

PHA 5-Year and Annual Plan

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

**OMB No. 2577-0226
Expires 4/30/2011**

1.0	PHA Information PHA Name: <u>Greene Metropolitan Housing Authority</u> PHA Code: <u>OH022</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/01/2011</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>361</u> Number of HCV units: <u>1390</u>				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: Not Applicable at this time				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Not Applicable at this time.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: 1) Revisions to HCV Administrative Plan and Public Housing Admissions and Continued Occupancy Policy, which includes Revision to Admission for HCV and Public Housing to remove one preference, 2) Revisions to Financial Resources based on projected income, 3) Revision to Asset Management – 2011 in full compliance, and 4) Revision to VAWA for HCV and Public Housing to be in compliance with changes to the law. (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. At GMHA's office in lobby, at the public libraries in communities where public housing is located – Beavercreek, Cedarville, Fairborn, Xenia, and Yellow Springs - and at the community rooms of each of the senior housing developments.				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> GMHA intends to dispose of 3978 Indian Ripple Road, Beavercreek and find a replacement unit in the City of Beavercreek. The area where the house is located has become a commercial area since the development of The Greene Mall in Beavercreek and is no longer a good place for a family to live.				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. Attached				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. Attached				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. Attached				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. Not Applicable				

9.0	<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. Not Applicable at this time</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. Not Applicable at this time.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” Not Applicable at this time.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

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.

**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 ^X 5-Year and/or ^X Annual PHA Plan for the PHA fiscal year beginning 4/01/2011 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.

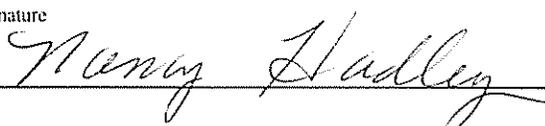
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority 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.

Greene Metropolitan Housing Authority

OH022

PHA Name	PHA Number/HA Code
<input checked="" type="checkbox"/> 5-Year PHA Plan for Fiscal Years 20 ¹⁰ - 20 ¹⁴	
<input checked="" type="checkbox"/> Annual PHA Plan for Fiscal Years 20 ¹¹ - 20 ¹²	

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

Name of Authorized Official Nancy Hadley	Title Board Chair
Signature 	Date 1-10-2011

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Greene Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing, HCV, Capital Fund

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.)

538 N. Detroit Street, Xenia, OH 45385

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 Susan Stiles	Title Executive Director
Signature X 	Date 12/22/2010

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Greene Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing, HCV, Capital Fund

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	Title
Susan Stiles	Executive Director
Signature	Date (mm/dd/yyyy)
	12/22/2010

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 7th	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Couldn't put information in Section 4 for Prime Greene Metropolitan Housing Authority 538 N. Detroit Street Xenia, OH 45385 Congressional District, if known:	
6. Federal Department/Agency: HUD	7. Federal Program Name/Description: HCV, Public Housing, Capital Fund CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): None	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): None	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Susan Stiles</u> Print Name: <u>Susan Stiles</u> Title: <u>Executive Director</u> Telephone No.: <u>937-376-2908</u> Date: <u>1/11/2011</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Resident Comments

Both the Family Resident Advisory Board and the Senior/Disabled Resident Advisory Board met on November 9, 2010 to review and discuss the Annual and Five Year Capital Fund Plans.

A resident in Amp 181 was pleased that deadbolt locks are in the annual plan. There was also discussion about the hot water heaters due to the lime in water. Hot water tanks are currently working well, but resident was happy that hot water heaters are in the five-year plan.

All other comments were in support of the Annual and Five Year Plan.

Challenged Elements

No elements of the Annual and Five Year Plan were challenged at resident meetings, community meetings, or at the public hearing, which was held on December 13, 2010 at 2:00 pm.

Part I: Summary		
PHA Name: Greene Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH10P02250111 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 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	\$110,000.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$60,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$16,000.00			
10	1460 Dwelling Structures	\$425,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	\$4,500.00			
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: Greene Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OH10P02250111 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2011 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)	\$615,500.00				
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	\$66,500.00				
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.
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: Greene Metropolitan Housing Authority			Grant Type and Number Capital Fund Program Grant No: OH10P02250111 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011		
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	
Amp 181	Replace Roofs	1460	18	\$60,000				
	Dead Bolt Locks	1450	33	\$5,000				
	Replace Furnaces	1460	16	\$24,000				
	Bath Rehab	1460	2	\$10,000				
	Landscaping	1450		\$2,000				
Amp 182	Exterior Concrete	1450		\$2,000				
	Windows	1460	10	\$26,000				
	Roofing	1460	6	\$25,000				
	Sewer Lines	1450	2	\$7,000				
	Rehab Unit	1460	2	\$45,000				
	Remove Chimneys	1460	3	\$15,000				
	Flooring	1460	3	\$10,000				
	Patio Doors	1460	7	\$6,500				
	Intercom System	1470	1	\$4,500				
Amp 183	Replace AC Units	1460	10	\$32,000				
	Water Heaters	1460	3	\$5,000				
	Exterior Doors	1460	2	\$1,500				

