Bristol Tennessee Housing and Redevelopment Authority

Agency Plan 2011
Submitted to HUD July 7, 2011

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PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011

1.0 PHA Information

PHA Name: **BRISTOL TENNESSEE HOUSING AND REDEVELOOPMENT AUTHORITY** PHA Code: **TN66**

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

PHA Fiscal Year Beginning: (MM/YYYY): **10/2011**

Submitted to HUD - 7/7/2011

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

Number of PH units: **354** Number of HCV units: **200**

3.0 Submission Type

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

4.0 PHA Consortia ☐ 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: **N/A**

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. **N/A**

6.0 PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: **The Administrative Plan for the Section 8 Program has been revised. A copy is available at the Main office for review.**

(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. **Bristol Tennessee Housing and Redevelopment Authority Main Office, 100 Ash Street, Bristol, TN**

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.* **Homeownership Program information is attached.**

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. **Attached**

TN37-P066-501-07 P & E Report, date ending 03/31/2011
TN37-P066-501-08 P & E Report, date ending 03/31/2011
TN37-P066-501-09 P & E Report, date ending 03/31/2011
TN37-P066-501-10 P & E Report, date ending 03/31/2011
TN37-P066-501-11 Annual Statement

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. **Attached**

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. **N/A**

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. **N/A**

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

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) (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 **Attached** (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**

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

PUBLIC HOUSING

Eligibility

Eligibility for admission is verified upon knowledge of availability 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

The Bristol Tennessee Housing and Redevelopment Authority (BTHRA) has a community-wide waiting list. Interested persons may apply for admission at the main administrative office.

Admissions Preferences

BTHRA does not plan 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:

- Displacement by federally declared disasters
- Victims of domestic violence

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
- Resident Orientation

Deconcentration and Income Mixing

BTHRA does not have any developments that have average incomes below 85% or above 115% of the average of all developments.

SECTION 8/HCV PROGRAM

Eligibility

Eligibility for admission is verified within two months of planned voucher issuance.
The following non-income screening factors are used to establish eligibility for admission:

- Criminal or drug-related activity
- Previous participation and/or debts owed to PHAs

Waiting List

Interested persons may apply for admission at the PHA Site Management Office.

Admissions Preferences

BTHRA does not plan to exceed the federal targeting requirements by targeting more than 75% of all new admission to Section 8/HCV Program to families at or below 30% of median area income.

The following preferences are used:

- Victims of domestic violence
- Displacement by federally declared disasters

Occupancy

The following reference materials can be used to obtain information about the rules of participation in the Section 8/HCV Program:

- The Section 8 Administrative Plan
- PHA briefing seminars or written materials
- Through published notices

6.2 Financial Resources

The BTHRA expects to expend approximately $3.73 million in the year 2011 for operations, capital improvements and administrative costs.

6.3 Rent Determination

PUBLIC HOUSING

BTHRA employs discretionary policies for determining income-based rent by having a minimum rent of $50.00.
BTHRA uses HUD's required minimum rent hardship exemptions.

Ceiling Rents

The BTHRA does not have ceiling rents

Rent Re-Determinations

If the family elected income-based rent, they must report all changes in income and family composition as they occur. In the case of income, the rent will be changed if the new income amount results in a rent decrease or if income increase is $100.00 or more per month will result in a rent increase. In the case of change in family composition, the rent will only be changed if the new household member receives income and then the rent would be increased.
Flat Rents

BTHRA established flat rents by using the Section 8 rent reasonableness study of comparable housing.

SECTION 8/HCV PROGRAM

Payment Standards

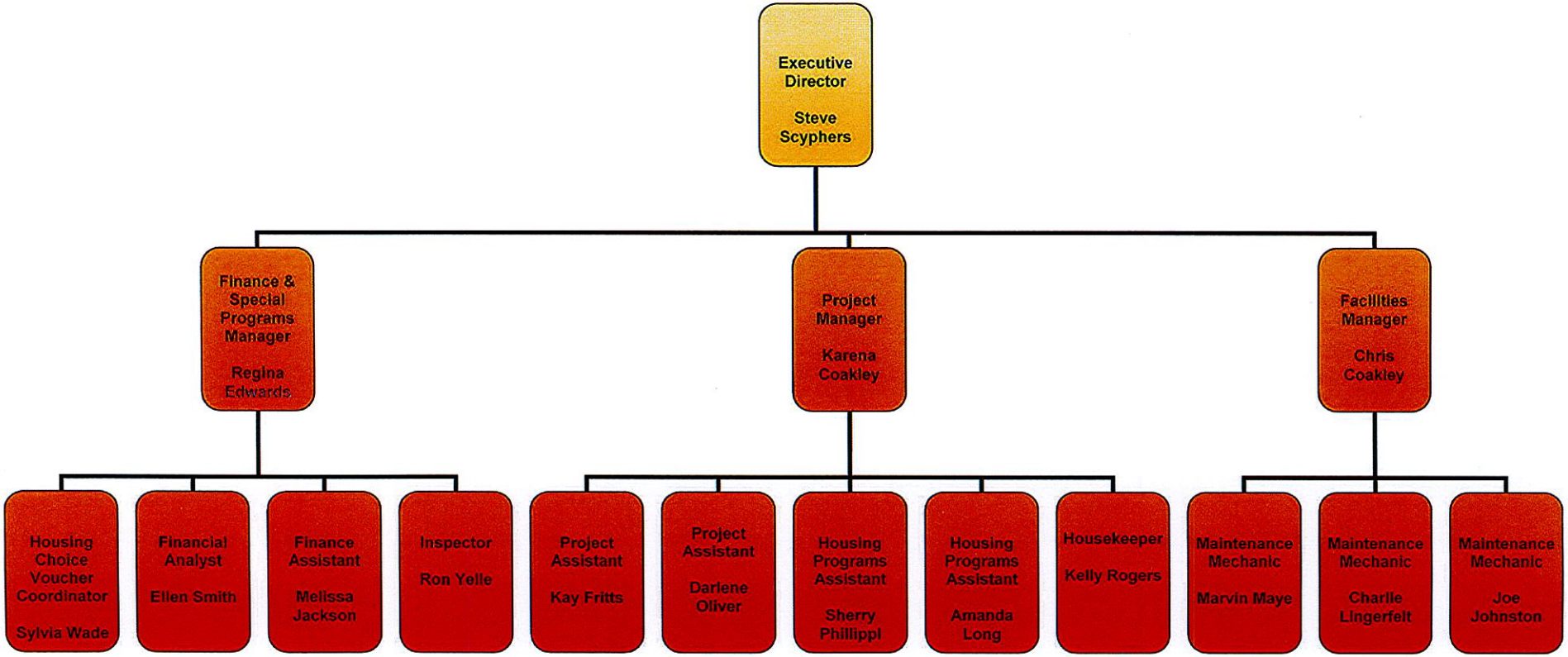
- 100% of FMR
- Payment standards are reevaluated annually
- Assessment of the payment standards are based on the success rates of assisted families and the rent burdens of assisted families.

BTHRA employs discretionary policies for determining income-based rent by having a minimum rent of $50.00.
BTHRA uses HUD's required minimum rent hardship exemptions.

6.4 Operation and Management

Organizational Chart on following page:

BTHRA
ORGANIZATIONAL CHART
FY 2011



6.5 Grievance Procedures

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

6.7 Community Service and Self-Sufficiency

The BTHRA offers and provides a variety of program and services to their residents to achieve self-sufficiency. These services and programs include referrals to local non-profit agencies providing supportive services; the UETHDA Nutrition Program which provides the elderly and disabled families with the tools needed to eat healthy, stay safe, improve personal hygiene, etc. Additionally, the BTHRA has adopted a policy relative to the community service requirement mandated by the QHWRA through regulations published in the Federal Register on March 29, 2000.

6.8 Safety and Crime Prevention

The BTHRA has a full-time police officer that patrols all of the sites of public housing. A security camera system has been installed at Fort Shelby Tower and Edgemont Tower. The police officer is charged with monitoring and reviewing. This has reduced the incidence of unlawful behavior. Office renovations are being completed that will aid in safety and security for residents and employees.

