PHA 5-Year and Annual Plan 2011 Tn018v01	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: Rockwood Housing Authority PHA Code: TN018

PHA Type: ☒ Small ☐ High Performing ☐ Standard ☐ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): 07/2011

Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: 124 Number of HCV units:

3.0 Submission Type

☐ 5-Year and Annual Plan ☒ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia NA ☐ 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	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:

Not Applicable – Required only in Five-Year Plan

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 – Required only in Five-Year Plan

6.0 PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

Financial Resources: The RHA Financial Statement including PHA Operating and Capital Funds, Rental Income, Investments etc. change on an annual basis. The RHA maintains this information on file and makes it available for HUD and public review at the RHA Administration Office.

Fiscal Year Audit: The RHA's most recent Audit is on file at the RHA Administration Office and is available for HUD and public review.

Violence Against Women Act (VAWA): The RHA has completed the required VAWA Policy.

(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.

Rockwood Housing Authority Administration Office, 320 Carpenter Street, Rockwood, Tennessee 37854

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. *Include statements related to these programs as applicable.*

Not Applicable – Required only in Five-Year Plan

8.0 Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.

8.1	**Capital Fund Program Annual Statement/Performance and Evaluation Report.** As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing. See attached Forms HUD 50075.1 for FFY 2011 and all open CFP Grants.
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. See attached Form HUD 50075.2 for Five-Year CFP.
8.3	**Capital Fund Financing Program (CFFP).** ☐ Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. Not Applicable
9.0	**Housing Needs**. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. Not Applicable – RHA is a Small PHA, therefore this component is required only in Five-Year Plan.

9.1	**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 – RHA is a Small PHA, therefore this component is required only in Five-Year Plan.
10.0	**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. Not Applicable – RHA is a Small PHA, therefore this component is required only in Five-Year Plan. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Not Applicable – RHA is a Small PHA, therefore this component is required only in Five-Year Plan.

11.0	**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. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) ATTACHED (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) ATTACHED (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) ATTACHED (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) ATTACHED (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) NA (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. ATTACHED (g) Challenged Elements NONE (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) ATTACHED (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only) ATTACHED

ATTACHMENTS

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:	**Grant Type and Number**	**FFY of Grant:**
Rockwood Housing Authority	Capital Fund Program Grant No: TN37P01850111 Replacement Housing Factor Grant No: Date of CFFP:_____	2011 **FFY of Grant Approval:** 2011

☒ **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	0			
2	1406 Operations (may not exceed 20% of line 20) [3]	11,445			
3	1408 Management Improvements	32,500			
4	1410 Administration (may not exceed 10% of line 20)	1,000			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	32,500			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	15,000			
10	1460 Dwelling Structures	80,000			
11	1465.1 Dwelling Equipment—Nonexpendable	4,500			
12	1470 Non-dwelling Structures	0			
13	1475 Non-dwelling Equipment	7,000			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration	0			
16	1495.1 Relocation Costs	0			
17	1499 Development Activities[4]	0			

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

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

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

Part I: Summary

PHA Name: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01850111 Replacement Housing Factor Grant No:	**Federal FY of Grant:** 2011 **FFY OF Grant Approval:** 2011

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
18a	1501 Collaterization or Debt Service paid by the PHA	0			
18b	9000 Collaterization or Debt Service paid Via System of Direct Payment	0			
19	1502 Contingency (may not exceed 8% of line 20)	0			
20	Amount of Annual Grant: (sum of lines 2 – 19)	183,945			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Activities	0			
23	Amount of line 20 Related to Security – Soft Costs	0			
24	Amount of Line 20 Related to Security – Hard Costs	0			
25	Amount of line 20 Related to Energy Conservation Measures	0			

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
Gail Gee - Executive	4/14/2011		

[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: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01850111 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:	**Federal FFY of Grant:** 2011

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
TN018-001	Kitchen Renovations	1460	Dev-wide	20,000				
Evans Heights	Bathroom Renovations	1460	Dev-wide	20,000				
TN018-002	Kitchen Renovations	1460	Dev-wide	20,000				
Martin Manor	Bathroom Renovations	1460	Dev-wide	20,000				
PHA-WIDE	Operating Expense	1406	1	11,445				
Operations								
PHA-WIDE	Salaries	1408	1	25,000				
Management	Staff Training	1408	1	5,000				
Improvements	Neighborhood Watch Program	1408	1	2,500				
PHA-WIDE	Advertising	1410	1	1,000				
Administration								
PHA-WIDE	A/E Fees	1430	1	20,000				
Fees & Costs	Management Fees	1430	1	7,500				
	Consultant Fees for PHA Plan	1430	1	3,500				
	Consultant Fees for Env. Review	1430	1	1,500				
PHA-WIDE	Landscaping	1450	PHA-wide	5,000				
Site Improvements	Fencing at Basketball Court	1450	PHA-wide	5,000				
	Speed Breakers	1450	PHA-wide	5,000				
PHA-WIDE	Ranges	1465.1	PHA-wide	1,500				
Dwelling	Refrigerators	1465.1	PHA-wide	1,500				
Equipment	Water Heaters	1465.1	PHA-wide	1,500				

Part II Supporting Pages								
PHA Name: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01850111 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:					**Federal FFY of Grant:** 2011		
Development Number Name/HA-Wide Activities	**General Description of Major Work Categories**	**Dev. Acct No.**	**Quantity**	**Total Estimated Cost**		**Total Actual Cost**		**Status of Work**
				Original	**Revised [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
PHA-WIDE	Maintenance Equipment	1475	PHA-wide	1,000				
Nondwelling	Office Furniture/Equipment	1475	PHA-wide	5,000				
Equipment	Community Space Equipment	1475	PHA-wide	1,000				

