

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Brooksville Housing Authority</u> PHA Code: <u>FL074</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/01/2012</u>				
<b>2.0</b>	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>126</u> Number of HCV units: <u>0</u>				
<b>3.0</b>	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	PHA Consortia <u>N/A</u> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
<b>5.0</b>	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update. <b>NOT APPLICABLE AT ANNUAL YEAR</b>				
<b>5.1</b>	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: <b>NOT APPLICABLE AT ANNUAL UPDATE.</b>				

5.2	<p><b>Goals and Objectives.</b> Although not required at Annual updates, the Brooksville Housing Authority (BHA) is still adhering to the HUD strategic goals and objectives prepared for the Five Year period of FY2010-2014. Therefore, in FY 2012 the BHA will continue to promote the following goals:</p> <ol style="list-style-type: none"> <li>1. Create, promote, and maintain a safe and secure environment for staff and residents</li> <li>2. To provide and promote training opportunities for staff and Board of Commissioners</li> <li>3. To seek and apply for funding: Demolition/Disposition and Mixed Finance Housing</li> <li>4. Comply with all conditions of the MOA</li> <li>5. Continue to submit documentation for the approval of the demolition/disposition application in FY 2012.</li> </ol> <p>More specifically, the BHA will :</p> <p><b>A. HUD STRATEGIC GOAL:</b> Increase the availability of decent, safe and affordable housing</p> <ol style="list-style-type: none"> <li>1. <b>BHA Goal and Objective:</b> Expand the supply of assisted housing through reducing its public housing vacancies and create housing stock that is more adequate for addressing the needs of the residents.</li> <li>2. <b>BHA Goal and Objectives:</b> Improve the quality of assisted housing through improving public housing management initiatives, increasing customer satisfaction, and renovating or modernizing public housing units;</li> </ol> <p><b>B. HUD STRATEGIC GOAL:</b> Improve community quality of life and economic vitality</p> <ol style="list-style-type: none"> <li>1. <b>BHA Goal and Objectives:</b> Promote an improved living environment through implementing measures to deconcentrate poverty by bringing higher income public housing households into lower income developments, implementing measures to promote income mixing in public housing by assuring access for lower income families into higher income developments, and implementing public housing security improvements.</li> </ol> <p><b>C. HUD STRATEGIC GOAL:</b> Promote self-sufficiency and asset development of families and individuals</p> <ol style="list-style-type: none"> <li>1. <b>BHA Goal and Objectives:</b> Promote self-sufficiency and asset development of assisted households through increasing the number and percentage of employed persons in assisted families, provide or attract supportive services to improve assistance recipients' employability and provide or attract supportive services to increase independence for the elderly or families with disabilities.</li> </ol> <p><b>D. HUD STRATEGIC GOAL:</b> Ensure Equal Opportunity in Housing for all Americans</p> <ol style="list-style-type: none"> <li>1. <b>BHA Goal and Objectives:</b> Ensure equal opportunity and affirmatively further fair housing through undertaking affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability; undertaking affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.</li> </ol> <p>The BHA has been very diligent in striving to meet the goals established for FY 2011. In FY2012, the BHA is focused on restoring the Agency to a standard performer by accomplishing all of the tasks listed in the MOA. Directed efforts are being concentrated to ensure that the units are maintained at a standard to promote livability and customer service has been initiated as a priority.</p>
6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <b>The BHA has not revised policies and procedures since the submission of the FY2011 Annual Plan. The ACOP is being revised and should be Board approved by November 2012.</b></p> <p>(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. <b>FY2012 Annual Plan, the PHA Plan Elements listed in 6.0 and applicable Attachments are available for public inspection at the Main Office of the BHA, City Of Brooksville City Hall, and Hernando Public Library at 238 Howell Avenue, Brooksville, Florida</b></p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <b>The Brooksville Housing Authority has filed a demolition/disposition application during the Plan Year for Summit Villa and Hillside Estates. Discussion is ongoing with the City of Brooksville Officials, Board of Commissioners, Consultants and Residents.</b></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable. <b>See Attached 50075.1(s) and 50075.2.</b></p>

