

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: HOUSING AUTHORITY OF THE CITY OF AUBURN PHA Code: AL050 PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) HA Fiscal Year Beginning: (MM/YYYY): 07/2009																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 322 Number of HCV units: 280																										
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:																										
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (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. <p style="margin-left: 40px;">(a) The Admission and Continued Occupancy Policy (ACOP) was amended, The Rental Collection policy was changed, Lease changes were made and the Grievance Policy will be addressed during the 2009 fiscal year.</p> <p style="margin-left: 40px;">(b) PHA's main administrative office.</p>																										
7.0	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> <ul style="list-style-type: none"> • Application for demolition has been submitted for Moton site 50-2, combined AL05000001 Ridgecrest & AL05000002 Drake, results are pending. 																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																										
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <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.																										
8.2	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.																										
8.3	Capital Fund Financing Program (CFFP). <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.																										

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The provisions of our mission statement are, in brief, to provide affordable, safe and decent housing, promote resident economic opportunity and an environment free from discrimination and domestic violence while and if given continued, full and adequate levels of funding from HUD. Our goal is to maintain exceptional housing for our residents and to strive to continue to remain a High Performing Housing Authority.</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>We notify each tenant regarding the Violence Against Women’s Act (VAWA), and address any issues that arise during tenancy with the utmost attention.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>(a) In keeping with our goal to deinstitutionalize the appearance of the sites, we have installed brick and wrought iron fencing. All sites have had extensive grounds work completed which included planting sod, trees and shrubs.</p> <p>Our mod program continues to modernize units in the East Park site (AL050000002). The Sparkman site (AL050000001 Ridgcrest) has had the windows replaced as well as the roofs and fascia.</p> <p>The housing staff has received training on how to best utilize the EIV system. Additional training for staff members is offered through the HTVN site as well as off site training to prepare for fair and equal housing, the VAWA, when funds for training are available.</p> <p>(b) A focus group of no fewer than three members, including the personage of the Executive Director, will be assembled when deemed necessary to determine of the basic criteria as described by this Authority for such definitions in regard to either the Annual or Five Year Plan is being met. This assemblage will solely make their determination using a fifty percent affectation rate as a <u>standard deviation</u> from the Five Year Plan as a whole and a seventy-five percent baseline standard of change as a <u>significant amendment</u> for any particular component of the Annual Plan. Further, it will be an incumbent requirement that the membership of this group be in full accordance and agreement that any flux in the aforementioned percentages for either Plan has either been fully met or has exceeded the stated guideline criteria.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</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>

****11.0 PART (F): THERE WERE NO COMMENTS FROM A RESIDENT ADVISORY BOARD TO ATTACH.**

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated there under at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a 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: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

Part I: Summary	
PHA Name: AUBURN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: AL09P05050109 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 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	0			
2	1406 Operations (may not exceed 20% of line 21) ³	0			
3	1408 Management Improvements	0			
4	1410 Administration (may not exceed 10% of line 21)	55,000			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	0			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	80,000			
10	1460 Dwelling Structures	418,445			
11	1465.1 Dwelling Equipment—Nonexpendable	17,600			
12	1470 Non-dwelling Structures	0			
13	1475 Non-dwelling Equipment	7,500			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration	0			
16	1495.1 Relocation Costs	3,000			
17	1499 Development Activities ⁴	0			

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: AUBURN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AL09P05050109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 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	0				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0				
19	1502 Contingency (may not exceed 8% of line 20)	0				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	581,545				
21	Amount of line 20 Related to LBP Activities	0				
22	Amount of line 20 Related to Section 504 Activities	0				
23	Amount of line 20 Related to Security - Soft Costs	0				
24	Amount of line 20 Related to Security - Hard Costs	0				
25	Amount of line 20 Related to Energy Conservation Measures	0				
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: AUBURN HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: AL09P05050109 CFFP (Yes/ No): NO Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AL050000001 Ridgecrest (Moton)	Admin/Sundry/Cellular Communication	1410	1Ls	27,500				
	Site Improvements/Parking/Sdws/Pave	1450	1Ls	40,000				
	Kitchens/Cabinets/Ctntr.Tps/Fixtures	1460	4	25,000				
	Baths/New Tubs/Tub Surnd./ FRP/Fxtrs.	1460	4	14,000				
	Floors/new VCT/baseboard	1460	4	15,000				
	Mechanical/HVAC	1460	4	39,250				
	Plumbing/Elec.Wtr.Heaters	1460	4	5,250				
	Electrical/Upgrade/Fixtures/Wiring	1460	4	10,750				
	Ext./Windows/Doors/Roofs/Porches	1460	4	41,500				
	Other/Paint/Sht.Rk.Walls,Ceilings/ Interior Doors	1460	4	58223				
	Dwelling Equipment-Refrig/Ranges	1465.1	1Ls	8,800				
	Relocation	1495.1	1LS	1,500				
AL050000002 Drake (Moton)	Admin/Sundry/Cellular Communication	1410	1Ls	27,500				
	Site Improvements/Parking/Sdws/Pave	1450	1Ls	40,000				
	Kitchens/Cabinets/Ctntr.Tps/Fixtures	1460	4	25,000				
	Baths/New Tubs/Tub Surnd./ FRP/Fxtrs.	1460	4	14,000				