6.9 Pet Policy

The BTHRA has a policy related to tenant-owned pets. This policy permits all BTHRA 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 BTHRA'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 BTHRA's most recent audit is on file at the local HUD office in Knoxville, Tennessee and is available for review at the main office during normal business hours. For FY2008 a finding was noted due to a change in accounting principle concerning the BTHRA's Capitalization Policy.

6.12 Asset Management

BTHRA
ALLOCATION PLAN for INCOME & EXPENSES
Board Approved 9-23-09

The BTHRA, in its attempt to comply with HUD's new project based accounting and asset management requirements, will make every effort to record income earned and expenses incurred in the appropriate general ledger chart of accounts. Items will be identified as either an income or expense of the Low Income Public Housing Program (LIPH), the Housing Choice Voucher Program (HCV) or Redevelopment. Those items considered LIPH will then be further analyzed to determine whether the item is the responsibility of a particular Asset Management Project (AMP) or the Central Office Cost Center (COCC). The BTHRA realizes that there are numerous expenses that will be difficult to assign in their entirety to a particular AMP or to the COCC. In those instances, the BTHRA has chosen to charge those expenses proportionately to the AMP's and to the COCC.

All rental income and other tenant revenue will be recorded based on the tenant's AMP assignment. Miscellaneous income that is not able to be assigned to an AMP will be recorded as COCC income. Ex. copies made for non-BTHRA related business. Additionally, income earned from investments held at January 2009, will be distributed based on each AMP and COCC's cash allocation at that same date. The percentages will be as follows: AMP 1 = 35.33%, AMP 2 = 30.83% and the COCC = 33.84%

Employees will be assigned to an AMP or the COCC on either a percentage or fee for service basis. Salaries & benefits will be paid based on that assignment. Employee travel, training and cell phone expenses will be paid based on the individual employee's payroll assignment. Miscellaneous employee expenses such as flu shots, staff meeting expenses, etc. will be charged in the same manner.

It has been determined that due to the BTHRA's relatively small size, site based management offices, at this time, will not be the most economically feasible option. BTHRA's administrative offices and staff will continue to be located at Edgemont Towers with one employee being located at Fort Shelby Towers. Given that arrangement, and for ease of operations, management has chosen to assign all computer equipment, software, software licenses, office furniture and office equipment as COCC assets. As a result, expenses associated with these items will be a charged to the COCC. In the area of computer maintenance, the AMP's will be charged a monthly lease fee based on the number of units in the BTHRA's Annual Contributions Contract (ACC) and equivalent to HUD's designated information technology fee.

The COCC will assume liability for copier and postage meter leases and will in turn charge the respective AMP's based on their metered usage. Membership dues for various industry associations will be considered a responsibility of the COCC as will the cost of publications that are not AMP specific. Advertising expenses for contracted services benefiting both AMP's and publications that apply to both AMP's will be charged based on the number of bedrooms per AMP. AMP 1 will be charged 60% of the expense and AMP 2 will be charged 40% of the expense. Expenses such as office supplies that are for the benefit of the COCC and the AMP's will be allocated as follows: COCC = 10%, AMP 1 = 54% and AMP 2 = 36%

Vehicle expenses, including maintenance and fuel, will be charged to the AMP to which the vehicle has been assigned. Garbage costs, utilities, tenant services and tenant accounts receivable expenses

will be charged to their respective AMP. Since the BTHRA's administrative offices will be physically located in AMP 2, the COCC will reimburse AMP 2 for its share of electricity, water and sewer usage. These amounts have been determined by the Executive Director based on industry usage standards and utility rates in effect at the time of the calculation.

6.13 Violence Against Women Act (VAWA)

Policies (Public Housing and Section 8) on following pages:

Public Housing
Admissions and Continued Occupancy (ACOP)

Amendment

Violence Against Women and Justice Department Reauthorization Act 2005
Form HUD-50066 Certification of Domestic Violence, Dating Violence, or Stalking

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The Violence Against Women and Justice Department Reauthorization Act (VAWA) of 2005 protects 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 acts of such violence against them. Applicants are also protected from denial of assistance as stated in the VAWA.

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 person under the tenant's control, shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse. The law also 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 the assistance, tenancy, or occupancy rights of a victim of such violence.

Changes to the Public Housing ACOP

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1. **Notification to Applicants:**
   The BTHRA will provide all applicants to the Public Housing program with notification of their protections and rights under the Violence Against Women Reauthorization Act of 2005 (VAWA) at the time they request an application for housing assistance.

   The notice will explain the protections afforded under the law, inform each applicant of BTHRA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

   The BTHRA will also include in all notices of denial, a statement explaining the protection against denial provided by VAWA.

2. **Notification to Participants:**
   The BTHRA will provide all participants with notification of their protections and rights under the VAWA at the time of admission and at annual reexamination.

The notice will explain the protections afforded under the law, inform the participant of BTHRA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The BTHRA will also include in all termination notices a statement explaining the protection against denial provided by VAWA.

3. **Terminating the Assistance of Domestic Violence, Dating Violence, or Stalking Victims and Perpetrators**

The VAWA provides 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 person under the tenant's control shall not be a cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim of that domestic violence, dating violence, or stalking."

VAWA also gives BTHRA the authority to "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."

VAWA does not limit the authority of BTHRA to terminate the assistance of any participant if BTHRA "can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant is not evicted or terminated from assistance".

Victim Documentation

When a participant family is facing assistance termination because of the actions of a participant, household member, guest, or other person under the participant's control and a participant or immediate family member of the participant's family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating violence, or stalking, the BTHRA will require the individual to submit documentation affirming that claim.

The documentation must include two elements:

1. A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking **(HUD form 50066 "Certification of Domestic Violence, Dating Violence, or Stalking")**, as required by the provisions of Sections 606 and 607 of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA), Public Law 109-162, **AND**
2. One of the following:
    a) a police or court record documenting the actual or threatened abuse, **or**
    b) a statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought

assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to the BTHRA within fourteen (14) business days after the BTHRA issues their written request. The fourteen (14)-day deadline may be extended at BTHRA's discretion. If the individual does not provide the required certification and supporting documentation within fourteen (14) business days, or the approved extension period, the BTHRA may proceed with assistance termination.

If the BTHRA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's tenancy is not terminated, the BTHRA will bypass the standard process and proceed with the immediate termination of the family's assistance.

Terminating the Assistance of a Domestic Violence Perpetrator
When the actions of a participant or other family member result in a BTHRA decision to terminate the family's assistance and another family member claims that the actions involve criminal acts of physical violence against family members or others, the BTHRA will request that the victim submit the above required certification and supporting documentation in accordance with the stated time frame. If the certification and supporting documentation are submitted within the required time frame, or any approved extension period, the BTHRA will terminate the perpetrator's assistance. If the victim does not provide the certification and supporting documentation, as required, the BTHRA will proceed with termination of the family's assistance.

If the BTHRA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the participant's tenancy is not terminated, the BTHRA will bypass the standard process and proceed with the immediate termination of the family's assistance.

BTHRA Confidentiality Requirements
All information provided to the BTHRA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared data base nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

The HUD-approved certification form provides notice to the tenant of the confidentiality of the form and the limits thereof.

4. **Prohibition Against Denial of Assistance to Victims of Domestic Violence, Dating Violence, and Stalking**

The BTHRA acknowledges that a victim of domestic violence, dating violence, or stalking may have an unfavorable history that would warrant denial under the BTHRA's policies. Therefore, if the BTHRA makes a determination to deny admission to an applicant family, the BTHRA will include in its notice of denial a statement of the protection against denial provided by VAWA and will offer the applicant the opportunity to provide documentation affirming that the cause of the unfavorable history is that a member of the applicant family is or has been a victim of domestic violence, dating violence, or stalking.

The documentation must include two elements:

1. A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking, **(HUD form 50066 "Certification of Domestic Violence, Dating Violence, or Stalking")**, as required by the provisions of Sections 606 and 607 of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA), Public Law 109-162, **AND**
2. One of the following:
    a) a police or court record documenting the actual or threatened abuse, **or**
    b) a statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The applicant must submit the required documentation with her or his request for an informal review or must request an extension in writing at that time. If the applicant so requests, the BTHRA will grant an extension of ten (10) business days, and will postpone scheduling the applicant's information review until after it has received the documentation or the extension period has elapsed. If after reviewing the documentation provided by the applicant the BTHRA determines the family is eligible for assistance, no information review will be scheduled and the BTHRA will proceed with admission of the applicant family.

