

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

**RESOLUTION # 489
ADOPTED 01/18/2011**

**HARRIMAN HOUSING AUTHORITY
924 SEWANEE STREET
P.O. BOX 942
HARRIMAN, TN. 37748**

WHEREAS, THE BOARD OF COMMISSIONERS OF THE HARRIMAN HOUSING AUTHORITY recognizes the need to update the **POLICIES AND PROCEDURES**.

HHA UPDATED POLICIES & PROCEDURES

Travel Policy
Inclement Weather and/or Training Policies
Admission and Continued Occupancy Policy
Tenant Selection and Assignment Plan
Investment Policy
Disposition Policy
Capitalization Policy
Daily Receipt and Change Fund

BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF THE HARRIMAN HOUSING AUTHORITY that the POLICIES AND PROCEDURES meets compliance with HUD.

Commissioner Forney moved, and Commissioner Best seconded, that the resolution be adopted as presented. After discussion, the roll was called with the following results:

AYES	NAYS
Harris	None
Forney	
Best	

Chairman Harris declared said resolution passed without opposition.

6.1 Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures

PUBLIC HOUSING

Eligibility

Eligibility for admission is verified two weeks prior to offer of unit.

The following non-income screening factors are used to establish eligibility for admission to public housing:

- Criminal or drug-related activity
- Rental history
- Housekeeping
- Credit history

Waiting List

Harriman Housing Authority (HHA) has a community-wide waiting list. Interested persons may apply for admission at the main administrative office or by U.S. Mail.

Admissions Preferences

HHA plans not to exceed the federal targeting requirements by targeting more than 40% of all new admission to public housing to families at or below 30% of median area income.

The following preferences are used:

- Natural Disaster or Fire
- Date and Time

Occupancy

The following reference materials can be used to obtain information about the rules of occupancy of public housing:

- The PHA-resident lease
- The PHA's Admissions and Continued Occupancy Policy
- PHA briefing seminars or written materials and documents

Deconcentration and Income Mixing

The Harriman Housing Authority's policy to provide for deconcentration of poverty will consist of the following:

- A. Targeting: The income levels of families on the waiting list will be analyzed so that not less than 40% of admissions in any fiscal year will be families whose income does not exceed 30% of median income for the area.
- B. Income Mixing: Prior to the beginning of each fiscal year the HHA will analyze the income levels of families residing in each development to bring higher income families into lower income developments and lower income families into higher income developments.

The HHA will strive to insure that no individual development has a concentration of higher or lower income families. The HHA may skip families on the waiting list to reach other families with a lower or higher income. This will be accomplished in a uniform and non-discriminatory manner.

The HHA will affirmatively market public housing to all eligible income groups. If necessary, the HHA will determine the level of additional marketing strategies and deconcentration incentives to implement the objective of this policy.

6.2 Financial Resources

The HHA expects to expend approximately \$2,079,577 in the year 2011 for operations, capital improvements and administrative costs.

6.3 Rent Determination

PUBLIC HOUSING

HHA employs discretionary policies for determining income-based rent by having a minimum rent of \$25.00.

HHA uses HUD's required minimum rent hardship exemptions.

Ceiling Rents

The HHA does not have ceiling rents

Rent Re-Determinations

If the family elected income-based rent, they must report any time the family experiences a change with the exception of present circumstances (example – getting a raise from current employer).

Flat Rents

HHA established flat rents by using:

- Survey of rents listed in local newspapers
- Survey of similar unassisted units in the neighborhood

6.4 Operation and Management

Executive Director	Shelia Smith
Chief Administrative Officer	Julia Clark
Property Manager	Phylliss Pryor
Receptionist/Clerk	Damita Eskridge
Maintenance Supervisor	Mike Lawson
Maintenance Technician I	Terry Lawson
Maintenance Technician II	Billy Smith
Maintenance Aide	Marvin Sitlizer
Maintenance Aide	Larry Tinner
Maintenance Aide	Shawn Tapp
Maintenance Aide	Greg Love

6.5 Grievance Procedures

The HHA has revised its Grievance Procedure to comply with the QHWRA and will continue to make revisions as additional issues are addressed by HUD regulations.