8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP Financing. Included in Five Year Plan as Attachments</p> <p>SEE Attached HUD 50075.1(s) for CFP 09; ARRA Funds; CFP 2010, CFP 2011 and CFP 2012. CFP 08 was closed prior to the FY 2011 Fiscal Year as the last drawdown was submitted 8/27/2010.</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See Attached 50075.2 for FY2013-2016.</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. <b>Not Applicable</b></p>

**Housing Needs.** Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

The BHA reviewed the City of Brooksville *Goal, Objectives and Policies* as pertains to Housing Needs. Chapter 3 of the document specifically list Goals, Objectives and Policies conducive for addressing the affordable housing needs in the City to include affordability, supply, quality, accessibility size of units and location. The goals and objectives for the City of Brooksville are summarized below:

**I. Goal:** To encourage and promote the availability of affordable, decent, safe and sanitary housing to meet the needs of the present and future population of the City. [9J-5.010(3)(a)]

**Objective 1:** Assist the private sector in the provision of approximately 3400 new dwelling units of various types, sizes and costs by the year 2015 to meet the needs of the existing and anticipated population of the City through adoption and implementation of all the following objectives and policies identified within this element. [9J-5.010(3)(b)1]

**Objective 2:** The City shall improve the quality of housing through programs such as code enforcement, building code regulations and grants where appropriate.

**Objective 3:** Continue to promote open occupancy and fair housing practices in the City of Brooksville.

**Objective 4:** The City shall maintain appropriate regulations and mechanisms that ensure that historically significant housing will be preserved and protected for future uses. [9J-5.010(3)(b)5]

**Objective 5:** The City shall continue to ensure that available government programs are being utilized to extend and conserve the useful life of the existing housing stock and provide improvement of neighborhood quality. [9J-5.010(3)(b)2]

**Objective 6:** The City, through h adoption and implementation of the Housing Element and City Zoning Map, shall provide adequate and appropriate densities and sites for very low, low and moderate income families and mobile homes. [9J-5.010(3)(b)3]

**Objective 7:** Upon Plan adoption and in conformance with Objective 5 and Policy 5-3 of this element the City shall require availability of relocation housing as a prerequisite of housing revitalization activities. [9J-5.010(3)(b)6]

**Objective 8:** The City shall periodically review new and maintain existing programs and/or activities of the intended housing implementation program for the City. [9J-5.010(3)(b)7]

**Objective 9:** The City shall provide for adequate sites for group homes and foster care facilities in residential areas. [9J-5.010(3)(b)4]

9.0

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	259	N/A	N/A	N/A	N/A	N/A	N/A
Income >30% but <=50% of AMI	315	N/A	N/A	N/A	N/A	N/A	N/A
Income >50% but <80% of AMI	504	N/A	N/A	N/A	N/A	N/A	N/A
Elderly	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Families with Disabilities	618	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity		N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity		N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity		N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity		N/A	N/A	N/A	N/A	N/A	N/A

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s  
(Housing Needs of the City of Brooksville Chapter 3)
- U.S. Census data; the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information) 2006  
Florida Housing Data Clearinghouse "PHA Plan Housing Needs Data" (from 2000 U.S. Census) – Hernando County

**Housing Needs of Families on the BHA Waiting List as of**

Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing as of September 30, 2011		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	59		20
Extremely low income <=30% AMI	56	94.4	
Very low income (>30% but <=50% AMI)	3	5.6 %	
Low income (>50% but <80% AMI)	0	0%	
Families with children	25	39.6	
Elderly families	7	13.2%	
Families with Disabilities	12	18.8%	
Race/ethnicity White/Non Hispanic	28	43 %	
Race/ethnicity White/Hispanic	13	23 %	
Race/ethnicity Black/Non Hispanic	19	34 %	
Race/ethnicity Black/Hispanic	0	0%	