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: AUBURN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AL09P05050109 CFFP (Yes/ No): NO Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	Floors/new VCT/baseboard	1460	4	15,000				
	Mechanical/HVAC	1460	4	39,250				
	Plumbing/Elec. Wtr.Heaters	1460	4	5,250				
	Electrical/Upgrade/Fixtures/Wiring	1460	4	10,750				
	Ext./Windows/Doors/Roofs/Porches	1460	4	41,500				
	Other/Paint/Sht.Rk.Walls,Ceilings/ Interior Doors	1460	4	58,222				
	Dwelling Equipment-Refrig/Ranges	1465.1	1Ls	8,800				
	Relocation	1495.1	1Ls	1,500				
HA-Wide	Equip./Tools/Rentals/Repairs	1475	1Ls	7,500				
	OSHA Safety Traning	1460	1Ls	500				
				581,545				

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: AUBURN HOUSING AUTHORITY				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AL050000001 Ridgecrest	04/30/2009		09/30/2013		
AL050000002 Drake	04/30/2009		09/30/2013		
HA-Wide	04/30/2009		09/30/2013		

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

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 AUBURN HOUSING AUTHORITY/ AL050		Locality (City/County & State)AUBURN, AL 36832			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY _2009__	Work Statement for Year 2 FFY _2010__	Work Statement for Year 3 FFY __2011__	Work Statement for Year 4 FFY ____2012__	Work Statement for Year 5 FFY _2013__
	AL050000001 Ridge Crest AL050000002 Drake PHA-Wide					
B.	Physical Improvements Subtotal	Annual Statement	516,045	518,545	518,545	518,545
C.	Management Improvements		0	0	0	0
D.	PHA-Wide Non-dwelling Structures and Equipment		10,000	8,000	8,000	8,000
E.	Administration		55,000	55,000	55,000	55,000
F.	Other		500	500	500	500
G.	Operations		0	0	0	0
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		581,545	581,545	581,545	581,545
L.	Total Non-CFP Funds					
M.	Grand Total		581,545	581,545	581,545	581,545

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 (Continuation)

PHA Name/Number		Locality (City/county & State)				<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____	
		Annual Statement					

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year <u>2</u> FFY <u>2010</u>			Work Statement for Year: <u>3</u> FFY <u>2011</u>		
	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	AL05000001 Ridge Crest AL05000002 Drake			AL05000001 Ridge Crest AL05000002 Drake		
Annual	Administration	Mod Coordinator/ cellular communication 1Ls	55,000	Administration	Mod Coordinator/ cellular communication 1Ls	55,000
Statement	Site Improvements	R&R Parking/Paving/ Side Walks 1Ls	15,000	Site Improvements	New parking/Paving side walks 1Ls	85,000
	Kitchen	R&R cab./,ct.tps, sinks/fxtrs./ 49 apts.	46,500	Kitchen	Install new cab./,ct.tps, sinks/fxtrs. 8 apts.	50,000
	Bath	R&R tubs/fxtrs/ FRP wall bd/ Tub Surrounds 49 apts.	24,800	Bath	Install new tubs/fxtrs/ FRP wall bd/ Tub Surrounds 8 apts.	28,000
	Floors	R&R Flr. tile and Base board/ 49 apts.	58,800	Floors	Install newVCT tile and Base board 8 apts.	18,000
	Mechanical	R&R HVAC/ Install slabs inside HVAC Fence/ 49 apts.	39,200	Mechanical	Install 1 1/2 & 2 Ton Split Unit and Wall Mount H P to 8 apts. Upgrade Electrical	78,500
	Plumbing	R&R 40 gal elec wtr.htrs./ plumb. 49 apts.	36,750	Plumbing	Install 40 gal elec wtr.htrs& comptmts ./upgrade all plumb. 8 apts.	10,500
	Electrical	R&R wiring/ phone cable/rcptcls/ swtchs/ fxtrs./ 49 apts.	44,100	Electrical	Install new wiring/ phn/cable/rcptcls/ swtchs/ fxtrs. 8 apts.	21,500

