

<p><b>PHA 5-YEAR AND ANNUAL PLAN- TN020v01</b>  <b>FY 2012 - Final</b>  <b>MURFREESBORO HOUSING AUTHORITY</b></p>	<p><b>U.S. Department of Housing and Urban Development</b>  <b>Office of Public and Indian Housing</b></p>	<p><b>OMB No. 2577-022</b>  <b>Expires 4/30/2011</b></p>
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<b>1.0</b>	<p><b>PHA Information</b>          PHA Name: <u>Murfreesboro Housing Authority</u> PHA Code: <u>TN020</u>          PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8)          PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2012</u></p>				
<b>2.0</b>	<p><b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above)          Number of PH units: <b>336</b> Number of HCV units: <b>584 HCV Section 8 units plus 25 VASH Vouchers</b></p>				
<b>3.0</b>	<p><b>Submission Type</b>  <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only</p>				
<b>4.0</b>	<p><b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)  <b>Not Applicable</b></p>				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1: <b>Not Applicable</b>				PH      HCV
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<p><b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.</p>				
<b>5.1</b>	<p><b>Mission.</b> 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. Required only in 5-Year Plan.</b>          Ballots</p>				
<b>5.2</b>	<p><b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  <b>Not Applicable. Required only in 5-Year Plan.</b></p>				
<b>6.0</b>	<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:</p> <ul style="list-style-type: none"> <li>• <b>Financial Resources Element:</b> the MHA Financial Statement including PHA Operating and Capital Fund, Section 8 Funds, Rental Income, Investments etc. change on an annual basis. The MHA maintains this information on file and makes it available for HUD and public review at the MHA Administration Office</li> <li>• <b>Fiscal Year Audit:</b> The MHA's most recent Audit is on file at the MHA Administration Office and is available for HUD and public review.</li> </ul> <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>Murfreesboro Housing Authority Administration Office</b></p>				

7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p><b>The MHA will continue to assess the housing needs and future funding opportunities.</b></p> <ul style="list-style-type: none"> <li>• <b>The MHA will continue efforts to purchase adjacent single family residences/tracts adjacent to TN020-2 Highland Heights as an option to provide additional affordable housing opportunities in the future. Vacant tracts would be used to construct new dwelling unit opportunities.</b></li> <li>• <b>The MHA is also considering the demolition of up to 10 public housing buildings (68 one and two bedroom dwelling units) in the TN020-1 Franklin Heights Development. Demolition would address those obsolete buildings with structural problems, as well as those buildings with density issues; thus provide additional area for much needed parking and green space. Buildings under consideration include 301, 303, 305, 316, 318, 320, 609, 611, 613, and 615.</b></li> <li>• <b>The MHA proposes to continue the implementation of a site-based waiting list for the renovated TN020-2 Highland Heights Development. The site-based waiting list is consistent with all applicable civil right and fair-housing laws and regulations. In addition, it complies with the series of requirements stated in 24CFR903.7 (b) (2).</b></li> <li>• <b>The MHA is considering changing the name of the Highland Heights development site to Parkside. The name change will support our efforts to give the recently renovated development a new image within the neighborhood. The development is adjacent Patterson Park; a City of Murfreesboro owned and maintained park and recreation facility.</b></li> </ul>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</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.</p> <p><b>See attached form HUD-50075.1 for FY2012 and all open CFP Grants.</b></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><b>See attached form HUD-50075.2 for 5-Year CFP.</b></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.</p> <p><b>Not Applicable.</b></p>
9.0	<p><b>Housing Needs.</b> 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.</p> <p><b>Not required for submittal per PIH Notice 2008-41.</b></p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><b>Not required for submittal per PIH Notice 2008-41.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p><b>(a) Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5- Year Plan.</p> <p><b>Not Applicable. Required only in 5-Year Plan.</b></p>

10.0	<p><b>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</b></p> <p style="text-align: center;"><b>See ATTACHMENT 2</b></p>
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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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## **ATTACHMENTS:**

### **1). Resident Advisory Board (RAB) and Public Hearing Comments:**

The Murfreesboro Housing Authority staff discussed the FY 2012 Agency Plan, and the detailed list of proposed FY 2012 and 5-Year capital fund improvements with the MHA Resident Advisory Board (RAB) members present at the December 7, 2011 RAB meeting and at a Public Hearing conducted on January 4, 2012. There were no Agency Plan/CFP work-related item suggestions and/or comments made at either meeting.

