

3. Residents can mail their rent payments to the office, place them in a drop box located at the office, or bring their payments to the office during business hours. Residents of the North Star Apartments also have a drop box located on the 2nd floor of that building. All rents are processed by the Housing Specialist and Assistant Director. If a resident is late paying his/her rent, the Housing Specialist addresses the issue with the resident.
4. The Brainerd HRA contracts with Plunkets Pest Control Company for prevention or eradication of pest infestation including cockroaches. Plunkets inspect on a monthly basis and are notified of any pest situation.
5. The Brainerd HRA has a 5 page Grievance Procedure Policy that is part of the agency's Admissions and Continued Occupancy Policies, ACOP that is made available to the resident or applicant. Any grievance can be presented orally or in writing to the Housing Authority. The grievance must be presented within a reasonable time frame. The purpose of the informal initial contact is to discuss and hopefully resolve any grievances without the necessity of a formal hearing.
6. The Brainerd HRA does not designate housing for just elderly and disabled families.
7. Families are given a list of areas that can be used for the Community Service component. Areas include: school, child care centers, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, Community clean-up programs, beautification programs, assisting at the North Star Apartment with the Lutheran Social Services Food Program. The Brainerd HRA has a successful FSS program where participants have received their escrow accounts to enhance their economic self sufficiency. At this time there are 29 participants on the FSS program and 7 have an escrow account. The escrow amount per month is \$863.00.
8. The Brainerd HRA works very closely with the Brainerd Police Department. The Brainerd HRA's Housing Compliance Specialist attends monthly Landlord meetings in Crow Wing County. Caretakers are at each of the Public Housing developments and are crucial in reporting any unsafe situations regarding the residents. The North Star Apartments is a secured building and security cameras are installed throughout the building. The Brainerd Police Department has a list of all the Public Housing units the Brainerd HRA owns and manages. The Brainerd HRA is very fortunate to have a great rapport with the Police and Sheriff's Departments.
9. Residents must have prior approval of the Housing Authority before moving a pet into their unit. Residents must sign a Pet Agreement before the Housing Authority will approve the request for a pet. The Brainerd HRA will allow only domesticated dogs, cats, birds or fish in aquariums in units. All dogs and cats must be neutered and spayed. Only 1 pet per unit is allowed. Any animal deemed to be potentially harmful to the health or safety of others; including attack or fight trained dogs will not be allowed. No animal may exceed 20 pounds in weight unless it is a guide animal. All pets must be inoculated against rabies and other conditions prescribed by local ordinances.
10. The Brainerd HRA does review/examine its programs and proposed programs regarding any impediments to fair housing. The agency's Admissions and Continued Occupancy Policies (ACOP), lease, website, advertising, etc, are always taken into consideration regarding "Affirmatively Furthering Fair Housing." The Brainerd HRA's Annual Plan is consistent with any applicable Consolidated Plan for its jurisdiction. The Brainerd HRA works with many service providers and resources in the area including: Crow Wing County Social Services, Lutheran Social Services, Advocates Against Domestic Abuse, etc. to assist residents and potential residents with being treated fairly.
11. The results of the "Fiscal Year Audit" are on file at the Brainerd HRA office.
12. The Brainerd HRA will continue to implement the Asset Management System by monitoring the developments on a monthly basis. Capital Fund money will be used to update and modernize the developments.

	<p>13. The Brainerd HRA works directly in partnership with the organization “Advocates Against Domestic Abuse” (AADA). A Memorandum of Understanding was signed on February 15, 2007 between AADA and the Brainerd HRA to work together in providing services through AADA and providing housing needs through the Brainerd HRA. In collaboration we have successfully assisted many families that are victims of domestic violence, dating violence, sexual assault and stalking. The Brainerd HRA also works with Women’s Center of Mid Minnesota, Lutheran Social Services and Crow Wing Count Social Services regarding VAWA (Violence Against Women’s Act statement attached.)</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. <i>Include statements related to these programs as applicable.</i></p> <p>(a) The Brainerd HRA receives no funding under the “HOPE VI or Mixed Finance Modernization or Development.”</p> <p>(b) The Brainerd HRA does not plan on any “Demolition and/or Disposition” to any of the Public Housing units.</p> <p>(c) The Brainerd HRA does not plan on any “Conversion” regarding the Public Housing units.</p> <p>(d) The Brainerd HRA will continue to encourage families to participate in the “Homeownership Program.” We do not put a limit on the number of families we will serve through the Homeownership Program, and feel we will be assisting an average of 2 to 5 families each year with reaching their dream of homeownership through this program. The Brainerd HRA Housing Choice Voucher Homeownership Program has provided assistance to 16 families to date. We will continue to monitor and market the Homeownership Program to the Housing Choice Voucher recipients.</p> <p>(e) The Brainerd HRA does not participate in “Project Based Vouchers.”</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p> <p>The Brainerd HRA has 203 Public Housing units which consist of the North Star Apartments 162 units, 16 Scattered Site units and 25 Valley Trail units. Please see HUD forms 50075.1 and 50075.2 describing the capital improvements necessary to ensure long-term physical and social viability for the Public Housing developments that the Brainerd HRA manages.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>Please see attached the Capital Fund Program Annual Statement/Performance and Evaluation Report, for HUD-50075.1 for open CFP grant years 2010 and 2011</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>Please see attached the Capital Fund Five Year Action Plan, from HUD-50075.2.</p>
8.3	<p>Capital Fund Financing Program (CFFP).</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.</p>
9.0	<p>Housing Needs. The identification of housing needs includes: market HRA housing to elderly households, people with disabilities and service providers. The Brainerd HRA continues to contract with Good Neighbor Home Care Agency (Assisted Living) to assist the elderly and people with disabilities at the North Star Apartments 24 hours per day, 7 days per week.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p>