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.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/20011

Part I: Summary						
PHA Name/Number Greene Metropolitan Housing Authority – OH022		Locality (City/County & State) Xenia/Greene County, Ohio			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY __2012_____	Work Statement for Year 3 FFY _____2013_____	Work Statement for Year 4 FFY __2014_____	Work Statement for Year 5 FFY _2015_____
B.	Physical Improvements Subtotal	Annual Statement	\$352,1000	\$411,500	\$425,000	\$443,800
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		\$61,500	\$54,000	\$52,000	\$91,000
E.	Administration		\$57,000	\$60,000	\$60,000	\$65,000
F.	Other					
G.	Operations		\$110,000	\$110,000	\$110,000	\$110,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$580,600	\$635,500	\$647,000	\$709,800
L.	Total Non-CFP Funds					
M.	Grand Total		\$580,600	\$635,500	\$647,000	\$709,800

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year ____2012_____ FFY _____			Work Statement for Year: _2013_____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Amp 181			Amp 181		
Annual	Appliance	33	\$28,000	Tree Trimming		\$5,000
Statement	Overhead Doors	4	\$3,500	Exterior Concrete	4	\$15,000
	Rehab Unit	2	\$30,000	Sewer Line	1	\$3,000
	Flooring	25	\$30,000	Rehab Unit	2	\$15,000
	Gutters and Spouting	12	\$10,000	Furnaces	4	\$6,000
	Amp 182			Cabinets	10	\$35,000
	Roofing	1	\$50,000	Flooring	5	\$15,000
	Water Piping Repair	1	\$5,000			
	Flooring	8	\$25,000	Amp 182		
	Overhead Doors	5	\$5,000	Tree Trimming		\$5,000
	Appliances	15	\$13,500	Furnaces	10	\$25,000
	Rehab Unit	3	\$50,000	Rehab Units	3	\$60,000
	Siding and Soffit	15	\$30,000	Exterior Concrete	4	\$15,000
	Water Heaters	10	\$12,000	Roofing	10	\$40,000
	Windows	10	\$24,000	Flooring	5	\$15,000
				Electrical Upgrade	2	\$5,000
	Amp 183			Cabinets	10	\$35,000
	Sewer Line	1	\$10,000	Sewer Lines	2	\$6,000
	Exterior Concrete		\$10,000	Bath Rehab	4	\$20,000
	Subtotal of Estimated Cost		\$ continued	Subtotal of Estimated Cost		\$Continued

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____ 2014 _____		Work Statement for Year: _____ FFY _____ 2015 _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Amp 181		Amp 181	
Annual	Air Conditioning	\$12,000	Bath Rehab	\$4,000
Statement	Bath Rehab	\$30,000	Boiler	\$5,000
	Tree Trimming	\$5,000	Rehab Unit	\$30,000
	Rehab Unit	\$20,000	Exterior Concrete	\$5,000
	Water Heaters	\$3,000	Furnaces	\$50,000
	Cabinets	\$25,000	Flooring	\$15,000
	Flooring	\$15,000	Overhead Door	\$800
			Roofing	\$60,000
	Amp 182		Windows	\$30,000
	Tree Trimming	\$15,000		
	Water Heaters	\$6,000	Amp 182	
	Rehab Unit	\$60,000	Appliances	\$16,000
	Patio Doors	\$5,000	Boiler	\$50,000
	Roofing	\$40,000	Cabinets	\$15,000
	Flooring	\$15,000	Exterior Concrete	\$5,000
	Windows	\$30,000	Flooring	\$16,000
	Cabinets	\$35,000	Furnaces	\$8,000
	Sewer Line	\$6,000	Gutter & Spouting	\$6,000
	Bath Rehab	\$20,000	Overhead Doors	\$2,400
	Subtotal of Estimated Cost	\$ continued	Subtotal of Estimated Cost	\$ continued

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____ 2014 _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Siding	\$15,000	Landscaping	\$6,000
Annual			Bath Rehab	\$15,000
Statement	Amp 183		Rehab Units	\$60,000
	Tree Trimming	\$10,000	Sewer Lines	\$4,000
	Flooring	\$6,000	Water piping repair	\$4,000
	Air Conditioning	\$10,000		
	Bath Rehab	\$8,000	Amp 183	
	Gutters	\$5,000	Air Conditioning	\$40,000
	Cabinets	\$20,000	Exterior Concrete	\$5,000
	Rehab Unit	\$50,000	Flooring	\$12,000
	Sewer Lines	\$6,000	Furnaces	\$12,000
	Exterior Concrete	\$5,000	Overhead Doors	\$1,600
			Landscaping	\$3,000
	PHA Wide		Rehab Bath	\$8,000
	Operations	\$110,000	Rehab Unit	\$30,000
	Administration	\$60,000	Roofing	\$6,000
			Siding & Soffit	\$6,000
			Water Heaters	\$4,000
			PHA Wide – Operations	\$110,000
			Administration	\$65,000
	Subtotal of Estimated Cost	\$647,000	Subtotal of Estimated Cost	\$709,800