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**

	Exterior	R&R windows/doors/ scrn. doors/Dead Bolts 49 apts.	44,200	Exterior	New windows/doors/ scrn. doors/extend porches/add roofs 8 apts.	104,045
	Interior	Strip Walls & Ceilings of Peeling Paint/ Intr. Drs. & Hrdwr/. 49 apts.	160,695	Interior	Install sheet rock over concrete block walls and plaster ceiling paint/install new intr. Drs. & hrdwr/. Insulate 8 apts.	103,000
	Relocation	Tenant move/ 1Ls	2,000	Relocation	Tenant move/ 1Ls	1,500
	Dwelling Equipment	Refrig/Ranges/ 49 ea	44,000	Dwelling Equipment	Refrig/Ranges/ 8 each	18,000
	HA-Wide	Equip/tools/rentals repairs/ 1Ls	10,000	HA-Wide	Equip/tools/rentals repairs/ 1Ls	8,000
		OSHA Safety Training Annually/ 1Ls	500		OSHA Safety Training Annually/ 1Ls	500
	Subtotal of Estimated Cost		\$581,545	Subtotal of Estimated Cost		\$581,545

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year <u>4</u> FFY <u>2012</u>			Work Statement for Year: <u>5</u> FFY <u>2013</u>		
	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	AL05000001 Ridge Crest AL05000002 Drake			AL05000001 Ridge Crest AL05000002 Drake		
Annual	Administration	Mod Coordinator/ cellular communication 1Ls	55,000	Administration	Mod Coordinator/ cellular communication 1Ls	55,000
Statement	Site Improvements	New parking/Paving side walks 1Ls	20,000	Site Improvements	New parking/Paving side walks 1Ls	20,000
	Kitchen	Install new cab./ct.tps, sinks/fxtrs. 8 apts.	50,000	Kitchen	Install new cab./ct.tps, sinks/fxtrs. 8 apts.	50,000
	Bath	Install new tubs/fxtrs/ FRP wall bd/ Tub Surrounds 8 apts.	28,000	Bath	Install new tubs/fxtrs/ FRP wall bd/ Tub Surrounds 8 apts.	28,000
	Floors	Install newVCT tile and Base board/ 8 apts.	30,000	Floors	Install newVCT tile and Base board 8 apts.	30,000
	Mechanical	Install 1 1/2 & 2 Ton Split Unit and Wall Mount H P to 8 apts. Upgrade Electrical	78,500	Mechanical	Install 1 1/2 & 2 Ton Split Unit and Wall Mount H P to 8 apts. Upgrade Electrical	78,500
	Plumbing	Install 40 gal elec wtr.htrs./upgrade all plumb. 8 apts.	10,500	Plumbing	Install 40 gal elec wtr.htrs./upgrade all plumb. 8 apts.	10,500
	Electrical	Install new wiring/ phn/cable/rcptcls/ swtchs/ fxtrs. 8 apts.	21,500	Electrical	Install new wiring/ phn/cable/rcptcls/ swtchs/ fxtrs. 8 apts.	21,500

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

	Exterior	New windows/doors/ scrn. doors/extend porches/add roofs 8 apts.	132,045	Exterior	New windows/doors/ scrn. doors/extend porches/add roofs 8 apts.	132,045
	Interior	Install sheet rock over concrete block walls and plaster ceiling paint/install new intr. Drs.& hrdwr/.Insulate 8 apts.	128,000	Interior	Install sheet rock over concrete block walls and plaster ceiling paint/install new intr. Drs.& hrdwr/.Insulate 8 apts.	128,000
	Relocation	Tenant move/ 1Ls	1,500	Relocation	Tenant move/ 1Ls	1,500
	Dwelling Equipment	Refrig/Ranges/ 1Ls	18,000	Dwelling Equipment	Refrig/Ranges/ 1Ls	18,000
	HA-Wide	Equip/tools/rentals repairs/ 1Ls	8,000	HA-Wide	Equip/tools/rentals repairs/ 1Ls	8,000
		OSHA Safety Training Annually/ 1Ls	500		OSHA Safety Training Annually/ 1Ls	500
	Subtotal of Estimated Cost		\$581,545	Subtotal of Estimated Cost		\$581,545