6.6 Designated Housing for Elderly and Disabled Families

The HHA plans to maintain the current elderly/disabled designation that applies to a portion of their units. The HHA has no plans to designate additional units at this time.

6.7 Community Service and Self-Sufficiency

The HHA has developed a Community Service Program that is in compliance with HUD requirements.

The HHA has adopted policy changes necessary to be in compliance with QHWRA and will update as information dictates.

6.8 Safety and Crime Prevention

The HHA will work closely with the police in all communities to take care of any problem, as it arises.

6.9 Pet Policy

The HHA has a policy related to tenant-owned pets. This policy permits all HHA residents to own pets as mandated by the QHWRA through regulations published in the Federal Register on July 10, 2000 and is subject to compliance with specific requirements of HHA's pet lease, which is available at the PHA Main Administrative Office.

6.10 Civil Rights Certification

HUD-50077 (Attached).

6.11 Fiscal Year Audit

The HHA's most recent audit is on file at the HUD Field Office in Knoxville, Tennessee and is available for review at the main office during normal business hours.

6.12 Asset Management

It is the goal of the HHA to manage our assets (physical property, financial resources and manpower) as efficiently as possible.

6.13 Violence Against Women Act (VAWA)

A Public Housing Agency (PHA), owner or landlord may not deny admission to an applicant (male or female) who has been a victim of domestic violence, dating violence or stalking if the applicant otherwise qualifies for assistance or admission.

To qualify for public housing, all applicants, including victims of domestic violence, dating violence or stalking, must, at a minimum:

- meet the local PHA's definition of "family";
- be income eligible;
- have a least one family member who is a U.S. Citizen or has eligible immigration status;
- pass criminal background screening;
- have no outstanding debt to the PHA; and
- meet all other local PHA screening criteria.

Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. The PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence or stalking based solely on such an incident or threat.

The PHA, may deny, remove, or terminate assistance to an individual perpetrator of such actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA to terminate your assistance for other criminal activity or good cause.

In processing a request by a victim for continued assistance, the PHA may request that you certify that you are a victim of domestic violence, dating violence or stalking, and that the actual or threatened abuse meet the requirements set forth in the VAWA. Such certification must include the name of the perpetrator. If you do not provide the requested information within 14 business days, your assistance may be terminated.

Any information provided pursuant to the Violence Against Women Act shall neither be entered into any shared database nor provided to any related entity,

except to the extent that disclosure is requested or consented to by the individual in writing; required for use in an eviction proceeding of an abuser, stalker or perpetrator of domestic violence; or is otherwise required by applicable law.

It is in the best interest of any victim of domestic violence, dating violence or stalking to report the incident to the PHA and complete form HUD-50066 Certification of Domestic Violence, Dating Violence, or Stalking or provide approved documentation in lieu of the certification.

7.0 DEMOLITION AND DISPOSITION

[24 CFR Part 903.79 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)

2. Activity Description

- Yes No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name: Fiske Heights
1b. Development (project) number: TN55-001
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (06/30/11)
5. Number of units affected: 4
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: 09/30/2011 b. Projected end date of activity: 12/31/2011

Demolition/Disposition Activity Description	
1a. Development name:	Rolling Acres
1b. Development (project) number:	TN55-003
2. Activity type:	Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	(06/30/11)
5. Number of units affected:	8
6. Coverage of action (select one)	<input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity:	a. Actual or projected start date of activity: 09/30/2011 b. Projected end date of activity: 12/31/2011

Demolition/Disposition Activity Description	
1a. Development name:	Oakdale
1b. Development (project) number:	TN55-006
2. Activity type:	Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	<u>(Only reason to consider disposition is in the event that the current sewage pump station fails and cannot be repaired)</u>
5. Number of units affected:	12
6. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity:	a. Actual or projected start date of activity: Only As needed b. Projected end date of activity: Approximately six months after disposition process started