Part I: Summary						
PHA Name:		Grant Type and Number			RHF Grant No:	FFY of Grant:
Greene Metropolitan Housing Authority					OH10P02250108	2008
						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.:)		9/30/2010
<input checked="" 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	
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00	
2	1406 Operations (may not exceed 20% of line 20) ³	\$0.00	\$0.00	\$0.00	\$0.00	
3	1408 Management Improvements	\$59,000.00	\$0.00	\$59,000.00	\$59,000.00	
4	1410 Administration (may not exceed 10% of line 20)	\$53,561.00	\$0.00	\$53,561.00	\$53,561.00	
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00	
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00	
7	1430 Fees and Costs	\$5,000.00	\$0.00	\$0.00	\$0.00	
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00	
9	1450 Site Improvement	\$48,000.00	\$0.00	\$37,193.46	\$37,193.46	
10	1460 Dwelling Structures	\$317,250.00	\$0.00	\$343,350.84	\$319,582.38	
11	1465.1 Dwelling Equipment - Nonexpendable	\$20,000.00	\$0.00	\$16,368.03	\$16,368.03	
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00	
13	1475 Nondwelling Equipment	\$32,800.00	\$0.00	\$26,137.67	\$26,137.67	
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00	
15	1492 Moving to Work Demonstratoin	\$0.00	\$0.00	\$0.00	\$0.00	
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00	
17	1499 Development Activities ⁴	\$0.00	\$0.00	\$0.00	\$0.00	
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00	
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00	
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00	
20	Amount of Annual Grant: (sum of lines 2-19)	\$535,611.00	\$0.00	\$535,611.00	\$511,842.54	
21	Amount of line 20 Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00	
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00	
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00	
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00	
25	Amount of Line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00	
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