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY __2009__	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	\$

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

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

Part I: Summary		
PHA Name: Auburn Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09P050107 Replacement Housing Factor Grant No: No Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval: 2007

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/2008 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	0	0	0	0
2	1406 Operations (may not exceed 20% of line 21) ³	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (may not exceed 10% of line 21)	2000	2000	2000	778.82
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	0	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	53120.00	53120.00	53120.00	45815.13
10	1460 Dwelling Structures	511340.00	0		0
11	1465.1 Dwelling Equipment—Nonexpendable	10850.00	10850.00	10850.00	10123.75
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	2000.00	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	2800.00	2800.00	2800.00	401.94
17	1499 Development Activities ⁴	0	0	0	0

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary						
PHA Name: Auburn Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P050107 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2007 FFY of Grant Approval: 2007	
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:			<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	0	0	0	0	
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0	
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	587361.00	587361.00	587361.00	319306.63	
21	Amount of line 20 Related to LBP Activities	0	0	0	0	
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0	
23	Amount of line 20 Related to Security - Soft Costs	0	0	0	0	
24	Amount of line 20 Related to Security - Hard Costs	0	0	0	0	
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0	
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Auburn Housing Authority			Grant Type and Number Capital Fund Program Grant No: AL09P050107 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AL50-1 East Park	Admin/ Sundry	1410	1Ls	2000.00	1919.54	2000.00	698.36	
	Site Improvements/patch roads	1450	1Ls	53120.00	.00	53120.00	.00	
	R&R Kitchens	1460	14	16870.00	16137.78	16870.00	7876.46	
	R&R Baths	1460	14	41650.00	41010.41	41650.00	17216.16	
	R&R Floors	1460	14	28000.00	25629.70	28000.00	14977.97	
	R&R HVAC	1460	14	45500.00	30372.99	45500.00	10109.58	
	R&R Water Heaters/PLumbing	1460	14	17290.00	17088.30	17290.00	7273.08	
	R&R Electrical	1460	14	14980.00	13579.47	14980.00	7928.17	
	R&R Windows & Doors/Exterior	1460	14	78750.00	48232.83	78750.00	21093.44	
	R&R Paint/Walls/Ceilings	1460	14	128800.00	128800.00	128800.00	50918.13	
	Foreman	1460	1Ls	.00	30000.00	.00	14994.09	
	Debris Disposal	1460	1Ls	.00	2000.00	.00	1354.19	
	Refrigerators/Ranges	1465	14	10850.00	10850.00	10850.00	10123.75	
	Relocation Cost	1495.1	14	2800.00	2800.00	2800.00	401.94	
	Power/Gas	1460	1Ls	.00	2500.00	.00	1866.40	
AL50-8 Sparkman	Roofs/fascia/soffitt	1460	17	139500.00	139500.00	139500.00	78783.35	
	R&R Paint/Walls/Ceilings	1460	1	.00	364.49	.00	364.49	
	Storage	1460	1Ls	.00	4000.00	.00	1179.60	
	Women's Center	1470	1	7251.00	9790.64	7251.00	9790.64	

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Auburn Housing Authority			Grant Type and Number Capital Fund Program Grant No: AL09P050107 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AL150-6A	Admin/Sundry	1410		.00	80.46	.00	80.46	
	Site Improvements	1450		.00	6154.87	.00	6154.87	
	R&R Kitchens	1460		.00	732.22	.00	732.22	
	R&R Baths	1460		.00	639.59	.00	639.59	
	R&R Floors	1460		.00	1220.30	.00	1220.30	
	R&R HVAC	1460		.00	127.01	.00	127.01	
	R&R Water Heaters/PLumbing	1460		.00	201.70	.00	201.70	
	R&R Electrical	1460		.00	1400.53	.00	1400.53	
	R&R Windows & Doors/Exterior	1460		.00	10375.36	.00	10375.36	
	R&R Paint/Walls/Ceilings	1460		.00	3973.97	.00	3973.97	
	Construction Foreman	1460		.00	33079.30	.00	33079.30	
	Debris Disposal	1460		.00	649.54	.00	649.54	
	Equipment	1460		.00	3000.00	.00	2571.98	
AL50-2 Moton	Site Improvements	1450		.00	1150.00	.00	1150.00	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Auburn Housing Authority					Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AL50-1 East Park	9/30/2009		9/30/2011		
AL50-2 Moton	9/30/2009		9/30/2011		
AL50-3 East Park	9/30/2009		9/30/2011		
AL50-4 Drake	9/30/2009		9/30/2011		
AL50-5A East Park	9/30/2009		9/30/2011		
AL50-5B Moton	9/30/2009		9/30/2011		
AL50-5C Drake	9/30/2009		9/30/2011		
AL50-6A Ridgecrest	9/30/2009		9/30/2011		
AL50-6B Porter	9/30/2009		9/30/2011		
AL50-8 Sparkman	9/30/2009		9/30/2011		
HA Wide	9/30/2009		9/30/2011		