Perpetrator Removal or Documentation of Rehabilitation

In cases where an applicant family includes the perpetrator as well as the victim of domestic violence, dating violence, or stalking, the BTHRA will proceed as above but will require, in addition, either (a) that the perpetrator be removed from the applicant household and not reside in the assisted housing unit or (b) that the family provide documentation that the perpetrator has successfully completed, or is successfully undergoing, rehabilitation or treatment.

If the family elects the second option, the documentation must be signed by an employee or agent of a domestic violence service provider or by a medical or other knowledgeable professional from who the perpetrator has sought or is receiving assistance in addressing the abuse. The signer must attest under penalty of perjury to his or her belief that the rehabilitation was successfully completed or is progressing successfully. The victim and perpetrator must also sign or attest to the documentation. This additional documentation must be submitted within the same time frame as the documentation required above from the victim.

5. **Informal Hearings for Participants**
Circumstances for which the BTHRA must give a participant family an opportunity for an informal hearing are as follows:
    - a determination to deny admission based on an unfavorable history that may be the result of domestic violence, dating violence, or stalking.

6. **Nondiscrimination**
Add to section:
Violence Against Women Reauthorization Act of 2005 (VAWA)

7. **Definition of Terms**

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 cohabitated 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 is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Dating Violence: Violence committed by a person:

(A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and
(B) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) the length of the relationship; (ii) the type of relationship; and (iii) the frequency of interaction between the persons involved in the relationship.

Stalking: to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that person; (ii) a member of the immediate family of that person; or (iii) the spouse or intimate partner of that person.

Immediate Family Member: a spouse, parent, brother or sister, or child of the person, or an individual to whom that person stands in loco parentis (in place of a parent); or any other person living in the household of that person and related to that person by blood or marriage.

This Amendment to the Public Housing Admissions and Continued Occupancy Policy (ACOP) is in accordance with the Department of Housing and Urban Development's PIH Notice 2006-42, issued 12/27/2006.

BOARD APPROVED: Resolution 08-02 March 26, 2008

Housing Choice Voucher
Administration Plan (ADMIN PLAN)

Amendment

Violence Against Women and Justice Department Reauthorization Act 2005
Form HUD-50066 Certification of Domestic Violence, Dating Violence, or Stalking

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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 person under the tenant's control, shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse. The law also 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 the assistance, tenancy, or occupancy rights of a victim of such violence.

Changes to the Housing Choice Voucher Admin Plan

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1. **Notification to Applicants:**
   The BTHRA will provide all applicants to the Housing Choice Voucher Program with notification of their protections and rights under the Violence Against Women Reauthorization Act of 2005 (VAWA) at the time they request an application for housing assistance.

   The notice will explain the protections afforded under the law, inform each applicant of BTHRA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

   The BTHRA will also include in all notices of denial, a statement explaining the protection against denial provided by VAWA.

2. **Notification to Participants:**

The BTHRA will provide all participants with notification of their protections and rights under the VAWA at the time of admission and at annual reexamination.

The notice will explain the protections afforded under the law, inform the participant of BTHRA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The BTHRA will also include in all termination notices a statement explaining the protection against denial provided by VAWA.

3. **Terminating the Assistance of Domestic Violence, Dating Violence, or Stalking Victims and Perpetrators**

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VAWA also gives BTHRA the authority to "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."

VAWA does not limit the authority of BTHRA to terminate the assistance of any participant if BTHRA "can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant is not evicted or terminated from assistance".

Victim Documentation

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The documentation must include two elements:

1. A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking **(HUD form 50066 "Certification of Domestic Violence, Dating Violence, or Stalking")**, as required by the provisions of Sections 606 and 607 of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA), Public Law 109-162, **AND**
2. One of the following:
    a) a police or court record documenting the actual or threatened abuse, **or**

b) a statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to the BTHRA within fourteen (14) business days after the BTHRA issues their written request. The fourteen (14)-day deadline may be extended at BTHRA's discretion. If the individual does not provide the required certification and supporting documentation within fourteen (14) business days, or the approved extension period, the BTHRA may proceed with assistance termination.

If the BTHRA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's tenancy is not terminated, the BTHRA will bypass the standard process and proceed with the immediate termination of the family's assistance.

Terminating the Assistance of a Domestic Violence Perpetrator
When the actions of a participant or other family member result in a BTHRA decision to terminate the family's assistance and another family member claims that the actions involve criminal acts of physical violence against family members or others, the BTHRA will request that the victim submit the above required certification and supporting documentation in accordance with the stated time frame. If the certification and supporting documentation are submitted within the required time frame, or any approved extension period, the BTHRA will terminate the perpetrator's assistance. If the victim does not provide the certification and supporting documentation, as required, the BTHRA will proceed with termination of the family's assistance.

If the BTHRA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the participant's tenancy is not terminated, the BTHRA will bypass the standard process and proceed with the immediate termination of the family's assistance.

BTHRA Confidentiality Requirements
All information provided to the BTHRA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared data base nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

The HUD-approved certification form provides notice to the tenant of the confidentiality of the form and the limits thereof.

4. **Prohibition Against Denial of Assistance to Victims of Domestic Violence, Dating Violence, and Stalking**

The BTHRA acknowledges that a victim of domestic violence, dating violence, or stalking may have an unfavorable history that would warrant denial under the BTHRA's policies. Therefore, if the BTHRA makes a determination to deny admission to an applicant family, the BTHRA will include in its notice of denial a statement of the protection against denial provided by VAWA and will offer the applicant the opportunity to provide documentation affirming that the cause of the unfavorable history is that a member of the applicant family is or has been a victim of domestic violence, dating violence, or stalking.

The documentation must include two elements:

1. A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking, **(HUD form 50066 "Certification of Domestic Violence, Dating Violence, or Stalking")**, as required by the provisions of Sections 606 and 607 of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA), Public Law 109-162, AND
2. One of the following:
    a) a police or court record documenting the actual or threatened abuse, or
    b) a statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The applicant must submit the required documentation with her or his request for an informal review or must request an extension in writing at that time. If the applicant so requests, the BTHRA will grant an extension of ten (10) business days, and will postpone scheduling the applicant's information review until after it has received the documentation or the extension period has elapsed. If after reviewing the documentation provided by the applicant the BTHRA determines the family is eligible for assistance, no information review will be scheduled and the BTHRA will proceed with admission of the applicant family.

Perpetrator Removal or Documentation of Rehabilitation

In cases where an applicant family includes the perpetrator as well as the victim of domestic violence, dating violence, or stalking, the BTHRA will proceed as above but will require, in addition, either (a) that the perpetrator be removed from the applicant household and not reside in the assisted housing unit or (b) that the family provide

documentation that the perpetrator has successfully completed, or is successfully undergoing, rehabilitation or treatment.

If the family elects the second option, the documentation must be signed by an employee or agent of a domestic violence service provider or by a medical or other knowledgeable professional from who the perpetrator has sought or is receiving assistance in addressing the abuse. The signer must attest under penalty of perjury to his or her belief that the rehabilitation was successfully completed or is progressing successfully. The victim and perpetrator must also sign or attest to the documentation. This additional documentation must be submitted within the same time frame as the documentation required above from the victim.

5. **Informal Hearings for Participants**
Circumstances for which the BTHRA must give a participant family an opportunity for an informal hearing are as follows:
    - a determination to deny admission based on an unfavorable history that may be the result of domestic violence, dating violence, or stalking.

6. **Nondiscrimination**
Add to section:
Violence Against Women Reauthorization Act of 2005 (VAWA)

7. **Definition of Terms**

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 cohabitated 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 is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Dating Violence: Violence committed by a person:

(A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and
(B) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) the length of the relationship; (ii) the type of relationship; and (iii) the frequency of interaction between the persons involved in the relationship.

Stalking: to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that

person; (ii) a member of the immediate family of that person; or (iii) the spouse or intimate partner of that person.

Immediate Family Member: a spouse, parent, brother or sister, or child of the person, or an individual to whom that person stands in loco parentis (in place of a parent); or any other person living in the household of that person and related to that person by blood or marriage.