[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 Program

PHA Name: Rockwood Housing Authority | **Federal FY of Grant:** 2011

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	
TN018-001 Evans Heights	09/30/2013		09/30/2015		
TN018-002 Martin Manor	09/30/2013		09/30/2015		
PHA-WIDE Operations	09/30/2013		09/30/2015		
PHA-WIDE Management Improvements	09/30/2013		09/30/2015		
PHA-WIDE Administration	09/30/2013		09/30/2015		
PHA-WIDE Fees & Costs	09/30/2013		09/30/2015		
PHA-WIDE Site Improvements	09/30/2013		09/30/2015		
PHA-WIDE Dwelling Equipment	09/30/2013		09/30/2015		
PHA-WIDE Nondwelling Equipment	09/30/2013		09/30/2015		

[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:	**Grant Type and Number**	**FFY of Grant:**
Rockwood Housing Authority	Capital Fund Program Grant No: TN37P01850110 Replacement Housing Factor Grant No: Date of CFFP:_____	2010 **FFY of Grant Approval:** 2010

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** 03/31/2011 ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost[1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 20) [3]	3,186	1,445	0	0
3	1408 Management Improvements	30,000	30,000	0	0
4	1410 Administration (may not exceed 10% of line 20)	1,000	1,000	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	32,500	32,500	0	0
8	1440 Site Acquisition	10,000	10,000	0	0
9	1450 Site Improvement	57,500	57,500	0	0
10	1460 Dwelling Structures	40,000	40,000	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	4,500	4,500	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	7,000	7,000	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities[4]	0	0	0	0

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

Part I: Summary

PHA Name:	**Grant Type and Number**	**Federal FY of Grant:**
Rockwood Housing Authority	Capital Fund Program Grant No: TN37P01850110 Replacement Housing Factor Grant No:	2010 **FFY OF Grant Approval:** 2010

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** 03/31/2011 ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost[1]	
		Original	Revised[2]	Obligated	Expended
18a	1501 Collaterization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collaterization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	185,686	183,945	0	0
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0
24	Amount of Line 20 Related to Security – Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
Jill Jones-Everhart	4/14/11		

[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: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01850110 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:	**Federal FFY of Grant:** 2010

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
TN018-001	Kitchen Renovations	1460	Dev-wide	10,000	10,000	0	0	09/2011
Evans Heights	Bathroom Renovations	1460	Dev-wide	10,000	10,000	0	0	09/2011
TN018-002	Kitchen Renovations	1460	Dev-wide	10,000	10,000	0	0	09/2011
Martin Manor	Bathroom Renovations	1460	Dev-wide	10,000	10,000	0	0	09/2011
PHA-WIDE	Operating Expense	1406	1	3,186	1,445	0	0	09/2011
Operations								
PHA-WIDE	Salaries	1408	1	25,000	25,000	0	0	09/2011
Management	Staff Training	1408	1	5,000	5,000	0	0	09/2011
Improvements								
PHA-WIDE	Advertising	1410	1	1,000	1,000	0	0	09/2011
Administration								
PHA-WIDE	A/E Fees	1430	1	20,000	20,000	0	0	06/2011
Fees & Costs	Management Fees	1430	1	7,500	7,500	0	0	06/2011
	Consultant Fees for PHA Plan	1430	1	1,500	1,500	0	0	06/2011
	Consultant Fees for Env. Review	1430	1	3,500	3,500	0	0	06/2011
PHA-WIDE	Purchase Adjacent Property	1440	PHA-wide	10,000	10,000	0	0	06/2011
Site Acquisition								
PHA-WIDE	Landscaping	1450	PHA-wide	2,500	2,500	0	0	09/2011
Site Improvements	Recreation Equipment	1450	PHA-wide	25,000	25,000	0	0	09/2011
	Additional Parking	1450	PHA-wide	30,000	30,000	0	0	09/2011

Part II Supporting Pages								
PHA Name: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01850110 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:					**Federal FFY of Grant:** 2010		
Development Number Name/HA-Wide Activities	**General Description of Major Work Categories**	**Dev. Acct No.**	**Quantity**	**Total Estimated Cost**		**Total Actual Cost**		**Status of Work**
				Original	**Revised [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
PHA-WIDE	Ranges	1465.1	PHA-wide	1,500	1,500	0	0	09/2011
Dwelling	Refrigerators	1465.1	PHA-wide	1,500	1,500	0	0	09/2011
Equipment	Water Heaters	1465.1	PHA-wide	1,500	1,500	0	0	09/2011
PHA-WIDE	Maintenance Equipment	1475	PHA-wide	1,000	1,000	0	0	09/2011
Nondwelling	Office Furniture/Equipment	1475	PHA-wide	5,000	5,000	0	0	09/2011
Equipment	Community Space Equipment	1475	PHA-wide	1,000	1,000	0	0	09/2011

[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 Program

PHA Name: Rockwood Housing Authority | **Federal FY 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	
TN018-001	09/30/2012		09/30/2014		
Evans Heights					
TN018-002	09/30/2012		09/30/2014		
Martin Manor					
PHA-WIDE	09/30/2012		09/30/2014		
Operations					
PHA-WIDE	09/30/2012		09/30/2014		
Management					
Improvements					
PHA-WIDE	09/30/2012		09/30/2014		
Administration					
PHA-WIDE	09/30/2012		09/30/2014		
Fees & Costs					
PHA-WIDE	09/30/2012		09/30/2014		
Site Acquisition					
PHA-WIDE	09/30/2012		09/30/2014		
Site Improvements					
PHA-WIDE	09/30/2012		09/30/2014		
Dwelling					
Equipment					