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:		Grant Type and Number			Federal FFY of Grant:			
Greene Metropolitan Housing Authority		CFP Grant No.:	OH10P02250108		CFPP (Yes/No):	2008		
RHF Grant No.:								
Development Number/ Name/PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE	RESIDENT JOB TRAINING	1408		\$44,000.00	\$0.00	\$50,051.24	\$50,051.24	complete
	STAFF DEVELOPMENT	1408		\$5,000.00	\$0.00	\$7,925.43	\$7,925.43	complete
	COMPUTER SOFTWARE	1408		\$10,000.00	\$0.00	\$1,023.33	\$1,023.33	complete
	NON TECH SALARIES	1410		\$8,561.00	\$0.00	\$12,712.47	\$12,712.47	complete
	TECHNICAL SALARIES	1410		\$31,000.00	\$0.00	\$27,268.73	\$27,268.73	complete
	EMPLOYMENT BENEFITS	1410		\$14,000.00	\$0.00	\$13,579.80	\$13,579.80	complete
	PLANNING/CONSULTANTS	1430		\$5,000.00	\$0.00	\$0.00	\$0.00	
	OFFICE FURNITURE /EQUIPMENT	1475		\$10,000.00	\$0.00	\$888.93	\$888.93	
	COMPUTER EQUIPMENT	1475		\$15,000.00	\$0.00	\$14,990.57	\$14,990.57	complete
	LAWN EQUIPMENT	1475	4	\$1,800.00	\$0.00	\$1,466.62	\$1,466.62	
	MAINTENANCE EQUIPMENT	1475		\$4,000.00	\$0.00	\$8,791.55	\$8,791.55	complete
OH10P022001	LANDSCAPING	1450	4	\$2,000.00	\$0.00	\$0.00	\$0.00	
	REHAB BATHROOMS	1460	2	\$10,000.00	\$0.00	\$0.00	\$0.00	
OH10P022002	ELECTRICAL UPGRADE	1460	50	\$25,000.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR CONCRETE	1450		\$0.00	\$0.00	\$8,193.00	\$8,193.00	
	WATER HEATER	1460		\$0.00	\$0.00	\$3,905.88	\$3,905.88	
	APPLIANCES	1465		\$0.00	\$0.00	\$653.94	\$653.94	
	FLOORING	1460	4	\$2,000.00	\$0.00	\$8,545.80	\$8,545.80	
OH10P022004	FLOORING	1460	4	\$4,000.00	\$0.00	\$1,962.09	\$1,962.09	
	PLUMBING	1460	1	\$5,000.00	\$0.00	\$0.00	\$0.00	
	PATIO DOOR REPLACEMENT	1460	26	\$42,000.00	\$0.00	\$37,076.90	\$37,076.90	
	CEILING TILE	1460		\$3,000.00	\$0.00	\$0.00	\$0.00	
OH10P022005	REHAB UNITS	1460	2	\$37,250.00	\$0.00	\$125,223.79	\$125,223.79	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number				Federal FFY of Grant:		
Greene Metropolitan Housing Authority		CFP Grant No.:	OH10P02250108		CFPP (Yes/No):	2008		
RHF Grant No.:								
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	
	WATER HEATER	1460		\$0.00	\$0.00	\$321.16	\$321.16	
	FLOORING	1460		\$0.00	\$0.00	\$2,475.00	\$2,475.00	
OH10P022010	TREE TRIMMING	1450		\$2,000.00	\$0.00	\$350.00	\$350.00	
	FLOORING	1460		\$0.00	\$0.00	\$4,055.97	\$4,055.97	
	ROOFS	1460		\$0.00	\$0.00	\$5,229.63	\$5,229.63	
	REHAB UNITS	1460		\$0.00	\$0.00	\$46,143.05	\$46,143.05	
	REHAB BATHROOMS	1460	2	\$10,000.00	\$0.00	\$0.00	\$0.00	