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		FFY of Grant: 2009	
PHA Name: Harriman Housing Authority		FFY of Grant Approval: 2009	
Grant Type and Number Capital Fund Program Grant No: TN37-PO55-501-09 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010	<input type="checkbox"/> Revised Annual Statement (revision no: In-House "B", 08/31/2010) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
		Obligated	Expended
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³	100,370.00	100,370.00
3	1408 Management Improvements	13,000.00	2,000.00
4	1410 Administration (may not exceed 10% of line 21)	1,000.00	2,397.44
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	34,000.00	31,000.00
8	1440 Site Acquisition		
9	1450 Site Improvement	151,000.00	200,000.00
10	1460 Dwelling Structures	128,000.00	91,602.56
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00	5,000.00
12	1470 Non-dwelling Structures	50,000.00	50,000.00
13	1475 Non-dwelling Equipment	2,000.00	7,000.00
14	1485 Demolition	30,000.00	30,000.00
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		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Harriman Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37-PO55-501-09 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant			
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Revised Annual Statement (revision no: In-House "B", dated 08/31/2010)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<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)	519,370.00	519,370.00 449,638.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
		Date 12/31/2010	
		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		Federal FFY of Grant: 2009						
PHA Name: Harriman Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37-PO55-501-09 CFFP (Yes/No): No Replacement Housing Factor 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	1406	LS	100,370.00	100,370.00	100,370.00	100,370.00	Completed
	VISTA worker (Deferred)	1408	1 position	13,000.00	0.00	0.00	0.00	Deferred
	Security	1408	LS	0.00	0.00	0.00	0.00	
	Computer Upgrade	1408	LS	0.00	2,000.00	2,000.00	1,162.50	In Progress
	Advertising	1410	LS	1,000.00	2,397.44	2,397.44	2,397.44	Completed
	Management Fee	1408	LS	0.00	0.00	0.00	0.00	
	A/E Fees	1430	LS	30,000.00	0.00	30,000.00	26,052.72	In Progress
	Update Agency Plan (paid w/501-08)	1430	LS	3,000.00	0.00	0.00	0.00	
	Environmental Review	1430	LS	1,000.00	0.00	1,000.00	1,000.00	Completed
	Appliances	1465.1	LS	10,000.00	5,000.00	5,000.00	0.00	No Work to Date
	Office Equipment, furnishings	1475	LS	1,000.00	0.00	1,000.00	0.00	No Work to Date
	Maintenance equipment	1475	LS	1,000.00	0.00	1,000.00	0.00	No Work to Date
	HVAC replacement	1460	As needed	5,000.00	0.00	5,000.00	3,668.52	In Progress
	TN55-001							
Fiske Heights	Demolition of 2 buildings (4 units) due to deteriorated conditions, foundations, etc.	1485	4 units	30,000.00	0.00	30,000.00	0.00	No Work to Date
	Exterior renovations, including replacement of siding at porches, railings	1460	LS	0.00	0.00	0.00	0.00	
	Update interiors including floors, painting, kitchens, bathrooms, light fixtures, etc.	1460	LS	123,000.00	86,602.56	86,602.56	78,900.22	In Progress

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages										
PHA Name: Harriman Housing Authority			Grant Type and Number Capital Fund Program Grant No: TN37-PO55-501-09 CFFP (Yes/No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: 2009			
Development Number Name/PHA- Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work		
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²			
TN55-001 Fiske Heights	Sewer repair/replacement	1450	As needed	150,000.00	200,000.00	200,000.00	194,187.60	In Progress		
TN55-002 Cove Garden	Exterior renovations, including replacement of siding at porches, railings (Deferred)	1460	LS	0.00		0.00	0.00	Deferred		
TN55-004 Clifty Manor	Flagpole at Clifty Manor (Deferred)	1450	1	1,000.00		0.00	0.00	Deferred		
TN55-005 Clifty Manor	Laundry room w/washers, dryers, vending machine Washers and dryers for laundry room	1470 1475	1 LS	50,000.00 0.00		50,000.00 5,000.00	41,899.00 0.00	Completed In Process		