Part III: Implementation Schedule for Capital Fund Program					
PHA Name: Rockwood Housing Authority					Federal FY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	09/30/2012		09/30/2014		
Nondwelling					
Equipment					

[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:	**Grant Type and Number**	**FFY of Grant:**
Rockwood Housing Authority	Capital Fund Program Grant No: TN37P01850109 Replacement Housing Factor Grant No: Date of CFFP:_____	2009 **FFY of Grant Approval:** 2009

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** 03/31/2011 ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost[1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds	0		0	0
2	1406 Operations (may not exceed 20% of line 20) [3]	3,186		0	0
3	1408 Management Improvements	30,000		24,367	24,367
4	1410 Administration (may not exceed 10% of line 20)	1,000		0	0
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	32,500		0	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	5,000		0	0
10	1460 Dwelling Structures	40,000		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	4,500		0	0
12	1470 Non-dwelling Structures	60,000		0	0
13	1475 Non-dwelling Equipment	9,500		0	0
14	1485 Demolition	0		0	0
15	1492 Moving to Work Demonstration	0		0	0
16	1495.1 Relocation Costs	0		0	0
17	1499 Development Activities[4]	0		0	0

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

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

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

Part I: Summary

PHA Name: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01850109 Replacement Housing Factor Grant No:	**Federal FY of Grant:** 2009 **FFY OF Grant Approval:** 2009

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** 03/31/2011 ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost[1]	
		Original	Revised[2]	Obligated	Expended
18a	1501 Collaterization or Debt Service paid by the PHA	0		0	0
18b	9000 Collaterization or Debt Service paid Via System of Direct Payment	0		0	0
19	1502 Contingency (may not exceed 8% of line 20)	0		0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	185,686		24,367	24,367
21	Amount of line 20 Related to LBP Activities	0		0	0
22	Amount of line 20 Related to Section 504 Activities	0		0	0
23	Amount of line 20 Related to Security – Soft Costs	0		0	0
24	Amount of Line 20 Related to Security – Hard Costs	0		0	0
25	Amount of line 20 Related to Energy Conservation Measures	0		0	0

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
Joel Jones-Executive	4/14/2011		

[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: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01850109 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:	**Federal FFY of Grant:** 2009

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
TN018-001	Kitchen Renovations	1460	Dev-wide	10,000		0	0	09/2011
Evans Heights	Bathroom Renovations	1460	Dev-wide	10,000		0	0	09/2011
	Office Renovations	1470	1	60,000		0	0	09/2011
TN018-002	Kitchen Renovations	1460	Dev-wide	10,000		0	0	09/2011
Martin Manor	Bathroom Renovations	1460	Dev-wide	10,000		0	0	09/2011
PHA-WIDE	Operating Expense	1406	1	3,186		0	0	09/2011
Operations								
PHA-WIDE	Salaries	1408	1	25,000		24,367	24,367	In Progress
Management	Staff Training	1408	1	5,000		0	0	06/2011
Improvements								
PHA-WIDE	Advertising	1410	1	1,000		0	0	06/2011
Administration								
PHA-WIDE	A/E Fees	1430	1	20,000		0	0	06/2011
Fees & Costs	Management Fees	1430	1	7,500		0	0	06/2011
	Consultant Fees for PHA Plan	1430	1	1,500		0	0	06/2011
	Consultant Fees for Env. Review	1430	1	3,500		0	0	06/2011
PHA-WIDE	Landscaping	1450	PHA-wide	2,500		0	0	09/2011
Site Improvements	Recreation Equipment	1450	PHA-wide	2,500		0	0	09/2011
PHA-WIDE	Ranges	1465.1	PHA-wide	1,500		0	0	09/2011
Dwelling	Refrigerators	1465.1	PHA-wide	1,500		0	0	09/2011
Equipment	Water Heaters	1465.1	PHA-wide	1,500		0	0	09/2011

Part II Supporting Pages								
PHA Name: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01850109 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:					**Federal FFY of Grant:** 2009		
Development Number Name/HA-Wide Activities	**General Description of Major Work Categories**	**Dev. Acct No.**	**Quantity**	**Total Estimated Cost**		**Total Actual Cost**		**Status of Work**
				Original	**Revised [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
PHA-WIDE	Maintenance Equipment	1475	PHA-wide	1,000		0	0	09/2011
Nondwelling	Office Furniture/Equipment	1475	PHA-wide	7,500		0	0	09/2011
Equipment	Community Space Equipment	1475	PHA-wide	1,000		0	0	09/2011

[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 Program

PHA Name: Rockwood Housing Authority | **Federal FY 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	
TN018-001 Evans Heights	09/14/2011		09/14/2013		
TN018-002 Martin Manor	09/14/2011		09/14/2013		
PHA-WIDE Operations	09/14/2011		09/14/2013		
PHA-WIDE Management Improvements	09/14/2011		09/14/2013		
PHA-WIDE Administration	09/14/2011		09/14/2013		
PHA-WIDE Fees & Costs	09/14/2011		09/14/2013		
PHA-WIDE Site Improvements	09/14/2011		09/14/2013		
PHA-WIDE Dwelling Equipment	09/14/2011		09/14/2013		

Part III: Implementation Schedule for Capital Fund Program					
PHA Name: Rockwood Housing Authority					Federal FY 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	
PHA-WIDE	09/14/2011		09/14/2013		
Nondwelling					
Equipment					

[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.

