		5,000.00				
	Elevator	1460		27,000.00				
5-8 North Barre Manor	Flooring	1460		2,500.00				
5-9 Quarry Hill Apts	Flooring	1460		4,000.00				
	Weatherization	1460		2,500.00				
	Windows	1460		2,500.00				

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² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Barre Housing Authority			Grant Type and Number Capital Fund Program Grant No: VT36P005501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
5-10 Avery Apts	Flooring	1460		3,000.00				
	Exterior Renovations	1460		28,000.00				
PHA Wide	Maintenance Operations	1406		75,000.00				
	Salaries - 1410 - 10% Max	1410		49,203.00				
	Salaries - 1408 - 20% Max	1408		50,000.00				
	Maintenance Equipment	1475		27,000.00				
	Office Equipment	1475		1,500.00				
	Galley Equipment	1475		1,000.00				
	Staff Training	1408		5,000.00				
	Software Upgrades and Additions	1408		2,000.00				
	Fees and Costs - to include a comprehensive study of tire/lightbulb disposals	1430		44,281.00				

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: Barre 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	
5-1 Green Acres	2012		2014		
5-2 Washington Apts	2012		2014		
5-4 Tilden House	2012		2014		
5-5 Jefferson Apts	2012		2014		
5-8 North Barre Manor	2012		2014		
5-9 Quarry Hill Apts	2012		2014		
5-10 Avery Apts	2012		2014		

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

Part I: Summary	
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36S005501-09 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 Revised Annual Statement (revision no:01)
 Performance and Evaluation Report for Period Ending: 09/30/2009 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	69,050.00	66,282.34	64,422.47	53,155.38
8	1440 Site Acquisition				
9	1450 Site Improvement	351,000.00	350,258.00	312,385.00	310,385.00
10	1460 Dwelling Structures	139,376.00	137,386.13	63,236.00	49,236.00
11	1465.1 Dwelling Equipment—Nonexpendable	73,000.00	78,499.53	76,242.53	76,242.53
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36S005501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 01)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/09			<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
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)	632,426.00	632,426.00	516,286.00	489,018.91
20	Amount of Annual Grant:: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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Part II: Supporting Pages								
PHA Name: Barre Housing Authority			Grant Type and Number Capital Fund Program Grant No: VT36S005501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
5-1 Green Acres	Paving	1450		234,000.00	253,278.70	233,258.00	233,258.00	Finished
	Boilers	1460		48,000.00	54,136.00	53,166.00	43,166.00	
5-2 Washington Apts.	Exterior Renovations - Windows	1460		20,876.00	0.00			
5-8 North Barre Man.	Boiler Room	1460		6,500.00	6,070.00	6,070.00	6,070.00	Finished
	Window Panels	1460		60,000.00	60,000.00			
5-9 Quarry Hill Apts.	Exterior Doors	1460		4,000.00	17,180.13	0.00		
5-10 Avery Apts.	Paving	1450		117,000.00	96,979.30	79,127.00	77,127.00	
PHA - Wide	Security - All Buildings	1465		73,000.00	78,499.53	76,242.53	76,242.53	
	Fees and Costs	1430		69,050.00	66,282.34	64,422.47	53,155.38	

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: Barre Housing Authority					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
5-1 Green Acres	03/17/2010		03/17/2012		
5-2 Washington Apts.	03/17/2010		03/17/2012		
5-8 North Barre Manor	03/17/2010		03/17/2012		
5-9 Quarry Hill Apartments	03/17/2010		03/17/2012		
5-10 Avery Apartments	03/17/2010		03/17/2012		
PHA Wide	03/17/2010		03/17/2012		

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

Part I: Summary	
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT00500000109R Replacement Housing Factor Grant No: Date of CFFP: 09/23/2009
FFY of Grant: 2009 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement **Reserve for Disasters/Emergencies** **Revised Annual Statement (revision no: _____)**
 Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	3,833.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	21,600.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	56,233.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT00500000109R Replacement Housing Factor Grant No: Date of CFFP: 09/23/2009	FFY of Grant:2009 FFY of Grant Approval:			
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	81,666.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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

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Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Barre Housing Authority				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Green Acres VT 5-1	09/23/2010		09/23/2012		
PHA Wide	09/23/2010		09/23/2012		

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

Part I: Summary	
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT00500000209R Replacement Housing Factor Grant No: Date of CFFP: 09/23/2009
FFY of Grant: 2009 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement **Reserve for Disasters/Emergencies** **Revised Annual Statement (revision no: _____)**
 Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	18,150.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	117,694.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	584,267.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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⁴ RHF funds shall be included here.