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program						Federal FFY of Grant: 2009
PHA Name: Harriman Housing Authority						Reasons for Revised Target Dates ¹
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Actual Expenditure End Date	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
PHA-WIDE	09/14/2011	08/31/2010	09/14/2013			
TN55-001	09/14/2011	08/31/2010	09/14/2013			
TN55-002	09/14/2011	08/31/2010	09/14/2013			
TN55-003	09/14/2011	08/31/2010	09/14/2013			
TN55-004	09/14/2011	08/31/2010	09/14/2013			
TN55-005	09/14/2011	08/31/2010	09/14/2013			
TN55-006	09/14/2011	08/31/2010	09/14/2013			

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

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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		FFY of Grant: 2010	
PHA Name: Harriman Housing Authority		FFY of Grant Approval: 2010	
Grant Type and Number Capital Fund Program Grant No: TN37-P055-501-10 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		Revised Annual Statement (revision no: 2, 11/15/2010) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Obligated
		Revised ²	Expended
1	Total non-CPP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³	1,000.00	0.00
3	1408 Management Improvements	4,000.00	35,332.50
4	1410 Administration (may not exceed 10% of line 21)	1,000.00	0.00
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	19,000.00	19,000.00
8	1440 Site Acquisition		
9	1450 Site Improvement	296,207.00	28,215.00
10	1460 Dwelling Structures	154,370.00	43,483.04
11	1465.1 Dwelling Equipment—Nonexpendable	15,000.00	0.00
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment	28,000.00	23,969.46
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

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

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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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		FFY of Grant: 2010 FFY of Grant Approval: 2010	
PHA Name: Harriman Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37-P055-501-10 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<input type="checkbox"/> Revised Annual Statement (revision no: 2, 11/15/2010) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Obligated
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)	518,577.00	150,000.00
21	Amount of line 20 Related to LBP Activities		78,630.20
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director Shela Smith		Date 12/31/2010	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		Federal FFY of Grant: 2010						
PHA Name: Harriman Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37-P055-501-10 CFFP (Yes/No): No Replacement Housing Factor 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	1406	LS	1,000.00		0.00	0.00	No work to date
	VISTA worker	1408	1 position	1,000.00		0.00	0.00	No work to date
	Security	1408	LS	1,000.00		0.00	0.00	No work to date
	Computer Upgrade	1408	LS	1,000.00		0.00	0.00	No work to date
	Management Fee	1408	LS	1,000.00	35,332.50	35,332.50	40,332.50	In Progress
	Advertising	1410	LS	1,000.00		0.00	0.00	No work to date
	A/E Fees	1430	LS	15,000.00		15,000.00	0.00	No work to date
	Update Agency Plan	1430	LS	3,000.00		3,000.00	0.00	No work to date
	Environmental Review	1430	LS	1,000.00		1,000.00	0.00	No work to date
	Appliances	1465.1	LS	5,000.00		0.00	0.00	No work to date
	Office Equipment, furnishings	1475	LS	1,000.00		0.00	0.00	No work to date
	Maintenance equipment	1475	LS	1,000.00		0.00	0.00	No work to date
	HVAC replacement	1460	As needed	5,000.00		0.00	0.00	No work to date
	VAN	1475	1	25,000.00	23,969.46	23,969.46	23,969.46	Completed
	Vacant unit turnaround	1460	As needed	99,370.00	101,370.00	101,370.00	0.00	No work to date
TN55-001	Sidewalk Replacement	1450	LS	222,207.00	159,422.00	28,215.00	0.00	In Progress
Fiske Heights	Re-roofing (from 501-08)	1460	LS	0.00	43,483.04	43,483.04	14,328.24	In Progress