Characteristics by Bedroom Size (Public Housing Only)	90 (TOTAL)	100% (TOTAL)	
1 BR	30	51%	
2 BR	13	22%	
3 BR	10	16%	
4 BR	6	10%	
5 BR	N/A	N/A	
5+ BR	N/A	N/A	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
<b>HOW LONG HAS IT BEEN CLOSED ( NINE MONTHS)?</b>			
Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**SUMMARY:** The BHA reviewed the data available for the City of Brooksville as pertains to Housing Needs of the Community. Although the city has prepared a comprehensive list of goals, objectives and priorities as pertains to housing strategies, data is not available to address the availability of units and sizes needed. Therefore, the BHA also included a numerical table of housing needs based on the waiting list. This data provides a more realistic view of the housing needs for the City of Brooksville. Based on a review of all of the data, the BHA will continue to meet the housing needs of the community through aggressive marketing strategies and an affordable housing base of desirable units to the extent practical as the Agency has submitted a demolition/disposition application in FY 2011 and is awaiting approval.

The BHA is implementing the following Violence Against Women Act (VAWA). The BHA policy as pertains to the VAWA consists of:

1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking perpetrated against the victim.
2. Criminal activity directly relating to domestic violence, dating violence or stalking, engaged in by a member of the Tenant's Household or any Guest or Other Person under the Tenant's Control, if the Tenant or

immediate member of the Tenant's Household is a victim of that domestic violence, dating violence, or stalking; provided, however, landlord may divide this Lease for the purpose of evicting, removing or terminating the occupancy rights of a Household member, whether or not such Household member is a signatory to this Lease, who engages in criminal acts of physical violence against Family members or others, without evicting, removing or otherwise penalizing the victim of such violence, who is also a Tenant or lawful occupant of the Unit. The foregoing exceptions shall not apply unless the victim delivers to the landlord a certification on one of the following forms:

- a. A HUD-approved form supplied by BHA attesting that she/he is a victim of domestic violence, dating violence, or stalking and that the incident(s) in question are bona fide violations of such actual or threatened abuse; or
- b. Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, stalking, or the effects of the abuse, in which the professional states under penalty of perjury that the professional's belief that the incident(s) in question are bona fide incidents of abuse and the victim has signed or attests to the documentation; or
- c. A federal, state, or local police report or court record describing the crime or incident(s) in question. The victim must deliver the certification to the landlord within fourteen (14) business days after landlord requests the certification. If the victim does not deliver the certification to landlord within the aforesaid period, landlord may terminate the tenancy of the Tenant or any lawful occupant of the unit including, victim.
- d. The foregoing exceptions, however, shall not limit the authority of the landlord to (i) honor court orders addressing rights of access or control of property, including civil protection orders issued to address the distribution or possession of property among Household members, (ii) evict a Tenant for any violation of this Lease not based on or connected with the act or acts of violence in question against the Tenant or member of Tenant's Household, provided that such victim is not held to a more demanding standard than other Tenants, and (iii) evict any Tenant if landlord 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.

**Currently, outside of the comprehensive policy for VAWA, the BHA does not offer any other activities, services or programs on-site at the Agency for victims of domestic violence, dating violence sexual assault or stalking. All victims are referred to law enforcement for counseling and direct service provisions as the police department employs "experts" that are specifically trained in this area.**

9.1

**Strategy for Addressing Housing Needs.** Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. NOT APPLICABLE AT ANNUAL PLAN FOR SMALL PHA's.**

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

**a) Progress in Meeting Mission and Goals.**

It is the intent of the BHA to implement goals that are consistent with the Affordable Housing Plan for the City of Brooksville, Florida. More specifically, the FY 2012 activities will be directed towards continued improvement of all management systems, procedures, and the administrative structure of the Agency. Through the maximization of resources, the BHA will continue to strive toward accomplishing the goals listed in the (FY-2010-2014) Five Year Plan and the Annual Plan for FY 2011. A major objective still includes restoring the Agency from a "troubled" status to a standard performer. Since the Brooksville Housing Authority has completed its Physical Needs Assessment, it has become much more cost effective and management efficient to address the physical needs of the Agency. Modifications had to be made as pertains to prioritizing items for physical improvements as there has been at least ten (10) years of deferred maintenance. Some units have already been identified for potential demolition and other such circumstances may cause a significant deviation in implementation of the Five Year Plan (2010-2014).