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: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37S01850109 Replacement Housing Factor Grant No: Date of CFFP:_____	**FFY of Grant:** ARRA **FFY of Grant Approval:** 2009

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** 03/31/2011 ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost[1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 20) [3]	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (may not exceed 10% of line 20)	0	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	24,777	7,536	7,536	7,536
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	138,253	154,755	154,755	154,755
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	72,771	73,510	73,510	73,510
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities[4]	0	0	0	0

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

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

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

Part I: Summary

PHA Name: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37S01850109 Replacement Housing Factor Grant No:	**Federal FY of Grant:** ARRA **FFY OF Grant Approval:** 2009

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** 03/31/2011 ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost[1]	
		Original	Revised[2]	Obligated	Expended
18a	1501 Collaterization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collaterization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	235,801	235,801	235,801	235,801
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0
24	Amount of Line 20 Related to Security – Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
Gil Gin-Everhart	4/14/2011		

[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: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37S01850109 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:	**Federal FFY of Grant:** ARRA

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
TN018-001	Office Renovations	1470	Dev-wide	72,771	73,510	73,510	73,510	Complete
Evans Heights								
TN018-002	Windows	1460	Dev-wide	123,000	139,502	139,502	139,502	Complete
Martin Manor	Electrical (Interior Lighting)	1460	Dev-wide	15,253	15,253	15,253	15,253	Complete
PHA-Wide	A/E Fees	1430	1	14,277	7,536	7,536	7,536	Complete
Fees & Costs	Management Fees	1430	1	7,500	0	0	0	Deleted
	Physical Needs Assessment	1430	1	3,000	0	0	0	Deleted

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

[2] To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Program

PHA Name: Rockwood Housing Authority | **Federal FY of Grant:** ARRA

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	
TN018-001	03/17/2010	09/30/2009	03/17/2012	06/30/2010	
Evans Heights					
TN018-002	03/17/2010	09/30/2009	03/17/2012	06/30/2010	
Martin Manor					
PHA-Wide	03/17/2010	09/30/2009	03/17/2012	06/30/2010	
Fees & Costs					

[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:	**Grant Type and Number**	**FFY of Grant:**
Rockwood Housing Authority	Capital Fund Program Grant No: TN37P01850108 Replacement Housing Factor Grant No: Date of CFFP:_____	2008 **FFY of Grant Approval:** 2008

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** 03/31/2011 ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost[1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 20) [3]	10,117	122,055	122,055	23,776
3	1408 Management Improvements	35,000	14,502	14,502	14,502
4	1410 Administration (may not exceed 10% of line 20)	1,000	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	23,000	25,745	25,745	25,745
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	5,500	0	0	0
10	1460 Dwelling Structures	82,000	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	3,000	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	26,669	23,984	23,984	23,984
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities[4]	0	0	0	0

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

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

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

Part I: Summary

PHA Name: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01850108 Replacement Housing Factor Grant No:	**Federal FY of Grant:** 2008 **FFY OF Grant Approval:** 2008

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** 03/31/2011 ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost[1]	
		Original	Revised[2]	Obligated	Expended
18a	1501 Collaterization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collaterization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	186,286	186,286	186,286	88,007
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0
24	Amount of Line 20 Related to Security – Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
Joel Joe-Everhart	4/14/2011		

[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: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01850108 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:	**Federal FFY of Grant:** 2008

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
TN018-001	Kitchen Renovations	1460	Dev-wide	16,500	0	0	0	Deleted
Evans Heights	Bathroom Renovations	1460	Dev-wide	16,000	0	0	0	Deleted
	New Porch Mailboxes	1460	Dev-wide	2,000	0	0	0	Deleted
TN018-002	Cluster Mailboxes	1460	Dev-wide	5,000	0	0	0	Deleted
Martin Manor	Interior Lighting	1460	Dev-wide	10,000	0	0	0	Deleted
	Windows	1460	Dev-wide	30,000	0	0	0	Deleted
	Exterior Doors	1460	Dev-wide	2,500	0	0	0	Deleted
PHA-WIDE	Operating Expense	1406	1	10,117	122,055	122,055	23,776	In Progress
Operations								
PHA-WIDE	Salaries	1408	1	25,000	14,502	14,502	14,502	Completed
Management	Staff Training	1408	1	5,000	0	0	0	Deleted
Improvements	Computer Upgrades	1408	1	5,000	0	0	0	Deleted
PHA-WIDE	Advertising	1410	1	1,000	0	0	0	Deleted
Administration								
PHA-WIDE	A/E Fees	1430	1	17,500	20,245	20,245	20,245	Completed
Fees and Costs	Consultant Fees for Env. Review	1430	1	2,000	2,000	2,000	2,000	Completed
	Consultant Fees for PHA Plans	1430	1	3,500	3,500	3,500	3,500	Completed
PHA-WIDE	Sewerline Replacement	1450	PHA-wide	0	0	0	0	Deleted
Site Improvements	Landscaping	1450	PHA-wide	2,500	0	0	0	Deleted
	Recreation Equipment	1450	PHA-wide	3,000	0	0	0	Deleted