This Amendment to the Housing Choice Voucher Administration Plan (ADMIN PLAN) is in accordance with the Department of Housing and Urban Development's PIH Notice 2006-42, issued 12/27/2006.

7.0 Section 8 Homeownership Program

[24 CFR Part 903.12(b), 903.7(k)(1)(i)]

(1) ☒ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

(2) Program Description

a. Size of Program

☐ Yes ☒ No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA-established eligibility criteria

☐ Yes ☒ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?
If yes, list criteria below:

b. What actions will the PHA undertake to implement the program this year (list)?

This program has been advertised in local newspapers, information made available to all current participants in the Housing Choice Voucher Program

(3) Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

a. ☒ Establishing a minimum homeowner downpayment requirement of at least 1.5 % or $1,000 and requiring that at least 1.5 % or $1,000 of the purchase price comes from the family's resources.

b. ☒ Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.

The proposed financing terms must be submitted to and approved by Bristol Tennessee Housing and Redevelopment Authority (BTHRA) prior to close of escrow.

BTHRA requires additional counseling after commencement of home-ownership assistance (ongoing counseling). Eight (8) hours of post-purchase counseling, with the BTHRA approved licensed counselor, must be completed prior to recertification at the 2nd, 14th and 15th years of assistance.

c. ☒ Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below).

Eastern 8 Community Development Corporation

d. ☐ Demonstrating that it has other relevant experience (list experience below).

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part I: Summary

PHA Name: Bristol Tennessee Housing and Redevelopment Authority	Grant Type and Number Capital Fund Program Grant No: TN37P06650107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☒ Revised Annual Statement (revision no: 9 in-house)
☐ Performance and Evaluation Report for Period Ending: March 31, 2011 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0.00			
2	1406 Operations	82,192.00		82,192.00	82,192.00
3	1408 Management Improvements	20,500.00	20,000.00	20,000.00	20,000.00
4	1410 Administration	41,096.00		41,096.00	41,096.00
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	48,100.00	40,991.09	40,991.09	37,941.79
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	15,000.00	17,988.50	17,988.50	17,988.50
10	1460 Dwelling Structures	83,252.00	61,227.19	61,227.19	61,227.19
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00	11,000.00	11,000.00	11,000.00
12	1470 Nondwelling Structures	60,824.00	115,630.48	115,630.48	88739.07
13	1475 Nondwelling Equipment	50,000.00	20,838.74	20,838.74	14,685.37
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	0.00			
18	1499 Development Activities	0.00			
19	1501 Collaterization or Debt Service	0.00			
20	1502 Contingency	0.00			
21	Amount of Annual Grant: (sum of lines 2 – 20)	410,964.00			374,869.92
22	Amount of line 21 Related to LBP Activities	0.00			
23	Amount of line 21 Related to Section 504 compliance	0.00		Balance	36,094.08
24	Amount of line 21 Related to Security – Soft Costs	0.00			
25	Amount of Line 21 Related to Security – Hard Costs	0.00			
26	Amount of line 21 Related to Energy Conservation Measures	0.00			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: **Bristol Tennessee Housing and Redevelopment Authority**		**Grant Type and Number** Capital Fund Program Grant No: **TN37P06650107** Replacement Housing Factor Grant No:				**Federal FY 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	Funds Obligated	Funds Expended	
TN066000001P								
Development	Sidewalk Repairs	1450	Dev-wide	13,000.00	10,716.75	10,716.75	10,716.75	Complete
TN066-001	Window Replacement	1460	Dev-wide	32,052.00	38,221.43	38,221.43	38,221.43	Complete
Family Units	Lockset/Key Replacement	1460	Dev-wide	20,000.00	19,955.06	19,955.06	19,955.06	Complete
	Install Smoke Detectors	1460	Dev-wide	3,400.00	3,050.70	3,050.70	3,050.70	Complete
	Clerk-of-Works	1460	1	13,900.00	0.00			
Operations	Operating Expense	1406	1	33,272.00		33,272.00	33,272.00	Complete
Management	Computer Upgrades	1408	1	0.00				
Improvements	Community Care Worker/VISTA	1408	1	3,750.00	3,500.00	3,500.00	3,500.00	Complete
Administration	Employee Benefits	1410	1	0.00				
	Advertising	1410	1	0.00				
	Central Office Management Fee	1410	1	16,636.00		16,636.00	16,636.00	Complete
Fees and Costs	A/E Fees	1430	1	24,750.00	12,729.49	12,729.49	12,729.49	Complete
	Clerk-of-Works	1430	1	0.00	0.00			
	Environmental Review	1430	1	600.00		600.00	600.00	Complete
Dwelling Equip.	Ranges/Refrigerators	1465.1	Dev-wide	2,952.00	3,182.00	3,182.00	3,182.00	Complete
SUBTOTAL					141,863.43		141,863.43	
TN066000001P								
TN066000002P								

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Bristol Tennessee Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: TN37P06650107 Replacement Housing Factor Grant No:				Federal FY 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	Funds Obligated	Funds Expended	
Developments	Sidewalk Repairs (ET and FS)	1450	Dev-wide	2,000.00	7,271.75	7,271.75	7,271.75	Complete
TN066-002	Sewerline Replacement (ET)	1460	Dev-wide	0.00				
Edgemont Tower	Clerk-of-Works (ET and FS)	1460	1	13,900.00	0.00	0.00	0.00	
and TN066-003	Replace Canopy Roofs (ET and FS)	1470	Dev-wide	813.87	47,258.91	47,258.91	20,373.40	50109
Fort Shelby	Office Renovations (ET)	1470	Dev-wide	20,000.00	22,777.25	22,777.25	22,777.25	Complete
Tower	Elevator Upgrades (ET)	1470	Dev-wide	20,010.13	27,443.47	27,443.47	27,443.47	Complete
	Swipe Card System (FS)	1470	Dev-wide	20,000.00	18,150.85	18,150.85	18,150.85	
Operations	Operating Expense	1406	1	48,920.00		48,920.00	48,920.00	Complete
Management	Computer Upgrades	1408	1	0.00				
Improvements	Community Care Worker/VISTA	1408	1	16,750.00	16,500.00	16,500.00	16,500.00	Complete
Administration	Employee Benefits	1410	1	0.00				
	Advertising	1410	1	0.00				
	Central Office Management Fee	1410	1	24,460.00		24,460.00	24,460.00	Complete
Fees and Costs	A/E Fees	1430	1	15,150.00	19,611.60	16,562.30	16,562.30	
	Clerk-of-Works	1430	1	0.00	350.00	350.00	350.00	Complete
	Sprinkler System Testing	1430	2	7,000.00	7,100.00	7,100.00	7,100.00	Complete
	Environmental Review	1430	1	600.00		600.00	600.00	Complete
Dwelling	Ranges/Refrigerators	1465.1	Dev-wide	7,048.00	7,818.00	7,818.00	7,818.00	Complete

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: **Bristol Tennessee Housing and Redevelopment Authority**		**Grant Type and Number** Capital Fund Program Grant No: **TN37P06650107** Replacement Housing Factor Grant No:				**Federal FY 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	Funds Obligated	Funds Expended	
Equipment								
Nondwelling	Video Surveillance Cameras (ET and	1475	Dev-wide	50,000.00	2,665.56	2,665.56	2,665.56	Complete
Equipment	FS)							
Non-dwelling	Additional Security	1475			15,180.36	9,026.99	9,026.99	
Equipment	Fire Alarm System Upgrades (ET)	1475			2,992.82	2,992.82	2,992.82	Complete
SUBTOTAL								
TN066000002P								
TOTAL								
Moved funds from AMP 2 to AMP 1 to pay for the New Parking Lot Design – Construction monies will be disbursed from 501-10								
Moved funds from Additional Security to complete the Fire Alarm System Upgrades (ET) project in CFP 501-08 and 501-09								

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Bristol Tennessee Housing and Redevelopment Authority	Grant Type and Number Capital Fund Program No: TN37P06650107 Replacement Housing Factor No:	Federal FY of Grant: 2007

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TN066000001P							
Development	09/30/09			09/30/10			
TN066-001							
Family Units							
Operations	09/30/09			09/30/10			
Management	09/30/09			09/30/10			
Improvements							
Administration	09/30/09			09/30/10			
Fees and Costs	09/30/09			09/30/10			
Dwelling Equipment	09/30/09			09/30/10			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Bristol Tennessee Housing and Redevelopment Authority	Grant Type and Number Capital Fund Program No: TN37P06650107 Replacement Housing Factor No:	Federal FY of Grant: 2007