The BHA is still considering the probability of applying for auxiliary funding which could significantly result in housing replacement. The replacement cost and addressing all of the current physical needs of the housing stock, far exceeds the CFP Funding. Over the past several years the PHA has experienced high turnover in staff and Commissioners. Being designated a "troubled" agency and with the technical assistance provided by HUD over the previous two (2) year, has resulted in an increased stability for Agency. The BHA recognizes the need for on-going training for both the Board of Commissioners and Staff. Also, BHA will increase opportunities to provide increased resident awareness and provide additional opportunities for self-sufficiency. More specific strategies for FY 2012 in accomplishing the goals stated in the FY2010-2014 Five Year Plan include:

10.0

- A. Providing decent, safe and affordable housing
- B. Promoting self-sufficiency and increase resident participation through resident council and/or resident advisory committee
- C. To provide timely response to residents' request for maintenance problems
- D. To continue to enforce "One Strike" policies for resident and applicants.
- E. To improve and/or maintain the financial stability of BHA through aggressive rent collections and improved reserve position
- F. Through the utilization of Capital funds and the proper application of effective management policies, the BHA will continue to address public housing vacancies aggressively and strive to increase the PHAS score as indicators of increased operational effectiveness.

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

- A. Any alteration of the BHA's Mission statement, any change or amendment to a stated Strategic Goal or objective except for where the change resulted in the objective being met;
- B. A substantial deviation from its Five-Year Plan; and a significant amendment or modification to its Five-Year Plan and Annual Plan;
- C. Changes to rent or admissions policies or organization of the waiting list;
- D. Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund.
- E. Any alteration in the Capital Fund Program Annual Plan that affects expenditure greater than \$50,000 of the CFP Annual Budget for that year.
- F. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

6.0 In setting the above criteria, the BHA intends by "Strategic Goal" to specify those items under those headings in its 5-Year Plan. Because the Annual Plan already requires annual review by the Resident Advisory Board and by Public Hearing, the Authority believes this annual process sufficient to meet the spirit of the Quality Housing and Work Responsibility Act of 1998. It expects that changes to the Annual Plan will be primarily administrative in nature. It believes, however, as stated in all items above, that significant changes in its planned modernization expenditures should be subject to a resident/public process. The BHA has also reviewed the requirements set-out in HUD Notice PIH 99-51. The notice incorporates the several additional criteria established by HUD for "substantial deviation" or "significant amendment or modification" to its Agency Plan. The BHA will also consider the above listed criteria to require a public process before amending such changes to its Agency Plan. The BHA acknowledges that an exception will be made by HUD to compliance with the above criteria for any of the above changes that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD. An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements offered by HUD.1

The BHA also has all of the additionally elements listed in 6.0 readily available to the public.

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11. 0	<p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"><li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li><li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li><li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li><li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li><li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li><li>(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.</li><li>(g) Challenged Elements</li><li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li><li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li></ul>
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**PHA Certifications of Compliance  
with PHA Plans and Related  
Regulations**

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

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the      5-Year and/or  Annual PHA Plan for the PHA fiscal year beginning 2012, 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.

Brooksville Housing Authority

FL074

PHA Name

PHA Number/HA Code

       5-Year PHA Plan for Fiscal Years 20       - 20        
 Annual PHA Plan for Fiscal Years 20  <sup>12</sup> - 20  <sup>13</sup>

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  
Tommy L. Brooks, Sr.

Title  
Executive Director

Signature

Date  
09/12/11

**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:*

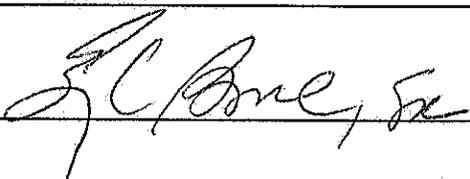
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further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

Brooksville Housing Authority

FL074

PHA Name

PHA Number/HA Code

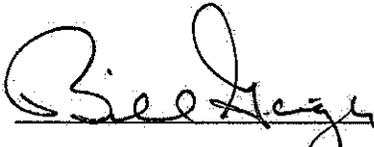
I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)			
Name of Authorized Official	Tommy L. Brooks , Sr.	Title	Executive Director
Signature			
	Date	09/12/2011	

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

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

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

I, Bill Geiger the Development Director of the City of Brooksville, Florida certify that the Five Year and  
Annual PHA Plan of the Brooksville Housing Authority is consistent with the Consolidated Plan of  
City of Brooksville prepared pursuant to 24 CFR Part 91. (COMPREHENSIVE)

 9/12/11

Signed / Dated by Appropriate State or Local Official

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Brooksville Housing Authority

Program/Activity Receiving Federal Grant Funding

FY2012 Agency Plan

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

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

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

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

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

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

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

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

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

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

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

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

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here  if there are workplaces on file that are not identified on the attached sheets.