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages											
PHA Name: Harriman Housing Authority				Grant Type and Number Capital Fund Program Grant No: TN37-P055-501-10 CFFP (Yes/No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work			
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²				
TN55-002 Cove Garden	Sidewalk Replacement	1450	LS	58,000.00		0.00	0.00		No work to date		
TN55-003 Rolling Acres	No work this year			0.00		0.00	0.00				
TN55-004 Clifty Manor	Dumpsters	1450	LS	10,000.00		0.00	0.00		No work to date		
	Guttering	1460	LS	10,000.00		0.00	0.00		No work to date		
	Re-paint handrails/exterior of building	1460	LS	10,000.00		0.00	0.00		No work to date		
	Stoves	1465.1	As needed	5,000.00		0.00	0.00		No work to date		
	Flooring	1460	LS	5,000.00		0.00	0.00		No work to date		
	Bench, trash can, picnic table	1475	LS	1,000.00		0.00	0.00		No work to date		
	Sidewalk/step repair, replacement	1450	LS	5,000.00		0.00	0.00		No work to date		
TN55-005 Clifty Manor	Guttering	1460	LS	10,000.00		0.00	0.00		No work to date		
	Re-paint handrails/exterior of building	1460	LS	10,000.00		0.00	0.00		No work to date		
	Stoves	1465.1	As needed	5,000.00		0.00	0.00		No work to date		
	Flooring	1460	LS	5,000.00		0.00	0.00		No work to date		
	Sidewalk/step repair, replacement	1450	LS	1,000.00		0.00	0.00		No work to date		
TN55-006 Oakdale	No work this year			0.00		0.00	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.

**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 Annual PHA Plan for the PHA fiscal year beginning 07/2011, 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.

Harriman Housing Authority

TN055

PHA Name

PHA Number/HA Code

- Annual PHA Plan for Fiscal Year 2011

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

Name of Authorized Official	Alicia Harris	Title	Board Chairman
Signature		Date	03/15/2011

Civil Rights CertificationU.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:

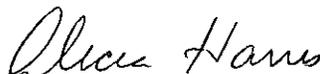
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further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

Harriman Housing Authority

TN055

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	Alicia Harris	Title	Board Chairman
Signature		Date	03/15/2011

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

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

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

I, Mary McLennan the Director, Research and Planning certify
that the Five Year and Annual PHA Plan of the Harriman Housing Authority is
consistent with the Consolidated Plan of State of Tennessee prepared
pursuant to 24 CFR Part 91.

This project is consistent with the state of Tennessee Consolidated Plan with the following
condition:

units demolished are replaced and individuals or families are not displaced by the proposed
demolition.

Mary McLennan 3/23/11
Signed / Dated by Appropriate State or Local Official

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Harriman Housing Authority

Program/Activity Receiving Federal Grant Funding

2011 Capital Fund Program

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Shelia Smith

Title

Executive Director

Signature



Date

03/15/2011

HARRIMAN HOUSING AUTHORITY

**AGENCY PLAN CERTIFICATIONS
ATTACHMENT TO HUD-50070**

PROJECT	STREET NAMES	CITY	COUNTY	STATE	ZIP CODE
TN55-001	BENNETT IRWIN	HARRIMAN	ROANE	TN	37748
TN55-002	BROWN BARKSDALE	HARRIMAN	ROANE	TN	37748
TN55-003	ROBERTS CRESTVIEW	HARRIMAN	ROANE	TN	37748
TN55-004	MEE IRWIN	HARRIMAN	ROANE	TN	37748
TN55-005	CLIFTY CLINCH	HARRIMAN	ROANE	TN	37748
TN55-006	RAMKE	OAKDALE	MORGAN	TN	37829