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

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

Part I: Summary						
PHA Name: Barre Housing Authority		Grant Type and Number Capital Fund Program Grant No: VT00500000209R Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	720,111.00				
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	720,111.00				
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.

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

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⁴ RHF funds shall be included here.

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: Barre Housing Authority VT005		Locality: Barre, VT			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	232,000.00	212,000.00	232,000.00	212,000.00
C.	Management Improvements		104,400.00	104,400.00	104,400	104,400.00
D.	PHA-Wide Non-dwelling Structures and Equipment		31,000.00	31,000.00	31,000.00	31,000.00
E.	Administration		49,203.00	49,203.00	49,203.00	49,203.00
F.	Other – Fees and Costs		26,228.00	46,228.00	26,228.00	46,228.00
G.	Operations		49,203.00	49,203.00	49,203.00	49,203.00
H.	Demolition		0.00	0.00	0.00	0.00
I.	Development		0.00	0.00	0.00	0.00
J.	Capital Fund Financing – Debt Service		0.00	0.00	0.00	0.00
K.	Total CFP Funds		492,034.00	492,034.00	492,034.00	492,034.00
L.	Total Non-CFP Funds		0.00	0.00	0.00	0.00
M.	Grand Total		492,034.00	492,034.00	492,034.00	492,034.00

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 (Continuation)						
PHA Name/Number: Barre Housing Authority VT005		Locality: Barre, VT			<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				
	5-1 Green Acres		66,000.00	26,000.00	26,000.00	31,000.00
	5-2 Washington Apts.		26,000.00	26,000.00	26,000.00	28,000.00
	5-4 Tilden House		36,000.00	66,000.00	26,000.00	31,000.00
	5-5 Jefferson Apts.		21,000.00	31,000.00	36,000.00	28,000.00
	5-8 North Barre Manor		31,000.00	21,000.00	36,000.00	28,000.00
	5-9 Quarry Hill Apts.		26,000.00	21,000.00	41,000.00	38,000.00
	5-10 Avery Apts.		26,000.00	21,000.00	41,000.00	28,000.00
	PHA Wide		260,034.00	280,034.00	260,034.00	280,034.00
	CFP Funds Listed for 5-Year Planning (estimated)		492,034.00	492,034.00	492,034.00	492,034.00