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

Name of Authorized Official

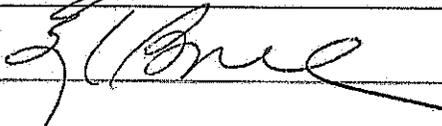
Tommy L. Brooker, Sr.

Title

Executive Director

Signature

X



Date

09/12/11

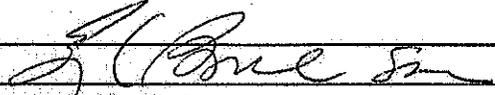
## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b> BROOKSVILLE HOUSING AUTHORITY 800 CONTINENTAL DRIVE BROOKSVILLE, FL. 34601  Congressional District, if known:	
<b>6. Federal Department/Agency:</b> N/A	<b>7. Federal Program Name/Description:</b> N/A  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b> N/A	<b>9. Award Amount, if known:</b> \$ N/A	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):  N/A	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):  N/A	
<b>11.</b> 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: <u>Tommy L. Brooks, Sr.</u> Title: <u>Executive Director</u> Telephone No.: <u>352-796-6547</u> Date: <u>09/12/2011</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## ATTACHMENT F: RESIDENT ADVISORY BOARD COMMENTS

The Brooksville Housing Authority is firmly committed to resident participation in the process of preparing the Annual Year Plan (FY 2011). Meetings were held with resident representatives at each site. As Brooksville Housing Authority is small, **ALL RESIDENTS ARE CONSIDERED TO BE ON THE ADVISORY BOARD (RAB) as directed by HUD.**

Questions were prepared to solicit resident input and are listed below along with the responses. All of these elements were considered, and the plan did not have to be modified to include these items, keeping in perspective that the BHA has submitted a demolition application.

All of the resident service initiatives are listed as a priority. Residents were also reminded to follow the work order process, as many of the items listed would be corrected in a timely manner if brought to the attention of the BHA. Also, all BHA staff, including Maintenance, will be receiving customer service training this fiscal year.

1. If money were no object, what type of things would you like to see added at your particular development? Example: new doors
  - A. Central Air
  - B. Parking spaces
  - C. Railing
  - D. Street lights
  - E. Closet doors
2. What problems do you perceive exist in the housing units?
  - A. Cracking/settling
  - B. Roofing
  - C. Plumbing
  - D. Window locks
  - E. Flooring
3. What types of programs for residents would you like to see offered in FY2012 (January-December 2012).
  - A. Kid's programs/school-age childcare/tutoring
  - B. Adult education
  - C. Computer access
  - D. Career Central (on-site)
  - E. 1<sup>st</sup>-time homebuyers

ATTACHMENT G: CHALLENGED ELEMENTS

The Brooksville Housing Authority did not have any challenged elements in the FY 2012 Annual Plan.

SIGNATURE:  Executive Director

DATE: 09/12/11

**BROOKSVILLE HOUSING AUTHORITY  
PHA PLAN FOR FISCAL YEAR 2011  
RESOLUTION 2011-10**

**A RESOLUTION ADOPTING BROOKSVILLE HOUSING AUTHORITY (BHA) PHA PLAN FOR FISCAL YEAR 2012.**

**Whereas, the Department of Housing and Urban Development requires the development of a PHA Plan in accordance with HUD Guidelines.**

**Whereas, BHA developed and published a PHA Plan for Fiscal Year 2012 for public and residence participation.**

**Be it resolved by the Board of Directors of the Brooksville Housing Authority do hereby adopt and approve Resolution 2011-10.**