OH10P022011	LANDSCAPING	1450	6	\$4,000.00	\$0.00	\$0.00	\$0.00	
	WATER HEATER	1460		\$0.00	\$0.00	\$686.95	\$686.95	
OH10P022012	SEWER LINES	1450	1	\$5,000.00	\$0.00	\$7,286.54	\$7,286.54	
	REMOVE OIL TANKS	1450	4	\$10,000.00	\$0.00	\$0.00	\$0.00	
	REHAB BATHROOMS	1460	3	\$15,000.00	\$0.00	\$4,469.32	\$4,469.32	
	WATER HEATER	1460		\$0.00	\$0.00	\$326.62	\$326.62	
	REPLACE ROOFS	1460		\$0.00	\$0.00	\$14,316.70	\$14,316.70	
	REHAB UNITS	1460	3	\$75,000.00	\$0.00	\$45,995.62	\$22,277.16	
	EXTERIOR CONCRETE	1450		\$0.00	\$0.00	\$3,801.56	\$3,801.56	
	LANDSCAPING	1450	4	\$5,000.00	\$0.00	\$1,484.20	\$1,484.20	
OH10P022013	FLOORING	1460	4	\$5,000.00	\$0.00	\$4,052.08	\$4,052.08	
	SIDING, SOFFIT , GUTTER, SPOUTING	1460	3	\$1,000.00	\$0.00	\$0.00	\$0.00	
	TREE TRIMMING	1450		\$2,000.00	\$0.00	\$1,300.00	\$1,300.00	
	REHAB UNITS	1460		\$0.00	\$0.00	\$2,236.60	\$2,236.60	
	LAWN EQUIPMENT	1475	4	\$2,000.00	\$0.00	\$0.00	\$0.00	
OH10P022014	REHAB BATHROOMS	1460	1	\$5,000.00	\$0.00	\$0.00	\$0.00	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number				Federal FFY of Grant:		
Greene Metropolitan Housing Authority		CFP Grant No.:	OH10P02250108		CFPP (Yes/No):	2008		
RHF Grant No.:								
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	
OH10P022015	FLOORING	1460	10	\$45,000.00	\$0.00	\$3,858.63	\$3,858.63	
	REHAB UNITS	1460		\$0.00	\$0.00	\$2,062.18	\$2,062.18	
OH10P022016	EXTERIOR DOORS	1460	12	\$10,000.00	\$0.00	\$3,015.00	\$3,015.00	
	LANDSCAPING	1450	5	\$5,000.00	\$0.00	\$0.00	\$0.00	
	APPLIANCES	1465.1	20	\$20,000.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES	1450	2	\$6,000.00	\$0.00	\$6,778.16	\$6,778.16	
	FLOORING	1460		\$0.00	\$0.00	\$2,671.18	\$2,671.18	
	REHAB UNITS	1460		\$0.00	\$0.00	\$662.08	\$662.08	
	REPLACE FURNACES	1460	3	\$10,000.00	\$0.00	\$1,800.00	\$1,800.00	
OH10P022017	EXTERIOR CONCRETE	1450		\$5,000.00	\$0.00	\$8,000.00	\$8,000.00	
	WATER HEATER	1460		\$0.00	\$0.00	\$752.82	\$752.82	
	FLOORING	1460	3	\$10,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOFS	1460		\$0.00	\$0.00	\$21,505.79	\$21,505.79	
	APPLIANCES	1465		\$0.00	\$0.00	\$15,714.09	\$15,714.09	
	REPLACE FURNACES	1460	3	\$3,000.00	\$0.00	\$0.00	\$0.00	
OH10P022018	LANDSCAPING	1450	4	\$2,000.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
Greene Metropolitan Housing Authority		CFP Grant No.:	OH10P02250108		CFPP (Yes/No):	2008		
		RHF Grant No.:						
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	
				\$535,611.00	\$0.00	\$535,611.00	\$511,892.54	