### **2). Substantial Deviation and Significant Amendment:**

#### **a. Substantial Deviation from the 5-Year Plan**

PHA's definition of "Significant Amendment or Substantial Deviation" from its 5-Year and Annual Plan:

1. Changes to rent or admissions policies or organization of the waiting list.
2. Addition of non-emergency work items (items not included in the Annual Statement or 5-Year Action Plan) or a change in the use of replacement reserve funds under the Capital Fund.
3. Any change with regard to demolition or disposition, designation, or homeownership programs or conversion activities.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements.

#### **b. Significant Amendment or Modification to the Annual Plan**

PHA's definition of "Significant Amendment or Substantial Deviation" from its 5-Year and Annual Plan:

4. Changes to rent or admissions policies or organization of the waiting list.
5. Addition of non-emergency work items (items not included in the Annual Statement or 5-Year Action Plan) or a change in the use of replacement reserve funds under the Capital Fund.
6. Any change with regard to demolition or disposition, designation, or homeownership programs or conversion activities.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements.

### **3). Challenged Elements:**

The MHA does not have any challenged Elements.

### **4). Violence Against Women Act Policy:**

The Murfreesboro Housing Authority adopted the following VAWA Policy on January 13, 2009. (See Policy on next page)

The Executive Director described the necessity for including the Violence Against Women Act in the Admissions & Continued Occupancy Plan for public housing. The following resolution was introduced and moved for adoption by Commissioner Feasley:

**RESOLUTION 09-02**

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Commissioners of the Murfreesboro Housing Authority that the Admissions & Continued Occupancy Plan for public housing be amended to include pages 3-31 thru 3-34 (copy attached) on the prohibition against denial of assistance to victims of domestic violence, dating violence and stalking.

The motion was seconded by Commissioner Waite and approved by unanimous vote.

I certify this to be true and exact Copy of  
Resolution 09-02 duly  
passed by the Board of Commissioners of  
the Murfreesboro Housing Authority on

January 14, 2009  
Patsy D. Noland  
Patsy D. Noland  
Murfreesboro Housing Authority

### **3-III.F. PROHIBITION AGAINST DENIAL OF ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, AND STALKING [Pub.L. 109-162]**

The Violence against Women Reauthorization Act of 2005 (VAWA) prohibits denial of admission to an otherwise qualified applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking. Specifically, Section 607(2) of VAWA adds the following provision to Section 6 of the U.S. Housing Act of 1937, which lists contract provisions and requirements for the public housing program:

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

#### **Definitions**

As used in VAWA:

- The term *domestic violence* includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.
- The term *dating violence* means violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such a relationship shall be determined based on a consideration of the following factors:
  - The length of the relationship
  - The type of relationship
  - The frequency of interaction between the persons involved in the relationship
- The term *stalking* means:
  - To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or
  - To place under surveillance with the intent to kill, injure, harass, or intimidate another person; and
  - In the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (1) that person, (2) a member of the immediate family of that person, or (3) the spouse or intimate partner of that person.

- The term *immediate family member* means, with respect to a person –
  - A spouse, parent, brother or sister, or child of that person, or an individual to whom that person stands in the position or place of a parent; or
  - Any other person living in the household of that person and related to that person by blood and marriage.

## Notification

### PHA Policy

The PHA acknowledges that a victim of domestic violence, dating violence, or stalking may have an unfavorable history (e.g., a poor credit history, a record of previous damage to an apartment, a prior arrest record) that would warrant denial under the PHA's policies. Therefore, if the PHA makes a determination to deny admission to an applicant family, the PHA will include in its notice of denial:

- A statement of the protection against denial provided by VAWA
- A description of PHA confidentiality requirements
- A request that an applicant wishing to claim this protection submit to the PHA documentation meeting the specifications below with her or his request for an informal hearing (see section M-LB)

## Documentation

### *Victim Documentation*

#### PHA Policy

An applicant claiming that the cause of an unfavorable history is that a member of the applicant family is or has been a victim of domestic violence, dating violence, or stalking must provide documentation (1) demonstrating the connection between the abuse and the unfavorable history and (2) naming the perpetrator of the abuse. The documentation may consist of any of the following:

- A statement signed by the victim certifying that the information provided is true and correct and that it describes bona fide incident(s) of actual or threatened domestic violence, dating violence, or stalking
- A police or court record documenting the domestic violence, dating violence, or stalking
- Documentation signed by a person who has assisted the victim in addressing domestic violence, dating violence, or stalking, or the effects of such abuse. This person may be an employee, agent, or volunteer of a victim service provider; an attorney; or a medical or other knowledgeable professional. The person signing the documentation must attest under penalty of perjury to the person's belief that the incidents in question are bona fide incidents of abuse. The victim must also sign the documentation.

## ***Perpetrator Documentation***

### **PHA Policy**

If the perpetrator of the abuse is a member of the applicant family, the applicant must provide additional documentation consisting of one of the following:

A signed statement (1) requesting that the perpetrator be removed from the application and (2) certifying that the perpetrator will not be permitted to visit or to stay as a guest in the public housing unit.