Part II Supporting Pages								
PHA Name: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01850108 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:					**Federal FFY of Grant:** 2008		
Development Number Name/HA-Wide Activities	**General Description of Major Work Categories**	**Dev. Acct No.**	**Quantity**	**Total Estimated Cost**		**Total Actual Cost**		**Status of Work**
				Original	**Revised [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
PHA-WIDE	Ranges	1465.1	PHA-wide	1,500	0	0	0	Deleted
Dwelling	Refrigerators	1465.1	PHA-wide	1,500	0	0	0	Deleted
Equipment								
PHA-WIDE	Neighborhood Watch Program	1475	PHA-wide	500	0	0	0	Deleted
Nondwelling	Maintenance Equipment	1475	PHA-wide	1,000	0	0	0	Deleted
Equipment	Office Furniture/Equipment	1475	PHA-wide	1,000	0	0	0	Deleted
	Community Space Equipment	1475	PHA-wide	1,000	0	0	0	Deleted
	Administrative Vehicle	1475	PHA-wide	23,169	23,984	23,984	23,984	Completed

[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 Program

PHA Name: Rockwood Housing Authority | **Federal FY 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	
TN018-001	06/12/2010	06/12/2010	06/12/2012		
Evans Heights					
TN018-002	06/12/2010	06/12/2010	06/12/2012		
Martin Manor					
PHA-WIDE	06/12/2010	06/12/2010	06/12/2012		
Operations					
PHA-WIDE	06/12/2010	06/12/2010	06/12/2012		
Management					
Improvements					
PHA-WIDE	06/12/2010	06/12/2010	06/12/2012		
Administration					
PHA-WIDE	06/12/2010	06/12/2010	06/12/2012		
Fees and Costs					
PHA-WIDE	06/12/2010	06/12/2010	06/12/2012		
Site Improvements					
PHA-WIDE	06/12/2010	06/12/2010	06/12/2012		
Dwelling					
Equipment					

[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

Annual Statement/Performance and Evaluation Report
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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: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01850107 Replacement Housing Factor Grant No: Date of CFFP:_____	**FFY of Grant:** 2007 **FFY of Grant Approval:** 2007

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** 03/31/2011 ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost[1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds	0		0	0
2	1406 Operations (may not exceed 20% of line 20) [3]	7,506		7,506	7,506
3	1408 Management Improvements	20,653		20,653	20,653
4	1410 Administration (may not exceed 10% of line 20)	0		0	0
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	22,795		22,795	22,795
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	0		0	0
10	1460 Dwelling Structures	109,059		109,059	109,059
11	1465.1 Dwelling Equipment—Nonexpendable	2,971		2,971	2,971
12	1470 Non-dwelling Structures	0		0	0
13	1475 Non-dwelling Equipment	13,513		13,513	13,513
14	1485 Demolition	0		0	0
15	1492 Moving to Work Demonstration	0		0	0
16	1495.1 Relocation Costs	0		0	0
17	1499 Development Activities[4]	0		0	0

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

Part I: Summary

PHA Name: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01850107 Replacement Housing Factor Grant No:	**Federal FY of Grant:** 2007 **FFY OF Grant Approval:** 2007

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** 03/31/2011 ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost[1]	
		Original	Revised[2]	Obligated	Expended
18a	1501 Collaterization or Debt Service paid by the PHA	0		0	0
18b	9000 Collaterization or Debt Service paid Via System of Direct Payment	0		0	0
19	1502 Contingency (may not exceed 8% of line 20)	0		0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	176,496		176,496	176,496
21	Amount of line 20 Related to LBP Activities	0		0	0
22	Amount of line 20 Related to Section 504 Activities	0		0	0
23	Amount of line 20 Related to Security – Soft Costs	0		0	0
24	Amount of Line 20 Related to Security – Hard Costs	0		0	0
25	Amount of line 20 Related to Energy Conservation Measures	0		0	0

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
Jill Jim-Everhart	4/14/2011		

[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: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01850107 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:	**Federal FFY of Grant:** 2007

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
TN018-001	Kitchen Renovations	1460	Dev-wide	0		0	0	Deleted
Evans Heights	Bathroom Renovations	1460	Dev-wide	0		0	0	Deleted
	Windows	1460	Dev-wide	86,426		86,426	86,426	Completed
	New Porch Mailboxes	1460	Dev-wide	0		0	0	Deleted
TN018-002	Storage Buildings	1460	Dev-wide	0		0	0	Deleted
Martin Manor	Cluster Mailboxes	1460	Dev-wide	0		0	0	Deleted
	Interior Lighting	1460	Dev-wide	0		0	0	Deleted
PHA-WIDE	Operating Expense	1406	1	7,506		7,506	7,506	Completed
Operations								
PHA-WIDE	Salaries	1408	1	20,653		20,653	20,653	Completed
Management	Staff Training	1408	1	0		0	0	Deleted
Improvements								
PHA-WIDE	Advertising	1410	1	0		0	0	Deleted
Administration								
PHA-WIDE	A/E Fees	1430	1	18,095		18,095	18,095	Completed
Fees and Costs	Consultant Fees for Env. Review	1430	1	1,200		1,200	1,200	Completed
	Consultant Fees for PHA Plans	1430	1	3,500		3,500	3,500	Completed
PHA-WIDE	Landscaping	1450	PHA-wide	0		0	0	Deleted
Site Improvements	Recreation Equipment	1450	PHA-wide	0		0	0	Deleted