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary						
PHA Name: Greene Metropolitan Housing Authority		Grant Type and Number CFP Grant No: OH10P02250109 Date of CFFP: _____			RHF Grant No: _____	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 type="checkbox"/> Revised Annual Statement (Revision No.: 1) 9/30/2010 <input checked="" 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	
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00	
2	1406 Operations (may not exceed 20% of line 20) ³	\$45,988.00	\$0.00	\$1,500.00	\$1,500.00	
3	1408 Management Improvements	\$64,000.00	\$0.00	\$23,000.00	\$12,383.23	
4	1410 Administration (may not exceed 10% of line 20)	\$58,509.00	\$0.00	\$42,000.00	\$31,652.77	
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00	
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00	
7	1430 Fees and Costs	\$0.00	\$0.00	\$0.00	\$0.00	
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00	
9	1450 Site Improvement	\$53,500.00	\$0.00	\$13,601.00	\$13,601.00	
10	1460 Dwelling Structures	\$360,100.00	\$0.00	\$144,899.00	\$92,599.25	
11	1465.1 Dwelling Equipment - Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00	
12	1470 Nondwelling Structures	\$3,000.00	\$0.00	\$0.00	\$0.00	
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00	
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00	
15	1492 Moving to Work Demonstratoin	\$0.00	\$0.00	\$0.00	\$0.00	
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00	
17	1499 Development Activities ⁴	\$0.00	\$0.00	\$0.00	\$0.00	
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00	
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00	
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00	
20	Amount of Annual Grant: (sum of lines 2-19)	\$585,097.00	\$0.00	\$225,000.00	\$151,736.25	
21	Amount of line 20 Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00	
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00	
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00	
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00	
25	Amount of Line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00	
Signature of Executive Director		2/2/2010		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 II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
Greene Metropolitan Housing Authority		8			2009			
		CFP Grant No.:	OH10P02250109		CFPP (Yes/No):			
		RHF Grant No.:						
Development Number/ Name/PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE	OPERATIONS - COCC	1406		\$45,988.00	\$45,988.00	\$1,500.00	\$1,500.00	
	RESIDENT JOB TRAINING	1408		\$44,000.00	\$44,000.00	\$23,000.00	\$11,201.75	
	STAFF DEVELOPMENT	1408		\$10,000.00	\$10,000.00	\$1,037.62	\$1,037.62	
	COMPUTER SOFTWARE	1408		\$10,000.00	\$10,000.00	\$143.86	\$143.86	
	NON TECH SALARIES	1410		\$0.00	\$0.00	\$0.00	\$0.00	
	TECHNICAL SALARIES	1410		\$58,509.00	\$58,509.00	\$42,000.00	\$31,652.77	
OH10P02200-181	EXTERIOR DOORS	1460	8	\$5,000.00	\$5,000.00	\$0.00	\$0.00	
	FURNACES	1460		\$0.00	\$1,200.00	\$1,200.00	\$1,200.00	
	ROOFS	1460		\$0.00	\$8,004.49	\$8,004.49	\$8,004.49	
	COMMUNITY ROOM LIGHTING	1470	1	\$3,000.00	\$3,000.00	\$0.00	\$0.00	
	WINDOWS	1460	4	\$5,000.00	\$5,000.00	\$0.00	\$0.00	
	CABINETS	1460	19	\$32,000.00	\$22,795.51	\$0.00	\$0.00	
	FLOORING	1460	4	\$5,000.00	\$5,000.00	\$3,000.00	\$2,683.27	
	EXTERIOR CONCRETE	1450		\$4,000.00	\$4,000.00	\$0.00	\$0.00	
	POSTAL BOXES	1450	2	\$3,000.00	\$3,000.00	\$0.00	\$0.00	
	EXTERIOR LIGHTING	1450	4	\$3,000.00	\$3,000.00	\$0.00	\$0.00	
	TREE TRIMMING	1450		\$2,000.00	\$2,000.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT	1450	1	\$1,000.00	\$1,000.00	\$0.00	\$0.00	
OH10P02200-182	RETAINING WALL	1450	1	\$10,000.00	\$10,000.00	\$0.00	\$0.00	
	EXTERIOR CONCRETE	1450		\$20,000.00	\$20,000.00	\$12,401.00	\$12,401.00	
	OVERHEAD DOORS	1460	4	\$2,000.00	\$2,000.00	\$800.00	\$0.00	
	FURNACES	1460	12	\$35,000.00	\$35,000.00	\$37,135.00	\$37,135.00	
	WATER HEATERS	1460	12	\$10,500.00	\$10,500.00	\$5,000.00	\$1,287.81	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
Greene Metropolitan Housing Authority		8 CFP Grant No.: OH10P02250109 RHF Grant No.:			CFFP (Yes/No): 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	
	FLOORING	1460	7	\$20,000.00	\$20,000.00	\$382.00	\$382.00	
	CABINETS	1460	10	\$25,000.00	\$25,000.00	\$0.00	\$0.00	
	WINDOWS	1460	3	\$10,000.00	\$10,000.00	\$1,500.00	\$793.52	
	TREE TRIMMING	1450		\$5,000.00	\$5,000.00	\$1,200.00	\$1,200.00	
	REHAB UNITS	1460	2	\$50,000.00	\$50,000.00	\$50,000.00	\$17,599.76	
OH10P02200-183	FURNACES	1460	20	\$21,600.00	\$21,600.00	\$2,072.03	\$1,505.85	
	WATER HEATERS	1460		\$0.00	\$2,274.00	\$2,274.00	\$2,274.00	
	TREE TRIMMING	1450		\$2,500.00	\$2,500.00	\$0.00	\$0.00	
	ROOFING	1460	4	\$15,000.00	\$15,000.00	\$1,500.00	\$433.20	
	CABINETS	1460	11	\$35,000.00	\$35,000.00	\$0.00	\$0.00	
	REHAB UNITS	1460	1	\$55,000.00	\$52,726.00	\$30,000.00	\$18,450.35	
	PLAYGROUND EQUIPMENT	1450	1	\$2,000.00	\$2,000.00	\$0.00	\$0.00	
	GUTTER & SPOUTING	1460	3	\$5,000.00	\$5,000.00	\$850.00	\$850.00	
	FENCING	1450		\$1,000.00	\$1,000.00	\$0.00	\$0.00	
	WINDOWS	1460		\$9,000.00	\$9,000.00	\$0.00	\$0.00	
	REPLACE SPRINKLER HEADS	1460	50	\$20,000.00	\$20,000.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
Greene Metropolitan Housing Authority		CFP Grant No.: OH10P02250109 RHF Grant No.:			8 CFFP (Yes/No): 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	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$585,097.00	\$585,097.00	\$225,000.00	\$151,736.25	