Documentation that the perpetrator has successfully completed, or is successfully undergoing, rehabilitation or treatment. The documentation must be signed by an employee or agent of a domestic violence service provider or by a medical or other knowledgeable professional from whom the perpetrator has sought or is receiving assistance in addressing the abuse. The signer must attest under penalty of perjury to his or her belief that the rehabilitation was successfully completed or is progressing successfully. The victim and perpetrator must also sign or attest to the documentation.

## ***Time Frame for Submitting Documentation***

### **PHA Policy**

The applicant must submit the required documentation with her or his request for an informal hearing (see section 14-1.B) or must request an extension in writing at that time. If the applicant so requests, the PHA will grant an extension of 10 business days and will postpone scheduling the applicant's informal hearing until after it has received the documentation or the extension period has elapsed. If, after reviewing the documentation provided by the applicant, the PHA determines that the family is eligible for assistance, no informal hearing will be scheduled, and the PHA will proceed with admission of the applicant family.

## ***PHA Confidentiality Requirements***

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

### **PHA Policy**

If disclosure is required for use in an eviction proceeding or is otherwise required by applicable law, the PHA will inform the victim before disclosure occurs so that safety risks can be identified and addressed.

### 3-III.G. NOTICE OF ELIGIBILITY OR DENIAL.

The PHA will notify an applicant family of its final determination of eligibility in accordance with the policies in Section 4-III.E.

If a PHA uses a criminal record or sex offender registration information obtained under 24 CFR 5, Subpart J, as the basis of a denial, a copy of the record must precede the notice to deny, with an opportunity for the applicant to dispute the accuracy and relevance of the information before the PTEA can move to deny the application. In addition, a copy of the record must be provided to the subject of the record [24 CFR 5.903(f) and 5.905(f)].

#### PHA Policy

If, based on a criminal record or sex offender registration information an applicant family appears to be ineligible, the PHA will notify the family in writing of the proposed denial and provide a copy of the record to the applicant and to the subject of the record. The family will be given 10 business days to dispute the accuracy and relevance of the information. If the family does not contact the PHA to dispute the information within that 10 day period, the PHA will proceed with issuing the notice of denial of admission. A family that does not exercise their right to dispute the accuracy of the information prior to issuance of the official denial letter will still be given the opportunity to do so as part of the informal hearing process.

Notice requirements related to denying admission to noncitizens are contained in Section 3-III.B.

Notice policies related to denying admission to applicants who may be victims of domestic violence, dating violence, or stalking are contained in Section 3-III.F.

<b>Part I: Summary</b>						
<b>PHA Name:</b> Murfreesboro Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN43P02050112</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:2012</b> <b>FFY of Grant Approval:2012</b>	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>						
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>	45,000.00				
3	1408 Management Improvements	14,000.00				
4	1410 Administration (may not exceed 10% of line 21)	17,500.00				
5	1411 Audit	-				
6	1415 Liquidated Damages	-				
7	1430 Fees and Costs	12,000.00				
8	1440 Site Acquisition	-				
9	1450 Site Improvement	55,000.00				
10	1460 Dwelling Structures	275,000.00				
11	1465.1 Dwelling Equipment—Nonexpendable	9,000.00				
12	1470 Non-dwelling Structures	3,000.00				
13	1475 Non-dwelling Equipment	19,500.00				
14	1485 Demolition	50,000.00				
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  
 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  
 Expires 8/31/2011