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	Estimated Cost	Development Number/Name	General Description of Major Work Categories	Estimated Cost
See	VT 5-1 Green Acres	Windows	10,000.00	VT 5-1 Green Acres	ADA Renovations	15,000.00
Annual		Flooring	5,000.00		Flooring	5,000.00
Statement		Roof	50,000.00		Cycle Painting	1,000.00
		Cycle Painting	1,000.00		Flooring	5,000.00
		SUB-TOTAL	66,000.00		SUB-TOTAL	26,000.00
	VT 5-2 Washington Apts.	Cycle Painting	1,000.00	VT 5-2 Washington Apts.	Cycle Painting	1,000.00
		Flooring	5,000.00		Flooring	5,000.00
		Renovate Kitchens	10,000.00		Basement Lighting	5,000.00
		Windows	10,000.00		Household Appliances	15,000.00
		SUB-TOTAL	26,000.00		SUB-TOTAL	26,000.00
	VT 5-4 Tilden House	Cycle Painting	1,000.00	VT 5-4 Tilden House	Cycle Painting	1,000.00
		Flooring	5,000.00		Flooring	5,000.00
		Renovate Kitchens	25,000.00		Heat Conversions	30,000.00
		Vent Fan on Roof	5,000.00		Windows	30,000.00
		SUB-TOTAL	36,000.00		SUB-TOTAL	66,000.00
	VT 5-5 Jefferson Apts.	Cycle Painting	1,000.00	VT 5-5 Jefferson Apts.	Cycle Painting	1,000.00
		Flooring	5,000.00		Flooring	5,000.00
		Generator	10,000.00		Site Acquisition Parking	10,000.00
		Weatherization	5,000.00		Household Appliances	15,000.00
		SUB-TOTAL	21,000.00		SUB-TOTAL	31,000.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year: 4 FFY 2013			Work Statement for Year: 5 FFY 2014		
	Development Number/Name	General Description of Major Work Categories	Estimated Cost	Development Number/Name	General Description of Major Work Categories	Estimated Cost
See	VT 5-1 Green Acres	Cycle Painting	1,000.00	VT 5-1 Green Acres	Cycle Painting	1,000.00
Annual		Flooring	5,000.00		Flooring	5,000.00
Statement		Storage Units	10,000.00		Int. Renovations – Other	15,000.00
		Int. Renovations - Other	10,000.00		Ext. Renovations - Other	10,000.00
		SUB-TOTAL	26,000.00		SUB-TOTAL	31,000.00
	VT 5-2 Washington Apts.	Cycle Painting	1,000.00	VT 5-2 Washington Apts.	Cycle Painting	1,000.00
		Flooring	5,000.00		Flooring	5,000.00
		Landscaping Other	5,000.00		Int. Renovations – Other	12,000.00
		Ext. Renovations – Other	15,000.00		Ext. Renovations – Other	10,000.00
		SUB-TOTAL	26,000.00		SUB-TOTAL	28,000.00
	VT 5-4 Tilden House	Cycle Painting	1,000.00	VT 5-4 Tilden House	Cycle Painting	1,000.00
		Flooring	5,000.00		Flooring	5,000.00
		Weatherization	10,000.00		Int. Renovations – Other	15,000.00
		ADA Renovations	10,000.00		Ext. Renovations – Other	10,000.00
		SUB-TOTAL	26,000.00		SUB-TOTAL	31,000.00
	VT 5-5 Jefferson Apts.	Cycle Painting	1,000.00	VT 5-5 Jefferson Apts.	Cycle Painting	1,000.00
		Flooring	5,000.00		Flooring	5,000.00
		Heat Conversion	20,000.00		Int. Renovations – Other	12,000.00
		Int. Renovations – Other	10,000.00		Ext. Renovations – Other	10,000.00
		SUB-TOTAL	36,000.00		SUB-TOTAL	28,000.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year: 4 FFY 2013			Work Statement for Year: 5 FFY 2014		
	Development Number/Name	General Description of Major Work Categories	Estimated Cost	Development Number/Name	General Description of Major Work Categories	Estimated Cost
See	VT 5-8 North Barre Manor	Cycle Painting	1,000.00	VT 5-8 North Barre Manor	Cycle Painting	1,000.00
Annual		Flooring	5,000.00		Flooring	5,000.00
Statement		Household Appliances	20,000.00		Int. Renovations – Other	12,000.00
		Int. Renovations - Other	10,000.00		Ext. Renovations - Other	10,000.00
		SUB-TOTAL	36,000.00		SUB-TOTAL	28,000.00
	VT 5-9 Quarry Hill Apts.	Cycle Painting	1,000.00	VT 5-9 Quarry Hill Apts.	Cycle Painting	1,000.00
		Flooring	5,000.00		Flooring	5,000.00
		Garage	10,000.00		Household Appliances	10,000.00
		Roof	20,000.00		Ext. Renovations – Other	10,000.00
		Storage Units	5,000.00		Int. Renovations – Other	12,000.00
		SUB-TOTAL	41,000.00		SUB-TOTAL	38,000.00
	VT 5-10 Avery Apt.	Cycle Painting	1,000.00	VT 5-10 Cycle Painting	Cycle Painting	1,000.00
		Flooring	5,000.00		Flooring	5,000.00
		Weatherization	5,000.00		Int. Renovations – Other	12,000.00
		Ext. Renovations - Building	30,000.00		Ext. Renovations – Other	10,000.00
		SUB-TOTAL	41,000.00		SUB-TOTAL	28,000.00
		SUB-TOTAL	232,000.00		SUB-TOTAL	212,000.00

Part III: Supporting Pages – Management 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	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Routine Operations	49,203.00	Routine Operations	49,203.00
Annual	Salaries 10% Max	49,203.00	Salaries 10% Max	49,203.00
Statement	Salaries 20% Max	98,400.00	Salaries 20% Max	98,400.00
	Staff Training	5,000.00	Staff Training	5,000.00
	Software Updates	1,000.00	Software	1,000.00
	Maintenance Equip.	28,000.00	Maintenance Equip.	28,000.00
	Office Equipment	1,500.00	Office Equipment	1,500.00
	Galley Equipment	1,500.00	Office Equipment	1,500.00
	Fees and Costs	26,228.00	Fees and Costs	46,228.00
	Subtotal of Estimated Cost	\$260,034.00	Subtotal of Estimated Cost	\$280,034.00