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TN066000002P							
Developments	09/30/09			09/30/10			
TN066-002							
Edgemont Tower							
and TN066-003							
Fort Shelby							
Operations	09/30/09			09/30/10			
Management	09/30/09			09/30/10			
Improvements							
Administration	09/30/09			09/30/10			
Fees and Costs	09/30/09			09/30/10			
Dwelling Equipment	09/30/09			09/30/10			
Nondwelling Equipment	09/30/09			09/30/10			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part I: Summary

PHA Name: Bristol Tennessee Housing and Redevelopment Authority	Grant Type and Number Capital Fund Program Grant No: TN37P06650108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☒ Revised Annual Statement (revision no: 4) In-House
☐ Performance and Evaluation Report for Period Ending: March 31, 2011 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations	41,229	82,458.00	82,458.00	82,458.00
3	1408 Management Improvements	76,000	63,500.00	63,500.00	63,500.00
4	1410 Administration	41,229		41,229.00	41,229.00
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	27,958	1,200.00	1,200.00	1,200.00
8	1440 Site Acquisition	0			
9	1450 Site Improvement	0	0.00	0.00	0.00
10	1460 Dwelling Structures	7,500	7,834.56	7,833.56	7,833.56
11	1465.1 Dwelling Equipment—Nonexpendable	6,000	34,795.58	30,309.64	30,309.64
12	1470 Nondwelling Structures	186,376	167,512.68	167,510.68	167,510.68
13	1475 Nondwelling Equipment	26,000	13,762.18	13,762.18	13,762.18
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1499 Development Activities	0			
19	1501 Collaterization or Debt Service	0			
20	1502 Contingency	0			
21	Amount of Annual Grant: (sum of lines 2 – 20)	412,292		407,803.06	407,803.06
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0		Balance	4,488.94
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: **Bristol Tennessee Housing and Redevelopment Authority**		**Grant Type and Number** Capital Fund Program Grant No: **TN37P06650108** Replacement Housing Factor Grant No:				**Federal FY 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	Funds Obligated	Funds Expended	
TN066000001P								
Development	ADA Modifications	1460		0.00	7,833.56	7,833.56	7,833.56	
TN066-001								
Family Units								
Operations	Operating Expense	1406	1	16,771	33,542.00	33,542.00	33,542.00	
Management	Additional Security	1408	1	20,339	20,000.00	20,000.00	20,000.00	
Improvements	Community Care Worker	1408	1	13,000	6,750.00	6,750.00	6,750.00	
Administration	Central Office Management Fee	1410	1	16,771		16,771.00	16,771.00	
Fees and Costs	A/E Fees	1430	1	2,000	0.00	0.00	0.00	
	Consultant Fees for Env. Review	1430	1	750	600.00	600.00	600.00	
Dwelling	Ranges/Refrigerators	1465.1	Dev-wide	3,000	7,912.42	3,508.92	3,508.92	
Equipment								
SUBTOTAL				89,005.48				
TN066000002P								

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Bristol Tennessee Housing and Redevelopment Authority	Grant Type and Number: Capital Fund Program Grant No: TN37P06650108; Replacement Housing Factor Grant No:	Federal FY 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	Funds Obligated	Funds Expended	
Developments	Paint Unit Balconies (ET)	1460	Dev-wide	7,500	1.00			
TN066-002	Elevator Upgrades (ET)	1470	2	178,876	167,510.68	167,510.68	167,510.68	
Edgemont Tower	Paint Interior Hallways	1470	Dev-wide	7,500	1.00			
and TN066-003	Seal & Stripe Parking (ET)	1450	Dev-wide		0.00			
Fort Shelby	Seal & Stripe Parking (FS)	1450	Dev-wide		0.00			
Tower	Replace Canopy Roofs (ET)	1470	Dev-wide		1.00			
	Replace Canopy Roofs (FS)	1470	Dev-wide		0.00			
Operations	Operating Expense	1406	1	24,458	48,916	48,916.00	48,916.00	
Management	Additional Security	1408	1	29,661	30,000.00	30,000.00	30,000.00	
Improvements	Community Care Worker	1408	1	13,000	6,750.00	6,750.00	6,750.00	
Administration	Central Office Management Fee	1410	1	24,458		24,458.00	24,458.00	
Fees and Costs	A/E Fees	1430	1	24,458	0.00	0.00	0.00	
	Consultant Fees for Env. Review	1430	1	750	600.00	600.00	600.00	
Dwelling	Ranges/Refrigerators	1465.1	Dev-wide	3,000	2,466.72	2,466.72	2,466.72	
Equipment	HVAC (ET and FS)	1465.1	Dev-wide	6,000	24,416.44	24,334.00	24,334.00	
Nondwelling								

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Bristol Tennessee Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: TN37P06650108 Replacement Housing Factor Grant No:				Federal FY 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	Funds Obligated	Funds Expended	
Equipment	Fire Alarm Upgrades (ET)	1475	Dev-wide	20,000	13,762.18	13,762.18	13,762.18	
SUBTOTAL								
TN066000002P				323,286.52				
TOTAL				$412,292				
Excess funds were taken out of these line items.								
We do not have any spare refrigerators for AMP 1. We also do not have any spare PTAC units for AMP 2. Both the refrigerators and PTAC units are items That are supplied by the Housing Authority. In order to have the necessary spare appliances on hand, this has become a priority item.								

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Bristol Tennessee Housing and Redevelopment Authority	Grant Type and Number Capital Fund Program No: TN37P06650108 Replacement Housing Factor No:	Federal FY of Grant: 2008

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TN066000001P							
Development	06/12/10			06/12/12			
TN066-001							
Family Units							
Operations	06/12/10			06/12/12			
Management	06/12/10			06/12/12			
Improvements							
Administration	06/12/10			06/12/12			
Fees and Costs	06/12/10			06/12/12			
Dwelling Equipment	06/12/10			06/12/12			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Bristol Tennessee Housing and Redevelopment Authority	Grant Type and Number Capital Fund Program No: TN37P06650108 Replacement Housing Factor No:	Federal FY of Grant: 2008

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TN066000002P							
Developments	06/12/10			06/12/12			
TN066-002							
Edgemont Tower							
and TN066-003							
Fort Shelby							
Operations	06/12/10			06/12/12			
Management	06/12/10			06/12/12			
Improvements							
Administration	06/12/10			06/12/12			
Fees and Costs	06/12/10			06/12/12			
Dwelling Equipment	06/12/10			06/12/12			
Nondwelling Equipment	06/12/10			06/12/12			

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: Bristol Tennessee Housing & Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-PO66-501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval: 2009**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 3)**
☐ **Performance and Evaluation Report for Period Ending: March 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				
2	1406 Operations (may not exceed 20% of line 21) [3]	82,458.00	88,654.00	88,654.00	88,654.00
3	1408 Management Improvements	76,000.00	60,000.00	50,000.00	50,000.00
4	1410 Administration (may not exceed 10% of line 21)	41,229.00	44,327.00	44,327.00	44,327.00
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	27,958.00	25,858.00	1,950.00	1,950.00
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	0.00			
10	1460 Dwelling Structures	20,000.00	15,000.00		
11	1465.1 Dwelling Equipment—Nonexpendable	6,000.00	5,976.90	5,976.90	5,976.90
12	1470 Non-dwelling Structures	158,647.00	203,458.10	59,302.84	59,302.84
13	1475 Non-dwelling Equipment	0.00			
14	1485 Demolition	0.00			
15	1492 Moving to Work Demonstration	0.00			
16	1495.1 Relocation Costs	0.00			
17	1499 Development Activities [4]	0.00			

[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: Bristol Tennessee Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-PO66-501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval: 2009**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1)**

☐ **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 Collateralization or Debt Service paid by the PHA	0.00			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00			
19	1502 Contingency (may not exceed 8% of line 20)	0.00			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	412,292.00	443,274.00	250,210.74	250,210.74
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			Balance	193,063.26
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**