<b>Part I: Summary</b>					
PHA Name: Murfreesboro Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P02050112 Replacement Housing Factor Grant No: Date of CFP:		FFY of Grant:2012 FFY of Grant Approval:2012	
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 Findings <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 of Debt Service paid by the PHA	0.00			
18ba	9000 Collateralization of Debt Service paid Via System of Direct Payment	0.00			
19	1502 Contingency (may not exceed 5% of line 20)	0.00			
20	Amount of Annual Grant (sum of lines 2 - 19)	\$500,000.00			
21	Amount of Line 20 Related to LEO Activities	0.00			
22	Amount of Line 20 Related to Section 504 Activities	0.00			
23	Amount of Line 20 Related to Security - Soft Costs	0.00			
24	Amount of Line 20 Related to Security - Hard Costs	0.00			
25	Amount of Line 20 Related to Energy Conservation Measures	0.00			
Signature of Executive Director <i>Patsy H. Roland</i>		Date 1/4/12	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								
<b>PHA Name:</b> <b>Murfreesboro Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN43P02050112</b> Replacement Housing Factor Grant No: Date of CFFP:			<b>Federal FFY of Grant: 2012</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended <sup>2</sup>	
PHA-Wide	Operations	1406	1	45,000.00				
PHA-Wide	Improve Annual Inspections	1408		-				
PHA-Wide	Reduce Outstanding Work Orders	1408		-				
PHA-Wide	Reduce Vacancies	1408		-				
PHA-Wide	Tenant Accounts Receivable	1408		-				
PHA-Wide	Unit Turnaround	1408		-				
PHA-Wide	Resident Activities/IT Coordinator	1408	1	-				
PHA-Wide-	Resident Activities Supplies	1408	1	3,000.00				
PHA-Wide	Staff Training/Travel	1408	1	6,000.00				
PHA-Wide	Computer Software	1408	1	3,000.00				
PHA-Wide-	Vista Volunteer	1408	1	-				
PHA-Wide	Jobs Transportation	1408	1	2,000.00				
PHA-Wide	CFP Administrative Costs	1410	1	17,500.00				
PHA-Wide	A/E Services	1430	1	12,000.00				
PHA-Wide	Force Account Labor	1460	1	150,000.00				
PHA-Wide	Computer Hardware	1475	1	7,500.00				
PHA-Wide	Maintenance Equipment	1475	1	12,000.00				
TN020000001	Site Improvements	1450	LS	50,000.00				
TN020000001	Sewer and infrastructure Improvements	1450	LS	5,000.00				
TN020000001	Exterior Façade Improvements	1460	LS	37,000.00				
TN020000001	Kitchen Renovations	1460	LS	30,000.00				
TN020000001	Bathroom Renovations	1460	LS	35,000.00				
TN020000001	Paint	1460	LS	2,000.00				
TN020000001	Floor Tile	1460	LS	10,000.00				

Part II Supporting Pages								
PHA Name: <b>Murfreesboro Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P02050112</b> Replacement Housing Factor Grant No: Date of CFFP: _____				Federal FFY of Grant: <b>2012</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended <sup>2</sup>	
TN020000001	Interior/Exterior Doors	1460	LS	3,000.00				
TN020000001	Electrical Renovations	1460	LS	3,000.00				
TN020000001	Window Replacement	1460	LS	5,000.00				
TN020000001	Replace Water Heaters	1465.1	LS	3,000.00				
TN020000001	Replace Appliances	1465.1	LS	3,000.00				
TN020000001	HVAC Repair/Replacement	1465.1	LS	3,000.00				
TN020000001	Non-Dwelling Renovations	1470	LS	3,000.00				
TN020000001	Demolition	1485	LS	50,000.00				

<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 Program</b>					
PHA Name: <b>Murfreesboro Housing Authority</b>					<b>Federal FY of Grant: 2012</b>
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 Expended End Date	Actual Expended End Date	
TN020000001	09/30/2014		09/30/2016		

<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.

<b>Part I: Summary</b>						
<b>PHA Name:</b> Murfreesboro Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>TN43R02050112</b> Date of CFFP: _____			<b>FFY of Grant:2012</b> <b>FFY of Grant Approval:2012</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	
1	Total non-CFP Funds	-				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	-				
3	1408 Management Improvements	-				
4	1410 Administration (may not exceed 10% of line 21)	-				
5	1411 Audit	-				
6	1415 Liquidated Damages	-				
7	1430 Fees and Costs	-				
8	1440 Site Acquisition	-				
9	1450 Site Improvement	-				
10	1460 Dwelling Structures	-				
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>	\$20,000.00				

<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  
 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  
 Expires 8/31/2011

<b>Part I: Summary</b>					
PHA Name: Murfreesboro Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: TN43R02050112 Date of CFFP: _____		FFY of Grant: 2012 FFY of Grant Approval: 2012	
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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization of Debt Service paid by the PHA	0.00			
18ba	9000 Collateralization of Debt Service paid via System of Direct Payment	0.00			
19	1502 Contingency (may not exceed 5% of line 20)	0.00			
20	Amount of Annual Grant: (sum of lines 2-19)	\$20,000.00			
21	Amount of line 20 Related to LBF Activities	0.00			
22	Amount of line 20 Related to Section 504 Activities	0.00			
23	Amount of line 20 Related to Security - Soft Costs	0.00			
24	Amount of line 20 Related to Security - Hard Costs	0.00			
25	Amount of line 20 Related to Energy Conservation Measures	0.00			
Signature of Executive Director <i>Patricia M. Noland</i>		Date 1/4/12	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.



<b>Part III: Implementation Schedule for Capital Fund Program</b>					
PHA Name: <b>Murfreesboro Housing Authority</b>					<b>Federal FY of Grant: 2012</b>
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 Expended End Date	Actual Expended End Date	
TN020000001	08/03/2017		08/03/2019		

<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.