Part III: Supporting Pages – Management 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	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Routine Operations	49,203.00	Routine Operations	49,203.00
Annual	Salaries 10% Max	49,203.00	Salaries 10% Max	49,203.00
Statement	Salaries 20% Max	98,400.00	Salaries 20% Max	98,400.00
	Staff Training	5,000.00	Staff Training	5,000.00
	Software Updates	1,000.00	Software	1,000.00
	Maintenance Equip.	28,000.00	Maintenance Equip.	28,000.00
	Office Equipment	1,500.00	Office Equipment	1,500.00
	Galley Equipment	1,500.00	Office Equipment	1,500.00
	Fees and Costs	26,228.00	Fees and Costs	46,228.00
	Subtotal of Estimated Cost	\$260,034.00	Subtotal of Estimated Cost	\$280,034.00

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

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

Part I: Summary					
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36P005501-06 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2006 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 05)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009		<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
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)	461,436.00	461,436.00	461,436.00	458,685.09
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 01/12/2010		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Summary					
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36P005501-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2007 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	456,207.00	456,207.00	456,207.00	456,207.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 01/12/2010		Signature of Public Housing Director	
				Date	

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Part I: Summary					
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36P005501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2008 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 04)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009		<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
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)				
21	Amount of line 20 Related to LBP Activities	499,625.00	499,625.00	463,021.15	379,945.24
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 01/12/2010		Signature of Public Housing Director	
				Date	

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

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

Part I: Summary					
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36P005501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 02)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	492,034.00	492,034.00		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 01/12/2010		Signature of Public Housing Director 	
				Date	

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

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

Part I: Summary					
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36P005501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2010 FFY of Grant Approval:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	492,034.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 			Signature of Public Housing Director		Date

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

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

Part I: Summary					
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT36S005501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 01)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/09			<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
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)	632,426.00	632,426.00	516,286.00	489,018.91
20	Amount of Annual Grant:: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 			Signature of Public Housing Director		Date
					01/12/2010

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

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

Part I: Summary						
PHA Name: Barre Housing Authority		Grant Type and Number Capital Fund Program Grant No: VT00500000109R Replacement Housing Factor Grant No: Date of CFFP: 09/23/2009			FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)	3,650.00				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	81,666.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director		Date		Signature of Public Housing Director		
		01/12/2010				
				Date		

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Part I: Summary					
PHA Name: Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: VT00500000209R Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval:			
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	36,395.00			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	720,111.00			
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	720,111.00			
Signature of Executive Director 		Date 01/12/2010		Signature of Public Housing Director Date	

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Resident Advisory Board (RAB)
REVIEW OF ANNUAL/FIVE YEAR PLAN 2010-2015

The Barre Housing Authority held a meeting to present the Annual/Five year Plan draft to the Resident Advisory Board (RAB) on October 8, 2009 at the Hilltop Restaurant in Barre Town, VT. Attachment #1 is the agenda used at this meeting.

All seven Public Housing buildings were represented at this meeting. Comments were as follows:

- From VT5-2 Washington Apartments, “What is the status of window replacements”? Executive Director explained the issues around replacing the windows. Only \$20,876 was budgeted from American Reinvestment and Recovery Act (ARRA) formula funds. We had applied for a large amount of funding under the Competitive Stimulus grant program but were unsuccessful in landing this grant. Another \$10,000 is budgeted for this project in 2011. However, there is \$100,000.00 budgeted for renovating a Community Space at Green Acres (VT5-1) which will not be needed because the Barre Housing Authority got a Competitive Stimulus grant to pay for this. The suggestion by the RAB was to use the \$100,000 plus for windows at Washington Apartments. The Executive Director also explained the problems we have experienced with the State Historic Preservation Organization (SHIPO) with regards to this project. They insist that we restore the old windows instead of replacing them. There might be a battle over this, as it does not make sense (to BHA) to go this route.
- Is there money to paint the lobby area at VT-5 Jefferson Apartments? The Director of Maintenance pointed out that there was funding budgeted for this in 2014.
- Residents of VT-5-9 Quarry Hill Apartments would like outside lighting added in back of this complex. The Executive Director stated that there was no specific plan at this time to do this. However, he is considering additions to the Security Upgrade being funded by ARRA Formula funds and he would consider this as an idea for that project.
- Residents at VT5-1 Green Acres would like to see better lighting throughout the complex and additional security cameras on site. The Executive Director said he is working on a plan to put cameras around the backside of the property as well as putting up more lighting. He is waiting for more details on the cost of this before going to the Board of Commissioners with a proposal.
- Residents at VT5-9 Quarry Hill Apartments asked about extending the fence we just installed another 125 feet along the back side of the property. The Executive Director said he would look into this but at this time, had no plans to do this.
- Residents of VT-8 asked about outside lighting replacement. The Director of Maintenance said he is trying to get quotes at this time to do this job. Funds had already been budgeted for this purpose.
- Residents of both VT5-5 Jefferson Apartments and VT5-8 North Barre Manor thanked the Barre Housing Authority for getting their trees serviced. The job came out well!