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

Part II: Supporting Pages

PHA Name: Bristol Tennessee Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-PO66-501-09 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]	
TN066000001P								
Development	ADA Modifications	1460		20,000.00	15,000.00	0.00	0.00	
TN066-001								
Family Units								
Operations	Operating Expense	1406	1	33,542.00		33,542.00	33,542.00	
Management Improvements	Additional Security	1408	1	20,339.00	26,339.00	25,000.00	25,000.00	
	VISTA	1408	1	13,000.00	0.00	0.00	0.00	
Administration	Central Office Management Fee	1410	1	16,771.00		16,771.00	16,771.00	
Fees and Costs	A/E Fees	1430	1	2,000.00	0.00	0.00	0.00	
	Consultant Fees for Env. Review	1430	1	750.00		750.00	750.00	
Dwelling Equipment	Ranges/Refrigerators	1465.1	Dev-Wide	3,000.00	2,907.90	2,907.90	2,907.90	
SUBTOTAL				**95,309.90**				
TN066000001P								

[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: Bristol Tennessee Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-PO66-501-09 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]	
TN066000002P	Replace Canopy Roof/Vestibule– ET	1470			8,912.00	0.00	0.00	
	Replace Canopy Roof/Vestibule - FS	1470			8,912.00	0.00	0.00	
	Elevator Upgrades	1470			51,830.24	23,369.24	23,369.24	
Developments	Storage Building (ET)	1470	1	10,000.00	8,169.26	8,169.26	8,169.26	
TN066-002	Trash rooms and chutes (ET)	1470	1	17,823.00		0.00	0.00	
Edgemont Tower and	Fire Extinguishers (Amp-Wide)	1470	LS	3,000.00	2,811.60	2,811.60	2,811.60	
TN066-003	Fire Systems Upgrade (ET)	1470	LS	30,000.00	25,000.00	24,952.74	24,952.74	
Fort Shelby Tower	Trash rooms and chutes (FS)	1470	1	17,824.00	0.00	0.00	0.00	
	Flooring (FS)	1470	LS	65,000.00		0.00	0.00	
	Phone system	1470	LS	15,000.00		0.00	0.00	
Operations	Operating Expense	1406	1	48,916.00	55,112.00	55,112.00	55,112.00	
Management Improvements	Additional Security	1408	1	29,661.00	33,661.00	25,000.00	25,000.00	
	VISTA	1408	1	13,000.00	0.00	0.00	0.00	
Administration	Central Office Management Fee	1410	1	24,458.00	27,556.00	27,556.00	27,556.00	
Fees and Costs	A/E Fees	1430	1	24,458.00	14,358.00	0.00	0.00	
	Consultant Fees for Env. Review	1430	1	750.00		750.00	750.00	
	Clerk of Works	1430	1		10,000.00	450.00	450.00	
Dwelling Equipment	Ranges/Refrigerators	1465.1	Dev-Wide	3,000.00	3,069.00	3,069.00	3,069.00	
SUBTOTAL				**347,964.10**				
TN066000002P								
TOTAL				**443,274.00**				

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Bristol Tennessee Housing and Redevelopment Authority					**Federal FFY of Grant: 2009**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
TN066000001P					
Development	09/14/2011		09/14/2013		
TN066-001					
Family Units					
Operations	09/14/2011		09/14/2013		
Management Improvements	09/14/2011		09/14/2013		
Administration	09/14/2011		09/14/2013		
Fees and Costs	09/14/2011		09/14/2013		
Dwelling Equipment	09/14/2011		09/14/2013		

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Bristol Tennessee Housing and Redevelopment Authority					**Federal FFY of Grant: 2009**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
TN066000002P					
Developments	09/14/2011		09/14/2013		
TN066-002					
Edgemont Tower and					
TN066-003					
Fort Shelby Tower					
Operations	09/14/2011		09/14/2013		
Management Improvements	09/14/2011		09/14/2013		
Administration	09/14/2011		09/14/2013		
Fees and Costs	09/14/2011		09/14/2013		
Dwelling Equipment	09/14/2011		09/14/2013		
Non-dwelling Equipment	09/14/2011		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.

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: Bristol Tennessee Housing & Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-P066-501-10 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2010** **FFY of Grant Approval: 2010**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1)**
☐ **Performance and Evaluation Report for Period Ending: March 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				
2	1406 Operations (may not exceed 20% of line 21) [3]	82,458.00			
3	1408 Management Improvements	50,000.00			
4	1410 Administration (may not exceed 10% of line 21)	41,229.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	27,958.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	60,000.00	98,200.00		
10	1460 Dwelling Structures	49,647.00			
11	1465.1 Dwelling Equipment—Nonexpendable	11,000.00			
12	1470 Non-dwelling Structures	117,348.00	79,148.00		
13	1475 Non-dwelling Equipment	0.00			
14	1485 Demolition	0.00			
15	1492 Moving to Work Demonstration	0.00			
16	1495.1 Relocation Costs	0.00			
17	1499 Development Activities [4]	0.00			

[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: Bristol Tennessee Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-P066-501-10 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 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:** ☐ **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	0.00			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00			
19	1502 Contingency (may not exceed 8% of line 20)	0.00			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	439,640.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date 06/23/2010**	**Signature of Public Housing Director**	**Date**

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

Part II: Supporting Pages

PHA Name: Bristol Tennessee Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-P066-501-10 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]	
PHA-Wide	Lease Office Space	1470	LS	17,348.00		0.00	0.00	
SUBTOTAL				**17,348.00**				
PHA-Wide								
TN066000001P								
Development	Mailbox Replacement	1460	120	20,000.00		0.00	0.00	
TN066-001	Renovate Birch Street Office	1470	1	10,000.00		0.00	0.00	
Family Units	Additional driveways/sidewalks	1450	1		38,200.00	347.55	347.55	(2011 5 yr plan)
Operations	Operating Expense	1406	1	33,542.00		0.00	0.00	
Management Improvements	Additional Security	1408	1	20,339.00		0.00	0.00	
Administration	Central Office Management Fee	1410	1	16,771.00		16,771.00	16,771.00	
Fees and Costs	A/E Fees	1430	1	2,000.00		0.00	0.00	
	Consultant Fees for Env. Review	1430	1	750.00		600.00	600.00	
Dwelling Equipment	Ranges/Refrigerators	1465.1	Dev-Wide	3,000.00		2,961.00	2,961.00	
SUBTOTAL				**144,602.00**		**20,679.55**		
TN066000001P								

Part II: Supporting Pages

PHA Name: Bristol Tennessee Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-P066-501-10 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]	
TN066000002P								
Developments	Paving (ET & FS)	1450	1	30,000.00		0.00	0.00	
TN066-002	Rebuild retaining wall (ET)	1450	1	30,000.00		21,652.00	21,652.00	
Edgemont Tower and	Replace ceiling on 1st Floor (FS)	1470	LS	90,000.00	51,800.00	0.00	0.00	
TN066-003	Bathroom renovations (ET & FS)	1460	LS	19,647.00		0.00	0.00	
Fort Shelby Tower	Windows	1460	LS	10,000.00		0.00	0.00	
Operations	Operating Expense	1406	1	48,916.00		0.00	0.00	
Management Improvements	Additional Security	1408	1	29,661.00		0.00	0.00	
Administration	Central Office Management Fee	1410	1	24,458.00		24,458.00	24,458.00	
Fees and Costs	A/E Fees	1430	1	24,458.00		0.00	0.00	
	Consultant Fees for Env. Review	1430	1	750.00		600.00	600.00	
Dwelling Equipment	Ranges/Refrigerators	1465.1	Dev-Wide	3,000.00		2,865.40	2,865.40	
	Wireless Internet	1465.1	LS	5,000.00		0.00	0.00	
SUBTOTAL				**277,690.00**		**49,575.40**		
TN066000002P								
TOTAL				**439,640.00**				

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Bristol Tennessee Housing and Redevelopment Authority					**Federal FFY of Grant: 2010**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	07/14/2012		07/14/2014		
TN066000001P					
Development	07/14/2012		07/14/2014		
TN066-001					
Family Units					
Operations	07/14/2012		07/14/2014		
Management Improvements	07/14/2012		07/14/2014		
Administration	07/14/2012		07/14/2014		
Fees and Costs	07/14/2012		07/14/2014		
Dwelling Equipment	07/14/2012		07/14/2014		

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Bristol Tennessee Housing and Redevelopment Authority					**Federal FFY of Grant: 2009**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
TN066000002P					
Developments	07/14/2012		07/14/2014		
TN066-002					
Edgemont Tower and					
TN066-003					
Fort Shelby Tower					
Operations	07/14/2012		07/14/2014		
Management Improvements	07/14/2012		07/14/2014		
Administration	07/14/2012		07/14/2014		
Fees and Costs	07/14/2012		07/14/2014		
Dwelling Equipment	07/14/2012		07/14/2014		
Non-dwelling Equipment	07/14/2012		07/14/2014		

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

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

Board Resolution 11-2

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-*Year and Annual* PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ***Annual PHA Plan*** *for the PHA fiscal year beginning* ***10/2011****, 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.