<b>Part I: Summary</b>						
<b>PHA Name:</b> Murfreesboro Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN43P02050111</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:2011</b> <b>FFY of Grant Approval:2011</b>	
<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: <b>12/7/2011</b> <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>	62,720.00	62,720.00	0.00	0.00	
3	1408 Management Improvements	16,000.00	16,000.00	975.93	975.93	
4	1410 Administration (may not exceed 10% of line 21)	27,500.00	27,500.00	27,500.00	4,575.99	
5	1411 Audit	-	-	-	-	
6	1415 Liquidated Damages	-	-	-	-	
7	1430 Fees and Costs	12,000.00	12,000.00	700.00	700.00	
8	1440 Site Acquisition	-	-	-	-	
9	1450 Site Improvement	15,000.00	15,000.00	4,695.40	4,695.40	
10	1460 Dwelling Structures	323,273.00	324,273.00	207,371.79	49,966.34	
11	1465.1 Dwelling Equipment—Nonexpendable	9,000.00	9,000.00	0.00	0.00	
12	1470 Non-dwelling Structures	3,000.00	2,000.00	0.00	0.00	
13	1475 Non-dwelling Equipment	35,000.00	35,000.00	1,011.47	1,011.47	
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 NHAll be included here

Annual Statement/Performance and Evaluation  
 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  
 Expires 8/31/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Murfreesboro Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P02050111 Replacement Financing Factor Grant No: Date of CFFP:		<b>FFY of Grant:</b> 2011 <b>FFY of Grant Approval:</b> 2011	
<b>Type of Grant</b>					
<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: 12/7/2011			<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	-	-	-	-
18b1	9000 Collateralization or Debt Service paid Via System of Direct Payment	-	-	-	-
19	1502 Contingency (may not exceed 5% of line 20)	-	-	-	-
20	Amount of Annual Grant: (sum of Lines 2 - 19)	\$503,493.00	\$503,493.00	\$242,254.99	\$61,925.13
21	Amount of line 20 Related to LDP 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	-	-	-	-
<b>Signature of Executive Director</b> <i>Patsy H. Roland</i>		<b>Date</b> 1/4/12		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<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.

<b>Part II Supporting Pages</b>								
<b>PHA Name:</b> Murfreesboro Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN43P02050111</b> Replacement Housing Factor Grant No: Date of CFFP:_____				<b>Federal FFY of Grant: 2011</b>		
<b>Development Number Name/HA-Wide Activities</b>	<b>General Description of Major Work Categories</b>	<b>Dev. Acct No.</b>	<b>Quantity</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>		<b>Status of Work</b>
				<b>Original</b>	<b>Revised</b>	<b>Funds Obligated</b>	<b>Funds Expended <sup>2</sup></b>	
<b>PHA-Wide-</b>								
	Operations	1406	1	62,720.00	62,720.00	0.00	0.00	
	Improve Annual Inspections	1408		-	-	-	-	
	Reduce Outstanding Work Orders	1408		-	-	-	-	
	Reduce Vacancies	1408		-	-	-	-	
	Tenant Accounts Receivable	1408		-	-	-	-	
	Unit Turnaround	1408		-	-	-	-	
	Resident Activities Coordinator	1408		-	-	-	-	
	Resident Activities Supplies	1408	1	3,000.00	3,000.00	312.94	312.94	
	Staff Training/Travel	1408	1	8,000.00	8,000.00	600.00	600.00	
	Computer Software	1408	1	3,000.00	3,000.00	62.99	62.99	
	Vista Volunteer	1408	1	-	-	-	-	
	Jobs Transportation	1408	1	2,000.00	2,000.00	0.00	0.00	
	CFP Administrative Costs	1410	1	27,500.00	27,500.00	27,500.00	4,575.99	
	A/E Services	1430	1	12,000.00	12,000.00	700.00	700.00	
	Force Account Labor	1460	1	205,273.00	205,273.00	205,273.00	47,867.55	
	Computer Hardware	1475	1	10,000.00	10,000.00	61.99	61.99	
	Maintenance Equipment	1475	1	25,000.00	25,000.00	949.48	949.48	
<b>TN020000001-</b>								
	Site Improvements	1450	LS	10,000.00	10,000.00	4,695.40	4,695.40	
	Sewer and infrastructure Improvements	1450	LS	5,000.00	5,000.00	0.00	0.00	
	Exterior Facelift	1460	LS	20,000.00	20,000.00	0.00	0.00	
	Kitchen Renovations	1460	LS	35,000.00	35,000.00	0.00	0.00	
	Bathroom Renovations	1460	LS	40,000.00	40,000.00	0.00	0.00	
	Paint	1460	LS	2,000.00	3,000.00	2,098.79	2,098.79	