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Harriman Housing Authority

Program/Activity Receiving Federal Grant Funding

2011 Capital Fund Program

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

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

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

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

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

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

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

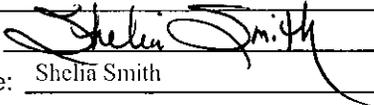
Name of Authorized Official	Title
Shelia Smith	Executive Director
Signature	Date (mm/dd/yyyy)
	03/15/2011

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 checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award 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:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Harriman Housing Authority 924 Sewanee Street Harriman, TN 37748 Congressional District, if known:	
6. Federal Department/Agency: U.S. Department of Housing and Urban Development	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>Shelia Smith</u> Title: <u>Executive Director</u> Telephone No.: <u>865-882-9636</u> Date: <u>03/15/2011</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)



Harriman Housing Authority

924 Sewanee St. P.O. Box 942 Harriman, Tn. 37748 * (865) 882-9636 * Fax (865) 882-9636

Commissioners:
Alicia Harris, Chairman
Wayne Best, Vice Chairman
David Webb
Alfrida Forney
Maria Nelson

Executive Director
Shelia Smith

March 17, 2011

To whom it may concern:

This letter is to inform you that there were no challenged elements of the Annual Plan (2011) for Harriman Housing Authority

Sincerely,


Shelia Smith
Executive Director

Comments of Resident Advisory Board and Explanation of PHA Response **(in bold)**:

Monday, March 7, 2011 at 5:00 at the U-Can Building, Fiske Heights

Resident Comments	Location of Need	Action Taken By Harriman HA
Storage Sheds	PHA-Wide	This will be put in five-year plan
Clotheslines	PHA-Wide	HHA in process of removing – liability & maintenance issues
Lawn mowing	PHA-Wide	Not feasible at this time to contract out
Clean up brush	PHA-Wide	This will be put in five-year plan
Trim trees and shrubs	PHA-Wide	This will be put in five-year plan
Garbage – requested dumpsters instead of trash cans	PHA-Wide	Too costly. Need to keep it as is
Discussion of TV antennae	PHA-Wide	Residents need to use indoor antennae. Can't mount anything on buildings
Paint apartments	PHA-Wide	This will be handled by maintenance
Streets and sidewalks need repair	PHA-Wide	City sidewalks; in discussion with City
Floor tile	PHA-Wide	Already in five-year plan

THE HARRIMAN HOUSING AUTHORITY
RESIDENT ADVISORY BOARD MEETING
TO RECEIVE COMMENTS ON
THE FY2011 AGENCY PLAN
MONDAY, MARCH 7, 2011 @ 5:00 P.M.

NAME	ADDRESS	PHONE NO.
George E Gullaku	706-D Clench	865-386-4943
Gary Myers	708 Clifty ST	423-200-8581
Tom Samble	710 Clifty ST	865-227-0683
Ruby Smith	1702 Bennett	882-8537
Jessie Mae Hughes	520A Mee Dr.	882-0962
James Ed. Berry	910 Clifty ST	882-1105
Dan Lusk	501 MEE DR	865-882-2354
Patricia Young	536 Mee Drive	201-5909
Amanda Ewing	542 Mee Drive	360-0141
Kelly Nance	1723 Irwin	(865)-382-2337
Dawn Filyan	1740 Bennett Cir	
Wynne Pressley	1742 Bennett Cir	

Floyd Ledson 1750A Bennett Cir
 Becky Young 1650 Spencer
 Rebecca Relfrey 711 BA  Circle 285-9483
 MaryEllen Wolfe 1708 Bennett Circle (865)304-6582
 Miranda Williams 1701 Irwin