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.

1406	1408	1410	1450	1460	1470
				5000	
45988	44000			5000	3000
	10000	58509		32000	
	10000		4000	5000	
			3000		
			3000		
			2000		
			1000		
			10000		
			20000	2000	
				35000	
				10500	
				20000	
				25000	
			5000	10000	
				50000	
			2500	21600	
				15000	
				35000	
			2000	20000	
			1000	5000	
				44000	
				20000	
45988	64000	58509	53500	360100	3000
					585097

Part I: Summary						
PHA Name: Greene Metropolitan Housing Authority		Grant Type and Number CFP Grant No: OH10P02250110 Date of CFFP: _____			RHF Grant No: _____ 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.: 1) <input type="checkbox"/> Final Performance and Evaluation Report <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2010						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00	
2	1406 Operations (may not exceed 20% of line 20) ³	\$109,988.00	\$0.00	\$2,000.00	\$0.00	
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00	
4	1410 Administration (may not exceed 10% of line 20)	\$58,032.00	\$0.00	\$0.00	\$0.00	
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00	
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00	
7	1430 Fees and Costs	\$0.00	\$0.00	\$0.00	\$0.00	
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00	
9	1450 Site Improvement	\$86,000.00	\$0.00	\$0.00	\$0.00	
10	1460 Dwelling Structures	\$228,104.00	\$0.00	\$28,000.00	\$0.00	
11	1465.1 Dwelling Equipment - Nonexpendable	\$98,200.00	\$0.00	\$0.00	\$0.00	
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00	
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00	
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00	
15	1492 Moving to Work Demonstratoin	\$0.00	\$0.00	\$0.00	\$0.00	
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00	
17	1499 Development Activities ⁴	\$0.00	\$0.00	\$0.00	\$0.00	
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00	
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00	
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00	
20	Amount of Annual Grant: (sum of lines 2-19)	\$580,324.00	\$0.00	\$30,000.00	\$0.00	
21	Amount of line 20 Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00	
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00	
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00	
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00	
25	Amount of Line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00	
Signature of Executive Director			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:		Grant Type and Number			Federal FFY of Grant:			
Greene Metropolitan Housing Authority		CFP Grant No.:	OH10P02250110		CFFP (Yes/No):		2010	
		RHF Grant No.:						
Development Number/ Name/PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE	OPERATIONS - COCC	1406		\$109,988.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
	TECHNICAL SALARIES	1410		\$58,032.00	\$0.00	\$5,000.00	\$0.00	
OH10P02200-181	TREE TRIMMING	1450		\$5,000.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR CONCRETE	1450		\$15,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE BOILERS	1460	2	\$11,000.00	\$0.00	\$0.00	\$0.00	
	APPLIANCES	1465.1	19	\$15,200.00	\$0.00	\$5,000.00	\$0.00	
	OVERHEAD DOORS	1460	1	\$800.00	\$0.00	\$0.00	\$0.00	
	PLUMBING	1460	14	\$8,000.00	\$0.00	\$0.00	\$0.00	
	WASHER/DRYER HOOKUP	1460		\$2,000.00	\$0.00	\$0.00	\$0.00	
	LANDSCAPING	1450	4	\$8,000.00	\$0.00	\$0.00	\$0.00	
OH10P02200-182	PAVE PARKING LOT	1450	1	\$10,000.00	\$0.00	\$0.00	\$0.00	
	LANDSCAPING	1450		\$2,000.00	\$0.00	\$0.00	\$0.00	
	PAVE DRIVEWAYS	1450	6	\$10,000.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR DOORS	1460	3	\$5,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOFS	1460	25	\$40,000.00	\$0.00	\$0.00	\$0.00	
	APPLIANCES	1465.1	25	\$15,000.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR CONCRETE	1450		\$10,000.00	\$0.00	\$0.00	\$0.00	
	TREE TRIMMING	1460		\$10,000.00	\$0.00	\$0.00	\$0.00	
	REHAB UNITS	1460	3	\$65,000.00	\$0.00	\$12,250.00	\$0.00	
	OVERHEAD DOORS	1460	7	\$5,000.00	\$0.00	\$0.00	\$0.00	
	ELECTRIC UPGRADE	1460		\$6,000.00	\$0.00	\$0.00	\$0.00	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number				Federal FFY of Grant:		
Greene Metropolitan Housing Authority		CFP Grant No.:	OH10P02250110		CFPP (Yes/No):	2010		
		RHF Grant No.:						
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	
	REHAB BATHROOMS	1460	3	\$15,000.00	\$0.00	\$0.00	\$0.00	
OH10P02200-183	WATER HEATERS	1460	12	\$20,000.00	\$0.00	\$2,750.00	\$0.00	
	TREE TRIMMING	1450		\$4,000.00	\$0.00	\$0.00	\$0.00	
	LANDSCAPING	1450		\$2,000.00	\$0.00	\$0.00	\$0.00	
	APPLIANCES	1465.1	72	\$68,000.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR CONCRETE	1450	1	\$15,000.00	\$0.00	\$0.00	\$0.00	
	PATIO FENCING	1450	7	\$3,000.00	\$0.00	\$0.00	\$0.00	
	STORM DOORS	1460	20	\$5,000.00	\$0.00	\$0.00	\$0.00	
	FLOORING	1460	5	\$15,000.00	\$0.00	\$5,000.00	\$0.00	
	PATIO DOORS	1460	10	\$14,000.00	\$0.00	\$0.00	\$0.00	
	ELECTRIC UPGRADE	1460	2	\$4,504.00	\$0.00	\$0.00	\$0.00	
	OVERHEAD DOORS	1460	2	\$1,800.00	\$0.00	\$0.00	\$0.00	
	SITE GRADING	1450		\$2,000.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
Greene Metropolitan Housing Authority		CFP Grant No.:	OH10P02250110		CFFP (Yes/No):		2010	
RHF Grant No.:								
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	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$580,324.00	\$0.00	\$30,000.00	\$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.

1406	1408	1410	1450	1460	1465	1470
45988	44000		5000	11000	15200	
	10000	58032	15000	800		
	10000		8000	8000		
			10000	2000		
			2000	5000		
			10000	40000	15000	
			10000	10000		
				65000		
				5000		
				6000		
				15000		
			4000	20000	68000	
			2000			
			15000			
			3000	5000		
				15000		
				14000		
				4504		
			2000	1800		
45988	64000	58032	86000	228104	98200	0 580324