Part II Supporting Pages								
PHA Name: <b>Murfreesboro Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P02050111</b> Replacement Housing Factor Grant No: Date of CFFP: _____				Federal FFY of Grant: <b>2011</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended <sup>2</sup>	
<b>TN020000001-</b>								
	Floor Tile	1460	LS	10,000.00	10,000.00	0.00	0.00	
	Interior/Exterior Doors	1460	LS	3,000.00	3,000.00	0.00	0.00	
	Electrical Renovations	1460	LS	3,000.00	3,000.00	0.00	0.00	
	Window Replacement	1460	LS	5,000.00	5,000.00	0.00	0.00	
	Replace Water Heaters	1465.1	LS	3,000.00	3,000.00	0.00	0.00	
	Replace Appliances	1465.1	LS	3,000.00	3,000.00	0.00	0.00	
	HVAC Repair/Replacement	1465.1	LS	3,000.00	3,000.00	0.00	0.00	
	Non-Dwelling Renovations	1470	LS	3,000.00	2,000.00	0.00	0.00	

<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 Program</b>					
PHA Name: <b>Murfreesboro Housing Authority</b>					<b>Federal FY of Grant: 2011</b>
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 Expended End Date	Actual Expended End Date	
TN020000001	09/30/2013		09/30/2015		

<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.

<b>Part I: Summary</b>						
<b>PHA Name:</b> Murfreesboro Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>TN43R02050111</b> Date of CFFP: _____			<b>FFY of Grant:2011</b> <b>FFY of Grant Approval:2011</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>12/07/2011</b> <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>	-				
3	1408 Management Improvements	-				
4	1410 Administration (may not exceed 10% of line 21)	-				
5	1411 Audit	-				
6	1415 Liquidated Damages	-				
7	1430 Fees and Costs	-				
8	1440 Site Acquisition	-				
9	1450 Site Improvement	-				
10	1460 Dwelling Structures	-				
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>	\$20,979.00				

<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  
 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  
 Expires 8/31/2011

<b>Part I: Summary</b>					
PHA Name: Murfreesboro Housing Authority		Grant Type and Number: Capital Fund Program Grant No: Replacement Housing Factor Grant No: TN43R02050111 Date of CFFP:		FFY of Grant:2011 FFY of Grant Approval:2011	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2011 <input type="checkbox"/> Reserve for Disasters/Emergencies <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
18a	501 Capitalization or Debt Service paid by the PHA	0.00			
18ba	9009 Capitalization or Debt Service paid Via System of Direct Payment	0.00			
19	502 Contingency (may not exceed 8% of line 20)	0.00			
20	Amount of Annual Grant (sum of lines 1 - 19)	\$20,979.00			
21	Amount of line 20 Related to LSP Activities	0.00			
22	Amount of line 20 Related to Section 504 Activities	0.00			
23	Amount of line 20 Related to Security - Soft Costs	0.00			
24	Amount of line 20 Related to Security - Hard Costs	0.00			
25	Amount of line 20 Related to Energy Conservation Measures	0.00			
Signature of Executive Director <i>Patry H. Meland</i>		Date 1/4/12		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.



<b>Part III: Implementation Schedule for Capital Fund Program</b>					
PHA Name: <b>Murfreesboro Housing Authority</b>					<b>Federal FY of Grant: 2011</b>
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 Expended End Date	Actual Expended End Date	
TN020000001	08/03/2017		08/03/2019		

<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.