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		FFY of Grant: 2011	
PHA Name: Harriman Housing Authority		FFY of Grant Approval: 2011	
Grant Type and Number Capital Fund Program Grant No: TN37-P055-501-11 Replacement Housing Factor Grant No: Date of CFEP:			
Type of Grant	<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised ²	Total Actual Cost ¹ Expended
		Original	Obligated
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³	1,000.00	
3	1408 Management Improvements	9,000.00	
4	1410 Administration (may not exceed 10% of line 21)	1,000.00	
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	22,000.00	
8	1440 Site Acquisition		
9	1450 Site Improvement	300,000.00	
10	1460 Dwelling Structures	148,577.00	
11	1465.1 Dwelling Equipment—Nonexpendable	5,000.00	
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment	2,000.00	
14	1485 Demolition	30,000.00	
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		FFY of Grant: 2011 FFY of Grant Approval: 2011	
PHA Name: Harriman Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37-P055-501-11 Replacement Housing Factor Grant No: Date of CFFP:		
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Summary by Development Account <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Obligated
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)	518,577.00	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security – Soft Costs		
24	Amount of line 20 Related to Security – Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director Shelia Smith		Date 3/17/2011	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.

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 II: Supporting Pages		Federal FFY of Grant: 2011						
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Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-WIDE	Operations	1406	LS	1,000.00				
	VISTA worker	1408	1 position	1,000.00				
	Security	1408	LS	1,000.00				
	Computer Upgrade	1408	LS	1,000.00				
	Training/Travel	1408	LS	5,000.00				
	Management Fee	1408	LS	1,000.00				
	Advertising	1410	LS	1,000.00				
	A/E Fees	1430	LS	15,000.00				
	Update Agency Plan	1430	LS	3,000.00				
	Environmental Review	1430	LS	1,000.00				
	Annual Inspections	1430	LS	3,000.00				
	Appliances	1465.1	LS	5,000.00				
	Office Equipment, furnishings	1475	LS	1,000.00				
	Maintenance equipment	1475	LS	1,000.00				
	HVAC replacement	1460	As needed	5,000.00				
	Vacant unit turnaround	1460	As needed	25,000.00				
TN55-001 Fiske Heights	Sidewalk Replacement	1450	LS	240,000.00				

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages		Federal FFY of Grant: 2011						
PHA Name: Harriman Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37-P055-501-11 CFFP (Yes/ No): No Replacement Housing Factor Grant No:						
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TN55-002 Cove Garden	Sidewalk Replacement	1450	LS	60,000.00				
TN55-003 Rolling Acres	Demolition	1485	2 bldgs	30,000.00				
	Roofing	1460	LS	118,577.00				
TN55-004 Clifty Manor	No work this year			0.00				
TN55-005 Clifty Manor	No work this year			0.00				
TN55-006 Oakdale	No work this year			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.

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 III: Implementation Schedule for Capital Fund Financing Program						Federal FFY 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			
PHA-WIDE	07/14/2013		07/14/2015				
TN55-001	07/14/2013		07/14/2015				
TN55-002	07/14/2013		07/14/2015				
TN55-003	07/14/2013		07/14/2015				
TN55-004	07/14/2013		07/14/2015				
TN55-005	07/14/2013		07/14/2015				
TN55-006	07/14/2013		07/14/2015				

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.

Capital Fund Program—Five-Year Action Plan

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Part I: Summary						
PHA Name/Number Harriman HA TN-55		Locality (City/County & State) Harriman/ Roane/Tennessee		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 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	320,620.00	320,620.00	245,620.00	319,620.00
C.	Management Improvements		54,000.00	54,000.00	54,000.00	54,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		2,000.00	2,000.00	77,000.00	2,000.00
E.	Administration		1,000.00	1,000.00	1,000.00	1,000.00
	Other		37,000.00	37,000.00	37,000.00	37,000.00
G.	Operations		103,957.00	103,957.00	103,957.00	103,957.00
H.	Demolition		0.00	0.00	0.00	1,000.00
I.	Development		0.00	0.00	0.00	0.00
J.	Capital Fund Financing -- Debt Service		0.00	0.00	0.00	0.00
K.	Total CFP Funds		518,577.00	518,577.00	518,577.00	518,577.00
L.	Total Non-CFP Funds		0.00	0.00	0.00	0.00
M.	Grand Total		518,577.00	518,577.00	518,577.00	518,577.00