Part I: Summary						
PHA Name: Greene Metropolitan Housing Authority		Grant Type and Number CFP Grant No: OH10S0225109 Date of CFFP: _____			RHF Grant No: _____ 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 type="checkbox"/> Revised Annual Statement (Revision No.: _____) <input type="checkbox"/> Final Performance and Evaluation Report <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ 9/30/2010						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00	
2	1406 Operations (may not exceed 20% of line 20) ³	\$0.00	\$0.00	\$0.00	\$0.00	
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00	
4	1410 Administration (may not exceed 10% of line 20)	\$67,302.00	\$0.00	\$67,302.00	\$50,847.48	
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00	
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00	
7	1430 Fees and Costs	\$0.00	\$0.00	\$0.00	\$0.00	
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00	
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00	
10	1460 Dwelling Structures	\$610,675.00	\$0.00	\$610,675.00	\$592,287.95	
11	1465.1 Dwelling Equipment - Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00	
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00	
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00	
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00	
15	1492 Moving to Work Demonstratoin	\$0.00	\$0.00	\$0.00	\$0.00	
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00	
17	1499 Development Activities ⁴	\$0.00	\$0.00	\$0.00	\$0.00	
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00	
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00	
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00	
20	Amount of Annual Grant: (sum of lines 2-19)	\$677,977.00	\$0.00	\$677,977.00	\$643,135.43	
21	Amount of line 20 Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00	
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00	
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00	
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00	
25	Amount of Line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00	
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
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:		Grant Type and Number			Federal FFY of Grant:			
Greene Metropolitan Housing Authority		CFP Grant No.:	OH10S0225109		CFFP (Yes/No):		2009	
RHF Grant No.:								
Development Number/ Name/PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE	TECHNICAL SALARIES	1410		\$67,302.00	\$0.00	\$67,302.00	\$50,847.48	
OH10P02200-181	COMPACT FLOURESCENT BULBS	1460		\$2,481.00	\$0.00	\$421.63	\$421.63	
	GEOTHERMAL FURNACES	1460		\$12,000.00	\$0.00	\$0.00	\$0.00	
OH10P02200-182	COMPACT FLOURESCENT BULBS	1460		\$4,515.00	\$0.00	\$767.29	\$767.29	
	REPLACEMENT FURNACES 92%	1460		\$66,000.00	\$0.00	\$54,822.47	\$54,822.47	
	GEOTHERMAL FURNACES	1460		\$84,000.00	\$0.00	\$100,550.00	\$100,550.00	
	WATER HEATERS	1460		\$39,000.00	\$0.00	\$29,378.20	\$29,378.20	
	WINDOWS	1460		\$20,700.00	\$0.00	\$22,038.56	\$22,038.56	
	INSULATE ATTICS	1460		\$6,650.00	\$0.00	\$8,000.00	\$8,000.00	
	INSULATE CRAWL SPACE	1460		\$12,600.00	\$0.00	\$14,948.52	\$14,948.52	
	INSULATE BASEMENT	1460		\$6,600.00	\$0.00	\$8,500.00	\$8,500.00	
	REHAB UNITS	1460		\$225,000.00	\$0.00	\$208,605.99	\$190,218.94	
OH10P02200-183	WINDOWS-HAWTHORNE	1460		\$41,500.00	\$0.00	\$37,299.44	\$37,299.44	
	COMPACT FLOURESCENT BULBS	1460		\$4,179.00	\$0.00	\$710.32	\$710.32	
	REPLACEMENT FURNACES 92%	1460		\$22,000.00	\$0.00	\$22,660.19	\$22,660.19	
	WATER HEATERS	1460		\$13,000.00	\$0.00	\$29,582.39	\$29,582.39	
	WINDOWS	1460		\$2,000.00	\$0.00	\$0.00	\$0.00	
	INSULATE ATTICS	1460		\$1,050.00	\$0.00	\$0.00	\$0.00	
	INSULATE CRAWL SPACE	1460		\$1,200.00	\$0.00	\$0.00	\$0.00	
	INSULATE BASEMENT	1460		\$1,200.00	\$0.00	\$0.00	\$0.00	
	REHAB UNITS	1460		\$45,000.00	\$0.00	\$72,390.00	\$72,390.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	

Violence Against Women Act Report HCV

A goal of GMHA's Section 8 Department is to fully act in accordance with the Violence against Women Act (VAWA). It is the Section 8 Department's objective to work with current tenants to prevent offenses covered by VAWA to the fullest extent.

The GMHA's Section 8 Department will support victims of domestic violence, dating violence, sexual assault, or stalking. The Section 8 Department will refer victims of violence to the Greene County Family Violence Prevention Center and other applicable resources. The Section 8 Department may also refer to the court system for a TPO/CPO.

Referrals will be placed to area agencies to assist with any financial hardships with maintaining their Section 8 housing unit. The Section 8 Department will work to ensure that victims of violence maintain their Housing Choice Voucher.

The GMHA's Section 8 Department provides information and referral to current tenants that exhibit signs of domestic violence, dating violence, sexual assault, and stalking, to enhance victim safety in assisted families. The Section 8 Department also will link victims with area police departments to ensure continued safety and provide housing transfers as needed to relocate the family.

GMHA provides information regarding tenant rights under VAWA. This information is provided to all tenants upon move in.

Violence Against Women Act Report Public Housing

A goal of GMHA's Public Housing Department is to fully act in accordance with the Violence against Women Act (VAWA). It is the Public Housing Department's objective to work with current tenants to prevent offenses covered by VAWA to the fullest extent.

The GMHA's Public Housing Department will support victims of domestic violence, dating violence, sexual assault, or stalking. The Public Housing Department will refer victims of violence to the Greene County Family Violence Prevention Center and other applicable resources. The Public Housing Department may also refer to the court system for a TPO/CPO.

The GMHA's Public Housing Department will provide a referral to child and adult victims of domestic violence, dating violence, sexual assault, or stalking to GMHA's Project TOTAL program to ensure that housing is maintained. Also referrals will be placed to area agencies to assist with any financial hardships with maintaining the public housing unit. The Public Housing Department will work to ensure that victims of violence maintain public housing.

The GMHA's Public Housing Department provides information and referral to current tenants that exhibit signs of domestic violence, dating violence, sexual assault, and stalking, to enhance victim safety in assisted families. The Public Housing Department also will link victims with area police departments to ensure continued safety and provide housing transfers as needed to relocate the family.

The GMHA's provides information regarding tenant rights under VAWA. This information is provided to all tenants upon move in.