<b>Part I: Summary</b>						
<b>PHA Name:</b> Murfreesboro Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN43P02050110</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:2010</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>12/07/2011</b> <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>	60,000.00	59,000.00	51,178.80	51,178.80	
3	1408 Management Improvements	41,000.00	13,499.51	13,499.51	13,499.51	
4	1410 Administration (may not exceed 10% of line 21)	30,000.00	22,793.69	22,793.69	22,793.69	
5	1411 Audit	-	-	-	-	
6	1415 Liquidated Damages	-	-	-	-	
7	1430 Fees and Costs	4,000.00	3,445.00	3,445.00	3,445.00	
8	1440 Site Acquisition	-	-	-	-	
9	1450 Site Improvement	4,662.00	2,703.72	2,703.72	2,703.72	
10	1460 Dwelling Structures	419,967.00	462,792.73	400,386.07	300,956.00	
11	1465.1 Dwelling Equipment—Nonexpendable	39,498.00	43,043.68	43,043.68	0.00	
12	1470 Non-dwelling Structures	3,000.00	-	-	-	
13	1475 Non-dwelling Equipment	10,000.00	4,848.67	4,848.67	4,848.67	
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 8/31/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Murfreesboro Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P02050110 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grants:</b> 2010 <b>FFY of Grant Approval:</b> 2010	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/07/2011				<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	15% Collateralization or Debt Service paid by the PHA	-	-	-	-
18b	93% Collateralization or Debt Service paid via System of Direct Payment	-	-	-	-
19	15% Contingency (may not exceed 8% of line 20)	-	-	-	-
20	Amount of Annual Grants: (sum of lines 2 - 19)	\$612,127.00	\$612,127.00	\$541,859.14	\$399,425.39
21	Amount of line 20 Related to LBP Activities	-	-	-	-
22	Amount of line 20 Related to Section 109 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	-	-	-	-
<b>Signature of Executive Director</b> <i>Patsy H. Meland</i>		<b>Date</b> 1/4/12		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<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: <b>Murfreesboro Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P02050110</b> Replacement Housing Factor Grant No: Date of CFFP:				Federal FFY of Grant: <b>2010</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended <sup>2</sup>	
<b>PHA-Wide-</b>								
	Operations	1406	1	60,000.00	59,000.00	51,178.80	51,178.80	
	Improve Annual Inspections	1408		-	-	-	-	
	Reduce Outstanding Work Orders	1408		-	-	-	-	
	Reduce Vacancies	1408		-	-	-	-	
	Tenant Accounts Receivable	1408		-	-	-	-	
	Unit Turnaround	1408		-	-	-	-	
	Resident Activities Coordinator	1408	1	25,000.00	10,928.96	10,928.96	10,928.96	Complete
	Resident Activities Supplies	1408	1	3,000.00	2,570.55	2,570.55	2,570.55	Complete
	Staff Training/Travel	1408	1	8,000.00	-	-	-	
	Computer Software	1408	1	3,000.00	-	-	-	
	Vista Volunteer	1408	1	-	-	-	-	
	Jobs Transportation	1408	1	2,000.00	-	-	-	
	CFP Administrative Costs	1410	1	30,000.00	22,793.69	22,793.69	22,793.69	Complete
	A/E Services	1430	1	4,000.00	3,445.00	3,445.00	3,445.00	Complete
	Force Account Labor	1460	1	157,702.00	173,671.73	173,671.73	173,671.73	Complete
	Computer Hardware	1475	1	5,000.00	2,923.89	2,923.89	2,923.89	Complete
	Maintenance Equipment	1475	1	5,000.00	1,924.78	1,924.78	1,924.78	Complete
	Collateral Debt Service	1501	1	-	-	-	-	
<b>TN020000001-</b>								
	Site Improvements	1450	LS	4,662.00	2,703.72	2,703.72	2,703.72	Complete
	Exterior Facelift	1460	LS	86,265.00	86,265.00	86,265.00	86,265.00	Complete
	Kitchen Renovations	1460	LS	88,200.00	92,301.31	82,880.00	15,161.00	
	Bathroom Renovations	1460	LS	21,000.00	21,500.00	18,788.09	1,450.00	
	Paint	1460	LS	21,000.00	20,500.00	6,041.90	5,592.54	
	Floor Tile	1460	LS	26,000.00	54,631.07	18,815.73	18,815.73	
	Interior/Exterior Doors	1460	LS	16,800.00	7,379.49	7,379.49	-	

Part II Supporting Pages								
PHA Name: <b>Murfreesboro Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P02050110</b> Replacement Housing Factor Grant No: Date of CFFP: _____				Federal FFY of Grant: <b>2010</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended <sup>2</sup>	
<b>TN020000001-</b>	Electrical Renovations	1460	LS	2,000.00	6,544.13	6,544.13	-	
	Window Replacement	1460	LS	1,000.00	-	-	-	
	Replace Water Heaters	1465.1	LS	9,240.00	10,991.70	10,991.70	-	
	Replace Appliances	1465.1	LS	27,258.00	32,051.98	32,051.98	-	
	HVAC Repair/Replacement	1465.1	LS	3,000.00	-	-	-	
	Non-Dwelling Renovations	1470	LS	3,000.00	-	-	-	

<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 Program</b>					
PHA Name: <b>Murfreesboro Housing Authority</b>					<b>Federal FY of Grant: 2010</b>
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 Expended End Date	Actual Expended End Date	
TN020000001	09/30/2012		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.