Bristol Tennessee Housing and Redevelopment Authority	TN066
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	Donna Felty	Title	Board Chair
Signature	Donna Felty	Date	07/06/2011

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.

Bristol Tennessee Housing and Redevelopment Authority	TN066
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	Donna Felty	Title	Board Chair
Signature	Donna Felty	Date	07/06/2011

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 OMB# 2577-0226 Expires 06/30/2011

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

I, JEFFREY J. BROUGHTON the BRISTOL TN CITY MANAGER certify that the Annual PHA Plan of the BRISTOL TN HOUSING & REDEVELOPMENT AUTHORITY is consistent with the Consolidated Plan of NORTHEAST TN/VA HOME CONSORTIUM prepared pursuant to 24 CFR Part 91.

Signed / Dated by Appropriate State or Local Official

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Bristol Tennessee Housing and Redevelopment Authority

Program/Activity Receiving Federal Grant Funding

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.)

All sites

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
J. Steve Scyphers	Executive Director
Signature	**Date**
X	07/06/2011

OMB Approval No. 2577-0157 (Exp. 01/31/2014)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Bristol Tennessee Housing and Redevelopment Authority

Program/Activity Receiving Federal Grant Funding

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.

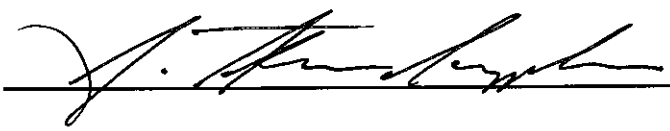
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this 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 sub recipients 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
J. Steve Scyphers	Executive Director

Signature	Date (mm/dd/yyyy)
	07/06/2011

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:
[b] a. contract
b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

2. Status of Federal Action:
[b] a. bid/offer/application
b. initial award
c. post-award

3. Report Type:
[a] a. initial filing
b. material change
For Material Change Only:
year _____ quarter _____
date of last report _____

4. Name and Address of Reporting Entity:
[x] **Prime** [ ] **Subawardee**
Tier _____, *if known*:

Congressional District, *if known*:

5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:

Bristol Tennessee Housing and Redevelopment Authority
P O Box 1515, 100 Ash Street
Bristol, TN 37621-1515

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
(*if individual, last name, first name, MI*):

b. Individuals Performing Services (*including address if different from No. 10a*)
(*last name, first name, MI*):

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: _____
Print Name: J. Steve Scyphers
Title: Executive Director
Telephone No.: 423/274-8150 Date: 07/06/2011

Federal Use Only:

Authorized for Local Reproduction
Standard Form LLL (Rev. 7-97)

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

TN066000001P
Family Units

Off-street parking – **Already in Five-Year Plan**
Central Heat/Air – **Not feasible at this time**
Clean Furnaces – **Maintenance**
New Stoves – **Already in Five-Year Plan**
Ceiling Fans – **Put in Five-Year Plan**
New kitchen cabinets – **Already in Five-Year Plan**

TN066000002P
Fort Shelby Tower

Clean carpet instead of replacing it. Use money for something else. – **In progress now**

TN066000002P
Edgemont Tower

Air condition the laundry room – **In progress now**

BTHRA RESIDENT ADVISORY COUNCIL MEMBERS
2011

4-7-11 Mtg.

EDGEMONT TOWERS
PAT FELTY—9J Pat Felty
PAT MARTIN-9D Dianne Cotter
DIANNE COTTER-7H Pat Martin
FRANCES GOODMAN-5I Frances Goodman
HELEN HILL-4J Helen Hill
CHARLOTTE DUNCAN-3H Charlotte Duncan

FT. SHELBY TOWERS
DAVID RINGLEY- 702 David Ringley
JOHN MOORE-102 Absent

FAMILY UNITS
CAROLYN OFFIELD-1640 VA AVE Carolyn Offield
JOYCE WHITE-604 MLK Joyce C White
SHIRLEY BRYANT-701 MLK Shirley Bryant

SECTION 8
GERI KUSICK-38 22ND STREET Geri D Kusick
JENNIFER HUMPHREYS-108 SHADY BROOK Jennifer Humphreys

ATTORNEY TIM MATHESON-LEGAL AID ----------

STAFF
WILLIE TARVER Willie Tarver
KARENA COAKLEY Karena Coakley
CHRIS COAKLEY Chris D. Coakley
STEVE SCYPHERS ----------
REGINA EDWARDS Regina Edwards
ELLEN SMITH Absent
MARIE SHEDDAN Marie Sheddan
Ella Kane Elaine Commissioner
DONNA FELTY - Housing Commission

MEETINGS: THURSDAY, APRIL 7TH, 5:00 P.M.
THURSDAY, APRIL 21ST, 5:00 P.M.
MEALS WILL BE SERVED AT BOTH MEETINGS.

BTHRA RESIDENT ADVISORY COUNCIL MEMBERS
2011

EDGEMONT TOWERS
PAT FELTY—9J ----------
PAT MARTIN-9D Pat Martin
DIANNE COTTER-7H Dianne Cotter
FRANCES GOODMAN-5I Frances Goodman
HELEN HILL-4J Helen Hill
CHARLOTTE DUNCAN-3H Charlotte Duncan

FT. SHELBY TOWERS
DAVID RINGLEY- 702 David Ringley
JOHN MOORE-102 Jonathan Moore

FAMILY UNITS
CAROLYN OFFIELD-1640 VA AVE Carolyn Offield
JOYCE WHITE-604 MLK ----------
SHIRLEY BRYANT-701 MLK Shirley Bryant

SECTION 8
GERI KUSICK-38 22ND STREET ----------
JENNIFER HUMPHREYS-108 SHADY BROOK ----------

ATTORNEY TIM MATHESON-LEGAL AID ----------

STAFF
WILLIE TARVER ----------
KARENA COAKLEY Karena Coakley
CHRIS COAKLEY absent
STEVE SCYPHERS ----------
REGINA EDWARDS ----------
ELLEN SMITH ----------
MARIE SHEDDAN ----------
DONNA FELTY Donna Felty

MEETINGS: THURSDAY, APRIL 7TH, 5:00 P.M.
THURSDAY, APRIL 21ST, 5:00 P.M.
MEALS WILL BE SERVED AT BOTH MEETINGS.

Kelly Sue Norris

Housing & Redevelopment Authority
100 Ash Street P.O. Box 1515
Bristol, TN 37620

Bristol

Donna H. Felty - Chair
Gerald F. Holmes – Vice Chairman
Ella A. Kane - Commissioner
David L. Wagner - Commissioner
John F. Young, Jr. - Commissioner

Steve Scyphers - Executive Director

Mailing Address:
P.O. Box 1515
Bristol, TN 37621-1515
(423) 274-8150
FAX: (423) 274-8155
TDD/TTY Phone # 1-800-545-1833

July 6, 2011

To whom it may concern:

This letter is to inform you that there were no challenged elements of the 2011 Annual Plan for Bristol Tennessee Housing and Redevelopment Authority

Sincerely,

J. Steve Scyphers
Executive Director

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: Bristol Tennessee Housing & Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-P066-501-11 Replacement Housing Factor Grant No: Date of CFFP:	**FFY 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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	87,928.00			
3	1408 Management Improvements	50,000.00			
4	1410 Administration (may not exceed 10% of line 21)	43,964.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	27,958.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	0.00			
10	1460 Dwelling Structures	178,790.00			
11	1465.1 Dwelling Equipment—Nonexpendable	16,000.00			
12	1470 Non-dwelling Structures	35,000.00			
13	1475 Non-dwelling Equipment	0.00			
14	1485 Demolition	0.00			
15	1492 Moving to Work Demonstration	0.00			
16	1495.1 Relocation Costs	0.00			
17	1499 Development Activities [4]	0.00			

[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: Bristol Tennessee Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-P066-501-11 Replacement Housing Factor Grant No: Date of CFFP:	**FFY 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 Collateralization or Debt Service paid by the PHA	0.00			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00			
19	1502 Contingency (may not exceed 8% of line 20)	0.00			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	439,640.00			
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 **J. Steve Scyphers** **Date 07/06/2011**

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.