**The above Resolution 2011-10 was introduced by the Board Chairman, Randy Woodruff and whereupon Director Member Gary Schraut moved that Resolution 2011-10 be adopted. The motion was seconded by Director Member Francine Ward and upon the call of vote the ayes and nays were as follows:**

**AYES**

**NAYS**

Randy Woodruff  
Gary E. Schraut  
LDY  
Francine S. Ward

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Executive Director declared Resolution 2011-10 passed as introduced and read this 20th day of September 2011.**

Tommy L. Brooks  
Tommy L. Brooks, ED

Randy Woodruff  
Randy Woodruff, Chairman

Chairman

9/20/2011  
Date Approved for Entry

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

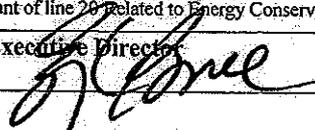
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name: <b>BROOKSVILLE HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program Grant No: FL29P074501-12 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2012 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	40,000.00			
3	1408 Management Improvements	30,000.00			
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	3,000			
10	1460 Dwelling Structures	8,000			
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	64,661			
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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						
<b>PHA Name:</b> BROOKSVILLE HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: FL29P074501-12 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2012</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2 - 19)	165,661		0	0	
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	115,000		0	0	
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 <u>09/12/11</u>		Signature of Public Housing Director _____		Date _____

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

Part II: Supporting Pages								
PHA Name: BROOKSVILLE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: FL29PO74501-12 CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2012		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
FL074PHA WIDE	OPERATIONS	1406		40,00.000				
FL074PHAWIDE	MANAGEMENT IMPROVEMENTS	1408		30,000.00				
FL074PHAWIDE	ADMINISTRATION	1410		0				
FL074PHA WIDE	FEES AND COST	1430		20,00.000				
FL074PHA WIDE	SITE IMPROVEMENTS	1450		3,000				
HILLSIDE ESTATES	DWELLING STRUCTURES	1460		8,000				
	504 Renovations SUMMIT VILLAS							
	Roofing Replacement .							
	Gas Conversion and Exchange							
PHA-WIDE	RELOCATION COSTS	1495.1		64,661				
	relocation for 126 units based on proposed demolition							
PHA-WIDE	NON-DWELLING STRUCTURES	1470		0	0			

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.







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

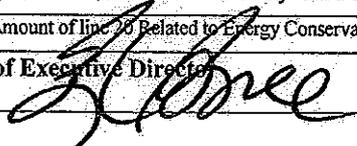
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name: BROOKSVILLE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: FL29P074501-11 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:2 effective 09/2011 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	40,000.00	40,000		
3	1408 Management Improvements	30,000.00	30,000		
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,00.000	20,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	0			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	102,783.00	75,661		
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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

<b>Part I: Summary</b>					
PHA Name: <b>BROOKSVILLE HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program Grant No: FL29P074501-11 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2011 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2effect. 09/2011 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	192,783	165,661.00	0	0
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	115,000	115,000	0	0
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	
		04/12/11			

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

Part II: Supporting Pages								
PHA Name: BROOKSVILLE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: FL29PO74501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
FL074PHA WIDE	OPERATIONS	1406		40,00.000	40,000			
FL074PHAWIDE	MANAGEMENT IMPROVEMENTS	1408		30,000.00	30,000			
FL074PHAWIDE	ADMINISTRATION	1410		0				
FL074PHA WIDE	FEES AND COST	1430		20,00.000	20,000			
FL074PHA WIDE	SITE IMPROVEMENTS	1450		0				
HILLSIDE ESTATES	DWELLING STRUCTURES	1460		0				
	504 Renovations SUMMIT VILLAS							
	Roofing Replacement .							
	Gas Conversion and Exchange							
PHA-WIDE	RELOCATION COSTS	1495.1		102,783.00	75,661			
	relocation for 126 units based on proposed demolition.							
PHA-WIDE	NON-DWELLING STRUCTURES	1470		0	0			

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: BROOKSVILLE HOUSING 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 <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
FL074PHA WIDE	09/14/2013		09/30/2014		