Based on the above, the Barre Housing Authority does not plan on making any changes to the Annual/Five Year plan. However, increased priority will be put on the window issue at Washington Apartments. Window replacement is already in the five year plan and can be moved up if need be to accommodate this project. The larger issue is getting the Historic Preservation folks to see it our way!

Public Hearing

REVIEW OF ANNUAL/FIVE YEAR PLAN 2010 – 2015

The duly warned Public Hearing (see attached Public Notice) on the Barre Housing Authority Annual/Five Year Plan 2010 – 2015 was held on Friday, December 4, 2009 at 10:00 AM at the rental office of the Barre Housing Authority.

Commissioner Ellen Andrews opened the Public Hearing at 10:05 AM. There was nobody from the general public in attendance. Executive Director Charles W. Castle was present and gave a brief report on the Annual/ Five Year Plan 2010 – 2015 process.

The Resident Advisory Board recommended at their meeting held on October 8, 2009 that we proceed with changing out the windows at Washington Apartments. The Barre City Fire Chief has notified BHA that we need to install a Master Box Fire Alarm system in each of our four downtown Public Housing buildings per the Barre City Ordinance. The system is estimated to cost \$44,000.00. We also need to budget money in our capital plan to purchase and install new Photo Electric smoke detectors in all Public Housing apartments by July 1, 2010 in order to be in compliance with State of Vermont Fire Code legislation.

In order to accommodate the above initiatives, the plan has been amended as follows:

- Eliminate funds for Quarry Hill Exterior Door replacements as this will be covered with ARRA Formula funds;
- Take \$2,000.00 away from funds budgeted for Tilden House refrigerator replacement funds (not significant to accomplishing this project);
- Pay for the first elevator repair (\$21,000.00) at Washington Apartments out of operating funds instead of Capital funds;
- Take the funds from the Jefferson Apartments cable upgrade out of the Capital Fund; and,
- Take the \$100,000 for a Community Space conversion at Green Acres from the Capital Plan as it is covered by the new HUD stimulus fund competitive grant.

The changes will be reflected in the plan that is scheduled for approval and BOARD RESOLUTION on Tuesday, January 12, 2010.

The Public Hearing was closed at 10:25 AM.

**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 4/01/2010, 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.

Barre Housing Authority
PHA Name

VT 005
PHA Number/HA Code

____ 5-Year PHA Plan for Fiscal Years 20____ - 20____

____ Annual PHA Plan for Fiscal Years 20____ - 20____

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 <i>Ellen Andrews</i>	Title <i>Chair, Board of Commissioners</i>
Signature <i>Ellen R. Andrews</i>	Date <i>01/12/2010</i>

**Certification for
a Drug-Free Workplace**

**U.S. Department of Housing
and Urban Development**

Applicant Name Barre Housing Authority

Program/Activity Receiving Federal Grant Funding Public Housing Authority - Public Housing and Section 8

Housing Choice Voucher programs

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.)

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 <u>Charles W Castle</u>	Title <u>Creative Director</u>
Signature <u>Charles W Castle</u>	Date <u>01/12/2010</u>

X

**Certification of Payments
to Influence Federal Transactions**

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

Barre Housing Authority
Applicant Name

Public Housing Authority - Public Housing and Section 8
Program/Activity Receiving Federal Grant Funding

Housing Choice Voucher programs

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 <i>Charles W. Castle</i>	Title <i>Executive Director</i>
Signature <i>Charles W. Castle</i>	Date (mm/dd/yyyy) <i>1/12/2010</i>

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, Tayt Brooks the Deputy Commissioner, Department of Economics,
Housing and Community Affairs certify that the Five Year and
Annual PHA Plan of the Barre Housing Authority is consistent with the Consolidated Plan of
State of Vermont prepared pursuant to 24 CFR Part 91.

Ty B Brooks 10/8/09

Signed / Dated by Appropriate State or Local Official