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



Part I: Summary	
PHA Name: Brainerd Housing and Redevelopment Authority	Grant Type and Number Capital Fund Program Grant No: MN46P03250112 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2012 FFY of Grant Approval:	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$66,000			
3	1408 Management Improvements	\$12,000			
4	1410 Administration (may not exceed 10% of line 21)	\$18,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$15,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$119,000			
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				
17	1499 Development Activities ⁴				

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

Part I: Summary					
PHA Name: Brainerd Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: MN46P03250112 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"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$230,000			
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 Jennifer Bergman			Date	Signature of Public Housing Director	
				Date	

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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

Part I: Summary						
PHA Name/Number		Locality (City/County & State)			<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
	Brainerd HRA	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016
	MN032					
B.	Physical Improvements Subtotal	Annual Statement	\$119,000	\$119,000	\$119,000	\$119,000
C.	Management Improvements		\$12,000	\$12,000	\$12,000	\$12,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		\$18,000	\$18,000	\$18,000	\$18,000
F.	Other Fees and Costs A & E		\$15,000	\$15,000	\$15,000	\$15,000
G.	Operations		\$66,000	\$66,000	\$66,000	\$66,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$230,000	\$230,000	\$230,000	\$230,000
L.	Total Non-CFP Funds					
M.	Grand Total		\$230,000	\$230,000	\$230,000	\$230,000

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2012	Work Statement for Year 2015 FFY 2015			Work Statement for Year: 2016 FFY 2016		
	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	MN032001 North Star Apartments Update Security Camera System	10	\$30,000	MN032001 Replace Carpet in HRA Offices	9 Offices	\$20,000
Annual Statement						
	MN032001 Scattered Sites (16U) Replace Kitchen Cabinets/Storm Doors, Replace all Passage Locks	12 Units	\$70,000	MN032001 Valley Trail Replace Storage Garage	1	\$90,000
	MN032001 Valley Trail (25U) Replace Kitchen Cabinets/Storm Doors, Windows, Replace all Passage Locks	25 Units	\$130,000	MN032001 Scattered Sites Re-side 2 Units @ 1113 & 115 Quince	2 Units	\$30,000
				MN032001 PNA	3 Developments	\$10,000

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**

				MN032001 North Star Apartments Remodel 5 th and 6 th Floor Tub Rooms: Flooring, Wall Coverings, Fixtures, etc. Turn 5 th Floor into a Storage Closet for Maintenance and Housekeeping	2	\$80,000
	Subtotal of Estimated Cost		\$230,000	Subtotal of Estimated Cost		\$230,000

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2015	Work Statement for Year FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part I: Summary	
PHA Name: Brainerd Housing and Redevelopment Authority	Grant Type and Number Capital Fund Program Grant No: MN46P03250111 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2011 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	66,000			
3	1408 Management Improvements	10,000			
4	1410 Administration (may not exceed 10% of line 21)	12,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	100,667			
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 ⁴				

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

⁴ RHF funds shall be included here.

Part I: Summary					
PHA Name: Brainerd Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: MN46P030250111 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: 1)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	203,667			
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		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 I: Summary		
PHA Name: Brainerd Housing and Redevelopment Authority	Grant Type and Number Capital Fund Program Grant No: MN46P03250110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:1)
 Performance and Evaluation Report for Period Ending: 7/14/2011 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	\$66,000	66,000	66,000	66,000
3	1408 Management Improvements	\$12,000	12,000	0	0
4	1410 Administration (may not exceed 10% of line 21)	\$18,000	14,358	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$25,000	16,055	16,055	14,130
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$118,288	130,875	130,875	130,875
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 ⁴				

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

⁴ RHF funds shall be included here.

Part I: Summary					
PHA Name: Brainerd Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: MN46P03250110 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)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 7/14/2011			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$239,288		212,930	211,005
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		Signature of Public Housing Director	
				Date	

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