Capital Fund Program—Five-Year Action Plan

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Part I: Summary (Continuation)

PHA Name/Number		Harriman HA TN-55		Locality (City/county & State) Harriman/Roane/Tennessee		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 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					
	PHA-WIDE		213,957.00	213,957.00	238,957.00	213,957.00	
	TN55-001		254,620.00	254,620.00	0.00	0.00	
	TN55-002		50,000.00	50,000.00	0.00	0.00	
	TN55-003		0.00	0.00	160,000.00	303,620.00	
	TN55-004		0.00	0.00	10,000.00	0.00	
	TN55-005		0.00	0.00	109,620.00	0.00	
	TN55-006		0.00	0.00	0.00	1,000.00	
	TOTAL		518,577.00	518,577.00	518,577.00	518,577.00	518,577.00

Capital Fund Program—Five-Year Action Plan

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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	PHA-WIDE						
Annual							
Statement	Landscaping	LS	5,000	Landscaping	LS	5,000	
	HVAC repair/replacement	LS	5,000	HVAC repair/replacement	LS	5,000	
	Storage Buildings	LS	1,000	Storage Buildings	LS	1,000	
		Sub-Total	11,000		Sub-Total	11,000	
	TN55-001			TN55-001			
	Sewer replacement	As needed	10,000	Electrical upgrade	LS	150,000	
	Update interiors including floors, kitchens, bathrooms, light fixtures, etc.	LS	144,620	Replace gas heaters with electric		54,620	
	Frame in closet doors		30,000	Gas distribution system	LS	50,000	
	New int. doors/hardware		20,000				
	New ext. doors/frames/hardware		40,000				
	Screen doors		10,000				
		Sub-Total	254,620		Sub-Total	254,620	
	TN55-002			TN55-002			
	Update interiors including floors, kitchens, bathrooms, light fixtures, etc.		25,000	Replace gas heaters with electric		15,000	
	Frame in closet doors		10,000	Gas distribution system	LS	5,000	
	New int. doors/hardware		5,000	Electrical upgrade	LS	30,000	
	New ext. doors/frames/hardware		10,000				
	Screen doors		50,000				
		Sub-Total	50,000		Sub-Total	50,000	
		Subtotal of Estimated Cost	\$		Subtotal of Estimated Cost	\$	

Capital Fund Program—Five-Year Action Plan

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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			PHA-WIDE		
	Landscaping	LS	5,000	Landscaping	LS	5,000
	HVAC repair/replacement	LS	5,000	HVAC repair/replacement	LS	5,000
	Storage Buildings	LS	1,000	Storage Buildings	LS	1,000
	Sub-Total		11,000	Sub-Total		11,000
	TN55-001	No work this year	0	TN55-001	No work this year	0
	TN55-002	No work this year	0	TN55-002	No work this year	0
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

Capital Fund Program—Five-Year Action Plan

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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	TN55-003			TN55-003		
Annual	Update interiors including floors, kitchens, bathrooms, light fixtures, gyp. Board over existing ceiling, doors	LS	10,000	Convert 0 bedroom apts. (8) to 2 bedroom apts. (4)	LS	303,620
Statement	Re-roofing	LS	150,000			
		Sub-Total	160,000		Sub-Total	303,620
	TN55-004			TN55-004	No work this year	0
	Update interiors including floors, kitchens, bathrooms, light fixtures, doors	LS	10,000			
		Sub-Total	10,000		Sub-Total	0
	TN55-005			TN55-005	No work this year	0
	Major renovations at one-bedroom apts. (Widow's Row)		59,620			
	Re-roof office		50,000			
		Sub-Total	109,620		Sub-Total	0
	TN55-006	No work this year	0	TN55-006		
				Demo/dispo – if sewer pump system fails	12 units	1,000
		Sub-Total	0		Sub-Total	1,000
		Subtotal of Estimated Cost	\$279,620		Subtotal of Estimated Cost	\$304,620