Part II: Supporting Pages

PHA Name: Bristol Tennessee Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-P066-501-11 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2011**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
TN066000001P						0.00	0.00	
Development	ADA Modifications	1460	LS	10,000.00				
TN066-001	Storm Doors	1460	1	21,000.00				
Family Units								
Operations	Operating Expense	1406	1	35,171.00				
Management Improvements	Additional Security	1408	1	20,339.00				
Administration	Central Office Management Fee	1410	1	26,378.00				
Fees and Costs	A/E Fees	1430	1	2,000.00				
	Consultant Fees for Env. Review	1430	1	750.00				
Dwelling Equipment	Ranges/Refrigerators	1465.1	Dev-Wide	3,000.00				
Non-Dwelling Equipment	Vehicle	1475	1	20,000.00				
SUBTOTAL				**138,638.00**				
TN066000001P								

Part II: Supporting Pages

PHA Name: Bristol Tennessee Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-P066-501-11 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2011**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
TN066000002P								
Developments	Gazebo (ET & FS)	1470	2	35,000.00				
TN066-002	Sewer repair/replacement	1460	As needed	127,790.00				
Edgemont Tower (ET) and								
TN066-003								
Fort Shelby Tower (FS)								
Operations	Operating Expense	1406	1	52,757.00				
Management Improvements	Additional Security	1408	1	29,661.00				
Administration	Central Office Management Fee	1410	1	17,586.00				
Fees and Costs	A/E Fees	1430	1	24,458.00				
	Consultant Fees for Env. Review	1430	1	750.00				
Dwelling Equipment	Ranges/Refrigerators	1465.1	Dev-Wide	3,000.00				
	HVAC Repair/replacement	1465.1	Dev-Wide	10,000.00				
SUBTOTAL				**301,002.00**				
TN066000002P								
TOTAL				**439,640.00**				

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Bristol Tennessee Housing and Redevelopment Authority					**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		
TN066000001P					
Development	07/14/2013		07/14/2015		
TN066-001					
Family Units					
Operations	07/14/2013		07/14/2015		
Management Improvements	07/14/2013		07/14/2015		
Administration	07/14/2013		07/14/2015		
Fees and Costs	07/14/2013		07/14/2015		
Dwelling Equipment	07/14/2013		07/14/2015		
Non-Dwelling Equipment	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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Bristol Tennessee Housing and Redevelopment Authority					**Federal FFY of Grant: 2009**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
TN066000002P					
Developments	07/14/2013		07/14/2015		
TN066-002					
Edgemont Tower and					
TN066-003					
Fort Shelby Tower					
Operations	07/14/2013		07/14/2015		
Management Improvements	07/14/2013		07/14/2015		
Administration	07/14/2013		07/14/2015		
Fees and Costs	07/14/2013		07/14/2015		
Dwelling Equipment	07/14/2013		07/14/2015		
Non-dwelling Equipment	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.

Part I: Summary

PHA Name/Number Bristol Tennessee Housing and Redevelopment Authority/TN066			Locality (City/County & State) Bristol/Sullivan/ 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	172,742	212,742	212,742	212,742
C.	Management Improvements		40,000	40,000	40,000	40,000
D.	PHA-Wide Non-dwelling Structures and Equipment		30,000			
E.	Administration		39,800	39,800	39,800	39,800
F.	Other		50,000	40,000	40,000	40,000
G.	Operations		79,750	79,750	79,750	79,750
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		412,292	412,292	412,292	412,292
L.	Total Non-CFP Funds		0	0	0	0
M.	Grand Total		412,292	412,292	412,292	412,292

Part I: Summary (Continuation)

PHA Name/Number Bristol Tennessee Housing & Redevelopment Authority TN066			Locality (City/county & State) Bristol/ Sullivan/ 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				
	TN066000001P (Family Units)		237,517	102,775	229,517	228,000
	TN066000002P (Edgemont Tower and Fort Shelby Tower)		164,775	309,517	182,775	184,292
	PHA-Wide		10,000	0	0	0

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	**TN066000001P**			**TN066000001P**		
	Tree removal & replacement		10,000	Ranges/refrigerators		3,000
	Bathroom renovations		41,000			
	Gutters,downspouts		25,000			
	Additional driveways/sidewalks		20,000			
	Ceiling Fans in kitchens		5,000			
	Porch repairs		3,742			
	Ranges/refrigerators		3,000			
	Sub-Total		**107,742**	**Sub-Total**		**3,000**
	TN066000002P			**TN066000002P**		
	HVAC Upgrade (Amp-Wide)		57,000	Landscaping (ET & FS)		20,000
	Ranges/refrigerators		3,000	Exterior Painting (ET & FS)		50,000
	Wireless Internet		5,000	Interior Painting (ET & FS)		50,000
				Sewer repair/replacement (ET)		81,742
				Ranges/refrigerators		3,000
				Wireless Internet		5,000
	Sub-Total		**65,000**	**Sub-Total**		**209,742**
	PHA-Wide					
	Lease Office Space		10,000			
	Sub-Total		**10,000**			
	Subtotal of Estimated Cost		$	Subtotal of Estimated Cost		$

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	**TN066000001P**			**TN066000001P**		
	Waterlines		20,000	Install HVAC		100,225
	Bathroom renovations		50,000	Exterior upgrades		15,000
	Kitchen renovations		56,742	Ranges/refrigerators		3,000
	Ranges/refrigerators		3,000	Address-o-lites		5,000
				Storage Units		5,000
	Sub-Total		**129,742**	**Sub-Total**		**128,225**
	TN066000002P			**TN066000002P**		
	PA System (ET & FS)		20,000	HVAC (ET & FS)		25,000
	Exterior entrance doors (air-lock) (ET & FS)		45,000	Roofing (FS)		41,517
	Light sensors & upgrade (ET & FS)		5,000	Flooring (ET & FS)		5,000
	Ranges/refrigerators		3,000	Ranges/refrigerators		3,000
	Patio door replacement (FS)		5,000	Window Replacement (ET & FS)		5,000
	Wireless Internet		5,000	Wireless Internet		5,000
	Sub-Total		**83,000**	**Sub-Total**		**84,517**
	Subtotal of Estimated Cost		$	Subtotal of Estimated Cost		$

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	**TN066000001P**		**TN066000001P**	
Annual	Operations	39,875	Operations	39,875
Statement	Management Improvements	20,000	Management Improvements	20,000
	Administrative	19,900	Administrative	19,900
	Fees and Costs	20,000	Fees and Costs	20,000
	Vehicle	30,000		
	Sub-Total	**129,775**	**Sub-Total**	**99,775**
	TN066000002P		**TN066000002P**	
	Operations	39,875	Operations	39,875
	Management Improvements	20,000	Management Improvements	20,000
	Administrative	19,900	Administrative	19,900
	Fees and Costs	20,000	Fees and Costs	20,000
	Sub-Total	**99,775**	**Sub-Total**	**99,775**
	Subtotal of Estimated Cost	$	Subtotal of Estimated Cost	$

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	**TN066000001P**		**TN066000001P**	
Annual	Operations	39,875	Operations	39,875
Statement	Management Improvements	20,000	Management Improvements	20,000
	Administrative	19,900	Administrative	19,900
	Fees and Costs	20,000	Fees and Costs	20,000
	Sub-Total	**99,775**	**Sub-Total**	**99,775**
	TN066000002P		**TN066000002P**	
	Operations	39,875	Operations	39,875
	Management Improvements	20,000	Management Improvements	20,000
	Administrative	19,900	Administrative	19,900
	Fees and Costs	20,000	Fees and Costs	20,000
	Sub-Total	**99,775**	**Sub-Total**	**99,775**
	Subtotal of Estimated Cost	$	Subtotal of Estimated Cost	$