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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 08/30/2011

<b>PART I: SUMMARY</b>						
PHA Name/Number <b>Murfreesboro Housing Authority / TN020</b>		Locality (City/County & State) <b>Murfreesboro / Rutherford Co., Tennessee</b>			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
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	Annual Statement	370,000.00	370,000.00	370,000.00	200,000.00
C.	Management Improvements (Includes all other non-physical items)		130,000.00	130,000.00	130,000.00	130,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	ADMINISTRATION					
F.	Other					
G.	Operations					
H.	Demolition		-	-	-	120,000.00
I.	Development		-	-	-	50,000.00
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
L.	Total Non-CFP Funds		0.00	0.00	0.00	0.00
M.	Grand Total		\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00



Capital Fund Program—Five-Year Action Plan

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<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2012	Work Statement for Year 2013 FFY 2013			Work Statement for Year: 2014 FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
ANNUAL						
Statement	<b><u>TN020000001:</u></b>			<b><u>TN020000001:</u></b>		
	Site Improvements	LS	20,000.00	Site Improvements	LS	20,000.00
	Infrastructure Improvements	LS	20,000.00	Infrastructure Improvements	LS	20,000.00
	Building Exterior Improvements	LS	25,000.00	Building Exterior Improvements	LS	25,000.00
	Roofing	LS	25,000.00	Roofing	LS	25,000.00
	Bathroom Renovations	LS	35,000.00	Bathroom Renovations	LS	35,000.00
	Kitchen Renovations	LS	35,000.00	Kitchen Renovations	LS	35,000.00
	Replace Windows	LS	40,000.00	Replace Windows	LS	40,000.00
	Replace HVAC	LS	35,000.00	Replace HVAC	LS	35,000.00
	Replace Water Heaters	LS	10,000.00	Replace Water Heaters	LS	10,000.00
	Electrical/Lighting Fixtures	LS	15,000.00	Electrical/Lighting Fixtures	LS	15,000.00
	Plumbing Improvements	LS	15,000.00	Plumbing Improvements	LS	15,000.00
	Flooring	LS	15,000.00	Flooring	LS	15,000.00
	Interior/Exterior Doors	LS	10,000.00	Interior/Exterior Doors	LS	10,000.00
	Storm Doors	LS	10,000.00	Storm Doors	LS	10,000.00
	Non- Dwelling Structures	LS	15,000.00	Non- Dwelling Structures	LS	15,000.00
	Non-Dwelling Equipment	LS	15,000.00	Non-Dwelling Equipment	LS	15,000.00
	Interior Paint and Finishes	LS	10,000.00	Interior Paint and Finishes	LS	10,000.00
	Appliances	LS	15,000.00	Appliances	LS	15,000.00
	Insulation	LS	5,000.00	Insulation	LS	5,000.00
	Subtotal of Estimated Cost		\$370,000.00	Subtotal of Estimated Cost		\$370,000.00

Capital Fund Program—Five-Year Action Plan

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<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
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						
ANNUAL Statement	<u><a href="#">TN020000001:</a></u>			<u><a href="#">TN020000001:</a></u>		
	Site Improvements	LS	20,000.00	Site Improvements	LS	10,000.00
	Infrastructure Improvements	LS	20,000.00	Infrastructure Improvements	LS	20,000.00
	Building Exterior Improvements	LS	25,000.00	Building Exterior Improvements	LS	20,000.00
	Roofing	LS	25,000.00	Roofing	LS	10,000.00
	Bathroom Renovations	LS	35,000.00	Bathroom Renovations	LS	10,000.00
	Kitchen Renovations	LS	35,000.00	Kitchen Renovations	LS	10,000.00
	Replace Windows	LS	40,000.00	Replace Windows	LS	5,000.00
	Replace HVAC	LS	35,000.00	Replace HVAC	LS	10,000.00
	Replace Water Heaters	LS	10,000.00	Replace Water Heaters	LS	10,000.00
	Electrical/Lighting Fixtures	LS	15,000.00	Electrical/Lighting Fixtures	LS	5,000.00
	Plumbing Improvements	LS	15,000.00	Plumbing Improvements	LS	15,000.00
	Flooring	LS	15,000.00	Flooring	LS	15,000.00
	Interior/Exterior Doors	LS	10,000.00	Interior/Exterior Doors	LS	10,000.00
	Storm Doors	LS	10,000.00	Storm Doors	LS	15,000.00
	Non- Dwelling Structures	LS	15,000.00	Non- Dwelling Structures	LS	10,000.00
	Non-Dwelling Equipment	LS	15,000.00	Non-Dwelling Equipment	LS	10,000.00
	Interior Paint and Finishes	LS	10,000.00	Interior Paint and Finishes	LS	10,000.00
	Appliances	LS	15,000.00	Appliances	LS	5,000.00
	Insulation	LS	5,000.00	Demolition	LS	120,000.00
				Acquisition	LS	50,000.00
	Subtotal of Estimated Cost		\$370,000.00	Subtotal of Estimated Cost		\$370,000.00