Part II Supporting Pages								
PHA Name: Rockwood Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01850107 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:					**Federal FFY of Grant:** 2007		
Development Number Name/HA-Wide Activities	**General Description of Major Work Categories**	**Dev. Acct No.**	**Quantity**	**Total Estimated Cost**		**Total Actual Cost**		**Status of Work**
				Original	**Revised [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
PHA-WIDE	Sewerline Replacement	1460	PHA-wide	22,633		22,633	22,633	Completed
Dwelling								
Structures								
PHA-WIDE	Ranges	1465.1	PHA-wide	1,358		1,358	1,358	Completed
Dwelling	Refrigerators	1465.1	PHA-wide	1,613		1,613	1,613	Completed
Equipment								
PHA-WIDE	Neighborhood Watch Program	1475	PHA-wide	5,000		5,000	5,000	Completed
Nondwelling	Maintenance Equipment	1475	PHA-wide	0		0	0	Deleted
Equipment	Office Furniture/Equipment	1475	PHA-wide	8,513		8,513	8,513	Completed
	Community Space Equipment	1475	PHA-wide	0		0	0	Deleted

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

[2] To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Program

PHA Name: Rockwood Housing Authority | **Federal FY 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	
TN018-001	09/12/2009	09/12/2009	09/12/2011	12/31/2009	
Evans Heights					
TN018-002	09/12/2009	09/12/2009	09/12/2011	12/31/2009	
Martin Manor					
PHA-WIDE	09/12/2009	09/12/2009	09/12/2011	12/31/2009	
Operations					
PHA-WIDE	09/12/2009	09/12/2009	09/12/2011	12/31/2009	
Management					
Improvements					
PHA-WIDE	09/12/2009	09/12/2009	09/12/2011	12/31/2009	
Administration					
PHA-WIDE	09/12/2009	09/12/2009	09/12/2011	12/31/2009	
Fees and Costs					
PHA-WIDE	09/12/2009	09/12/2009	09/12/2011	12/31/2009	
Site Improvements					
PHA-WIDE	09/12/2009	09/12/2009	09/12/2011	12/31/2009	
Dwelling					
Structures					
PHA-WIDE	09/12/2009	09/12/2009	09/12/2011	12/31/2009	
Dwelling					
Equipment					
PHA-WIDE	09/12/2009	09/12/2009	09/12/2011	12/31/2009	
Nondwelling					
Equipment					

Part III: Implementation Schedule for Capital Fund Program					
PHA Name: Rockwood Housing Authority					Federal FY 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	

[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/Number Rockwood Housing Authority/TN018			Locality (City/County & State) Rockwood/Roane County Tennessee		☒Original 5-Year Plan ☐Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	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	116,000	116,000	116,000	116,000
C.	Management Improvements		30,000	30,000	30,000	30,000
D.	PHA-Wide Non-dwelling Structures and Equipment		3,000	3,000	3,000	3,000
E.	Administration		1,000	1,000	1,000	1,000
F.	Other (1430)		32,500	32,500	32,500	32,500
G.	Operations		1,445	1,445	1,445	1,445
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		183,945	183,945	183,945	183,945
L.	Total Non-CFP Funds		0	0	0	0
M.	Grand Total		183,945	183,945	183,945	183,945

Part I: Summary (Continuation)

PHA Name/Number Rockwood Housing Authority/TN018			Locality (City/County & State) Rockwood/Roane County Tennessee		☒ **Original 5-Year Plan** ☐ **Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	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
		Annual Statement				

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year: 2 FFY 2012			Work Statement for Year: 3 FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	**PHA-WIDE/Site Improvements**			**PHA-WIDE/Site Improvements**		
	Landscaping	PHA-wide	5,000	Landscaping	PHA-wide	5,000
	Recreation Equipment	PHA-wide	3,000	Recreation Equipment	PHA-wide	3,000
	Sidewalks/Parking	PHA-wide	1,500	Sidewalks/Parking	PHA-wide	1,500
	Sewer/Water Lines	PHA-wide	2,000	Sewer/Water Lines	PHA-wide	2,000
	PHA-WIDE/Dwelling Structures			**PHA-WIDE/Dwelling Structures**		
	Bathroom Renovations	PHA-wide	10,000	Bathroom Renovations	PHA-wide	10,000
	Kitchen Renovations	PHA-wide	10,000	Kitchen Renovations	PHA-wide	10,000
	Windows	PHA-wide	10,000	Windows	PHA-wide	10,000
	Flooring	PHA-wide	10,000	Flooring	PHA-wide	10,000
	Plumbing	PHA-wide	5,000	Plumbing	PHA-wide	5,000
	HVAC	PHA-wide	30,000	HVAC	PHA-wide	30,000
	Interior Doors	PHA-wide	5,000	Interior Doors	PHA-wide	5,000
	Electrical	PHA-wide	5,000	Electrical	PHA-wide	5,000
	Painting	PHA-wide	5,000	Painting	PHA-wide	5,000
	Roofing	PHA-wide	5,000	Roofing	PHA-wide	5,000
	Building Exterior	PHA-wide	5,000	Building Exterior	PHA-wide	5,000
	PHA-WIDE/Dwelling Equipment			**PHA-WIDE/Dwelling Equipment**		
	Ranges	PHA-wide	1,500	Ranges	PHA-wide	1,500
	Refrigerators	PHA-wide	1,500	Refrigerators	PHA-wide	1,500
	Water Heaters	PHA-wide	1,500	Water Heaters	PHA-wide	1,500
	Subtotal of Estimated Cost		$116,000	Subtotal of Estimated Cost		$116,000