<sup>1</sup> 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

<b>Part I: Summary</b>					
PHA Name: BROOKSVILLE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: FL29P074501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 effective 2/2011 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	40,000.00	138,580.00	138,580.00	117,713.79
3	1408 Management Improvements	30,000.00	30,000.00	30,000.00	0
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000.00	25,000.00	25,000.00	17,250.40
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	0	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	103,580.00	0	0	0
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

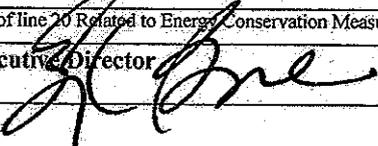
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

<sup>4</sup> 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

<b>Part I: Summary</b>					
PHA Name: <b>BROOKSVILLE HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program Grant No: FL29P074501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2010 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/11 <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 effective 2/2011 ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA.				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	193,580.00	193,580.00	193,580.00	134,964.19
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 09/14/2011		Signature of Public Housing Director	
				Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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

<b>Part I: Summary</b>					
PHA Name: BROOKSVILLE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: FL29P074501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:3 effective 01/11 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/11 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	50,000	50,000	50,000	50,000
3	1408 Management Improvements	35,000	33,118.68	33,118.68	33,118.68
4	1410 Administration (may not exceed 10% of line 21)	0	5,000	5,000	5,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	19,000	19,000	19,000	19,000
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000	1,881.32	1,881.32	1,881.32
10	1460 Dwelling Structures	83,783	83,783.00	83,783.00	83,783.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

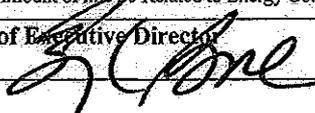
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

<sup>4</sup> 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

<b>Part I: Summary</b>					
PHA Name: <b>BROOKSVILLE                  HOUSING                  AUTHORITY</b>		Grant Type and Number Capital Fund Program Grant No: FL29P074501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 effective 01/11 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/11 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization of Debt Service paid by the PHA				
18ba	9000 Collateralization of Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	192,783	192,783	192,783	192,783
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	115,000	115,000	115,000	115,000
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 09/14/2011		Signature of Public Housing Director	
					

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

Part II: Supporting Pages								
PHA Name: BROOKSVILLE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: FL029P074501-09 CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
FL074PHA WIDE	OPERATIONS	1406		50,000	50,000	50,000	50,000	completed
FL074PHAWIDE	MANAGEMENT IMPROVEMENTS	1408		35,000	33,118.68	33,118.68	33,118.68	completed
FL074PHAWIDE	ADMINISTRATION	1410		0	5,000	5,000	5,000	completed
FL074PHA WIDE	FEES AND COST	1430		19,000	19,000	19,000	19,000	completed
HILLSIDE ESTATES	DWELLING STRUCTURES	1460		83,783	83,783	83,783	83,783	completed
	504 Renovations SUMMIT VILLAS			55,000	55,000	55,000	55,000	"
	Roofing Replacement			18,783	18,783	18,783	18,783	"
	Gas Conversion and Exchange			10,000	10,000	10,000	10,000	"
FL074PHAWIDE	SITE IMPROVEMENT	1450		5,000	1,881.32	1,881.32	1,881.32	completed
FL074PHAWIDE	NON-DWELLING STRUCTURES	1470		0	0	0	0	
	504 Renovations and completion							

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.







**Capital Fund Program—Five-Year Action Plan**

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

<b>Part I: Summary</b>						
PHA Name/Number BROOKSVILLE HOUSING AUTHORITY FL074		Locality (BROOKSVILLE, HERNANDO, FLORIDA)			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
B.	Physical Improvements Subtotal 1450 & 1460	Annual Statement	9,783	9,783	9,783	9,783
C.	Management Improvements 1408		20,000	20,000	20,000	20,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other A&E 1430		10,000	10,000	10,000	10,000
G.	Operations 1406		40,000	40,000	40,000	40,000
H.	Demolition		0	0	0	0
I.	Development 1485 and 1495.1 Relocation		85,878	85,878	85,878	85,878
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		165,661	165,661	165,661	165,661
L.	Total Non-CFP Funds					
M.	Grand Total		165,661	165,661	165,661	165,661