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year: 4 FFY 2014			Work Statement for Year: 5 FFY 2015		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	**PHA-WIDE/Site Improvements**			**PHA-WIDE/Site Improvements**		
	Landscaping	PHA-wide	5,000	Landscaping	PHA-wide	5,000
	Recreation Equipment	PHA-wide	3,000	Recreation Equipment	PHA-wide	3,000
	Sidewalks/Parking	PHA-wide	1,500	Sidewalks/Parking	PHA-wide	1,500
	Sewer/Water Lines	PHA-wide	2,000	Sewer/Water Lines	PHA-wide	2,000
	PHA-WIDE/Dwelling Structures			**PHA-WIDE/Dwelling Structures**		
	Bathroom Renovations	PHA-wide	10,000	Bathroom Renovations	PHA-wide	10,000
	Kitchen Renovations	PHA-wide	10,000	Kitchen Renovations	PHA-wide	10,000
	Windows	PHA-wide	10,000	Windows	PHA-wide	10,000
	Flooring	PHA-wide	10,000	Flooring	PHA-wide	10,000
	Plumbing	PHA-wide	5,000	Plumbing	PHA-wide	5,000
	HVAC	PHA-wide	30,000	HVAC	PHA-wide	30,000
	Interior Doors	PHA-wide	5,000	Interior Doors	PHA-wide	5,000
	Electrical	PHA-wide	5,000	Electrical	PHA-wide	5,000
	Painting	PHA-wide	5,000	Painting	PHA-wide	5,000
	Roofing	PHA-wide	5,000	Roofing	PHA-wide	5,000
	Building Exterior	PHA-wide	5,000	Building Exterior	PHA-wide	5,000
	PHA-WIDE/Dwelling Equipment			**PHA-WIDE/Dwelling Equipment**		
	Ranges	PHA-wide	1,500	Ranges	PHA-wide	1,500
	Refrigerators	PHA-wide	1,500	Refrigerators	PHA-wide	1,500
	Water Heaters	PHA-wide	1,500	Water Heaters	PHA-wide	1,500
	Subtotal of Estimated Cost		$116,000	Subtotal of Estimated Cost		$116,000

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year: 2 FFY 2012		Work Statement for Year: 3 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	Salaries	25,000	Salaries	25,000
	Staff Training	5,000	Staff Training	5,000
	Subtotal of Estimated Cost	$30,000	Subtotal of Estimated Cost	$30,000

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year: 4 FFY 2014		Work Statement for Year: 5 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 Annual Statement	Salaries	25,000	Salaries	25,000
	Staff Training	5,000	Staff Training	5,000
	Subtotal of Estimated Cost	$30,000	Subtotal of Estimated Cost	$30,000

VIOLENCE AGAINST WOMEN ACT POLICY

BACKGROUND

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

In general, the law provides, in part, that criminal activity directly relating to domestic violence, dating violence or stalking, engaged in by a member of a tenant's household, or any guest or other persons under the tenant's control, shall not be cause for termination of assistance, tenancy or occupancy rights of the tenant or immediate family member of the tenant's family is the victim or threatened victim of the abuse. The law provides that an incident or incidents of actual or threatened domestic violence, dating violence or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of that violence, and will not be "good cause" for termination of assistance, tenancy, or occupancy rights of a victim of such violence.

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

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

DEFINITIONS

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

Domestic Violence: Includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim share a child in common, by a person who is cohabitating with, or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who

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

Rights of the Rockwood Housing Authority

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

Certification of Abuse and Confidentiality

The RHA will require that an individual certify that he/she is a victim of abuse and that the incidences of abuse are bonafide. The certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification to the PHA within 14 business days after the individual receives a request from the PHA. The individual may utilize the attached *Form HUD 50066, Certification of Domestic Violence, Dating Violence, or Stalking* to certify the abuse to the RHA. In lieu of Form HUD 50066, the individual may provide the RHA with documentation signed by an employee, agent, volunteer of a victim service provider, an attorney, or a medical profession from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking, or the affects of the abuse, in which the professional attests (under penalty or perjury (28 U.S.C. 1746) to the professionals believe that the incident or incidents in question are bonafide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation. In cases where the individual does not submit the required certification, the PHA may terminate assistance.

Notification to Residents

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

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If you believe that you qualify for protection under VAWA, please notify the PHA. You will be asked to provide proof of your situation by filling out Form HUD 50066 and/or providing a copy of an order of protection, police or court report or a signed document from a victim service provider, medical provider or attorney who has provided a service related to the violence. You must submit this information within 14 business days of the PHA's request for it. Protections may not apply if the documentation is provided after 14 days. Form HUD 50066 will be provided at the office.

The Rockwood Housing Authority will make every effort to correspond with victims in a way that will not put them at greater risk. The RHA may request that applicants or residents requesting VAWA protection come to the office to submit information. All information will be kept confidential by the Rockwood Housing Authority and will not be shared or disclosed by the Housing Authority without your consent except as noted in the Confidentiality clause of the VAWA Policy.

You may obtain a copy of the PHA's written policy concerning domestic violence, dating violence, and stalking from the HA's main office. Please note that the written policy contains, among other things, definitions of the terms "domestic violence", "dating violence", "stalking", and "immediate family".

Other resources that may be of assistance include the National Domestic Violence Hotline (1-800-799-SAFE), and the National Domestic Violence Hotline website http://www.ndvh.org.

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Name of victim: _____

Description of Incident:

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information relating to program eligibility is a basis for termination of assistance or eviction.

Signature _____ Executed on (Date)_____

All information provided to a PHA, owner or manager relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence shall be retained in confidence by an owner and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.

form **HUD-50066**
(11/2006)

APR-16-2010(FRI) 10:48 P. 006/006

NOTICE OF THE IMPLEMENTATION OF THE VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT 2005

Reference: This notice is to all Public Housing Tenants, Section 8 Voucher program participants, including the HCV program and all owners participating in the Section 8 voucher and project-based programs.

NOTICE

The purpose of this Notice is to inform all of the above referenced participants of the passage of the Violence Against Women Act and Department of Justice Reauthorization Act of 2005 (VAWA).

VAWA prohibits the eviction of, and removal of assistance from, certain persons living in public or Section 8-assisted housing if the asserted grounds for such action is an instance of domestic violence, dating violence, sexual assault, or stalking, as those terms are defined in Section 3 of the United States Housing Act of 1937 as amended by VAWA (42 U.S.C. 13925).

Section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f) is amended:

That an applicant or participant is or has been a victim of domestic violence, dating violence, or stalking is not an appropriate basis for denial of program assistance or for denial of admission, if the applicant otherwise qualifies for assistance or admission.

Certification and Confidentiality: An owner, manager, or public housing agency may request that an individual certify via a HUD approved certification form that the individual is a victim of domestic violence, dating violence, or stalking, and that the incident or incidents in question are bona fide incidents of such actual or threatened abuse and meet the requirements set forth in the H.R. 3402.

Section 6 of the United States Housing Act of 1937 (42 U.S.C. 1437d) is amended:

The Public Housing Agency shall not deny admission to the project to any applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking if the applicant otherwise qualifies for assistance or admission, and that nothing in this section shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection than this section for victims of domestic violence, dating violence, or stalking.

I, being an applicant/tenant for Section 8/Public Housing have read and/or received a copy of the VAWA Notice:
Signature_____

Note: For more information concerning this Public Law please reference below:

Reference: Public Law 109-162, Public and Indian Housing Notice (PIH) 2006-23, TITLE VI – Housing opportunities and safety for Battered Women and children. Sec. 601 Addressing the Housing Needs of Victims of Domestic Violence, Sexual Assault, and stalking. The Violence Against Women Act of 1994 (42 U.S.C. 13701 et seq.) is amended by adding at the end of the following: "Subtitle N-Addressing the Housing needs of Victims of Domestic Violence, Dating Violence, Sexual Assault, and Stalking

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing **Expires 4/30/2011**

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* 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.

Rockwood Housing Authority	TN018
PHA Name	PHA Number/HA Code

☑ 5-Year PHA Plan for Fiscal Years 20 11 - 20 15

☐ 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	Title
J. Polk Cooley	Board Vice Chairman
Signature	Date 4-14-2011

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

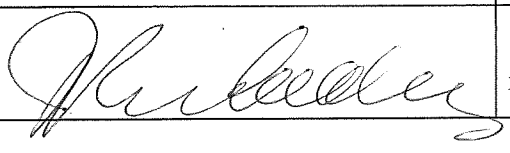
Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

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

Rockwood Housing Authority	TN018
PHA Name	PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official: J. Polk Cooley	Title: Board Vice Chairman
Signature: 	Date: 4-14-2011

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name
Rockwood Housing Authority

Program/Activity Receiving Federal Grant Funding

FFY 2011 Five Year and Annual Agency Plan

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

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

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

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

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

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

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

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

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

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

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

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

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency 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.)

TN018-001: Evans Heights and TN018-002: Martin Manor

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	Title
Jill Jiles-Everhart	Executive Director

Signature
X Jill Jiles-Everhart

Date
4/14/2011

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

OMB Approval No. 2577-0157 (Exp. 3/31/2010)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Rockwood Housing Authority

Program/Activity Receiving Federal Grant Funding

FFY 2011 Five Year and Annual Agency Plan

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

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

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

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

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

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

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

Name of Authorized Official	Title
Jill Jiles-Everhart	Executive Director

Signature	Date (mm/dd/yyyy)
Jill Jiles-Everhart	4/14/2011

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handboooks 7417.1, 7475.13, 7485.1, & 7485.3

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

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

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
[b] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	[a] a. bid/offer/application b. initial award c. post-award	[a] a. initial filing b. material change **For Material Change Only:** year NA quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
[x] Prime [ ] Subawardee Tier _____, *if known*: Rockwood Housing Authority 320 Carpenter Street Rockwood, Tennessee 37854 **Congressional District**, *if known*:	NA **Congressional District**, *if known*:
6. Federal Department/Agency: U.S. Department of Housing and Urban Development	**7. Federal Program Name/Description:** FFY 2011 Five Year and Annual Agency Plan CFDA Number, *if applicable*: _____
8. Federal Action Number, *if known*: NA	**9. Award Amount**, *if known*: $ 183,945
10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*): NA	**b. Individuals Performing Services** (*including address if different from No. 10a*) (*last name, first name, MI*): NA

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: Jill Jiles-Everhart
Print Name: Jill Jiles-Everhart
Title: Executive Director
Telephone No.: (865) 354-9841 Date: 4/14/11

Federal Use Only:

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Standard Form LLL (Rev. 7-97)

Comments of Resident Advisory Board

The Rockwood Housing Authority (RHA) conducted its Resident Advisory Board (RAB) Meeting on February 24, 2011 at the RHA Community Room. The purpose of the meeting was to discuss the FY 2011 PHA Agency Plan with the Board and to receive their comments and recommendations relative to the contents of both the Five Year Plan and Annual Plan. A thorough explanation of the contents of the PHA Plan was discussed with the Board as well as how the RHA arrived with the information. The Board showed favorable consideration to the FY 2011 PHA Agency Plan and only had comments relative to capital improvements. It was noted that the improvements the RAB would like to see undertaken have been included in the Plan.