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

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

PHA Name: Auburn Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09P05050108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 01)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration	55000	55000	55000	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	0	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	148161	136261	148161	0
10	1460 Dwelling Structures	366484	378384	366484	0
11	1465.1 Dwelling Equipment—Nonexpendable	11900	11900	11900	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1501 Collateralization or Debt Service	0	0	0	0
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	581545	581545	581545	0
22	Amount of line 21 Related to LBP Activities	0	0	0	0
23	Amount of line 21 Related to Section 504 compliance	0	0	0	0
24	Amount of line 21 Related to Security – Soft Costs	0	0	0	0
25	Amount of Line 21 Related to Security – Hard Costs	0	0	0	0
26	Amount of line 21 Related to Energy Conservation Measures	0	0	0	0

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

PHA Name: Auburn Housing Authority		Grant Type and Number Capital Fund Program No: AL09P05050108 Replacement Housing Factor No:					Federal FY of Grant: 2008	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
AL50-1 East Park	09/30/2010			09/30/2012				
AL50-2 Moton	09/30/2010			09/30/2012				
AL50-3 East Park	09/30/2010			09/30/2012				
AL50-4 Drake	09/30/2010			09/30/2012				
AL50-5A East Park	09/30/2010			09/30/2012				
AL50-5B Moton	09/30/2010			09/30/2012				
AL50-5C Drake	09/30/2010			09/30/2012				
AL50-6A Ridge Crest	09/30/2010			09/30/2012				
AL50-6B Porter	09/30/2010			09/30/2012				
AL50-8 Sparkman	09/30/2010			09/30/2012				
HA Wide	09/30/2010			09/30/2012				

Part I: Summary	
PHA Name: AUBURN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: ARRA Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:01)
 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	0	0	0	0
2	1406 Operations (may not exceed 20% of line 21) ³	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (may not exceed 10% of line 21)	2,500	7,500	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	0	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	127,000	146,031	0	0
10	1460 Dwelling Structures	570,730	439,000	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	11,200	11,900	0	0
12	1470 Non-dwelling Structures	18,691	68,190	0	0
13	1475 Non-dwelling Equipment	4,000	61,500	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	2,000	2,000	0	0
17	1499 Development Activities ⁴	0	0	0	0

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: AUBURN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: ARRA Replacement Housing Factor Grant No: 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: 01)	
<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	0	0	0	0
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant:: (sum of lines 2 - 19)	731,121	731,121	0	0
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security - Soft Costs	0	0	0	0
24	Amount of line 20 Related to Security - Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	216,221	60,900	0	0
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: AUBURN HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: ARRA CFFP (Yes/ No): NO Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
50-4 Drake	Admin/sundry/communication devices	1410	1Ls	2,500	7,500		0	
	Site & landscape impvmts/ drainage/ topsoil/sod/site entrnce sign (2)	1450	1Ls	9,000	12,000		0	
	R&R Kitchens/Cabinets/Ctr.tps.	1460	34	68,000	24,000		0	
	R&R Baths	1460	34	23,800	0		0	
	R&R Floors	1460	34	34,000	0		0	
	R&R Mechanical/ HVAC/slabs @HVAC	1460	34	34,000	10,000		0	
	R&R Plumbing/water heaters&comprtmts	1460	34	10,200	13,600		0	
	R&R Electrical/hide wire molding	1460	34	23,800	30,800		0	
	R&R Exterior/window & doors/siding/ pressure wash/ seal brick/	1460	34	51,000	0		0	
	Sht.Rk.plastered walls/clngs	1460	34	116,584	20,000		0	
	Attic Insulation R-30+	1460	34	17,000	0		0	
	Refrigerators/Ranges	1465.1	17	11,200	11,900		0	
	Relocation Cost	1495.1	34	2,000	2,000		0	
	chn.lnk.Security Fence@storge container	1460	1Ls	0	4,000		0	
	range vent flame extinguisher @ HC unit	1460	1	0	600		0	
50-3 East Park	Site & landscape impvmts/ drainage/ topsoil/sod/site entrnce sign (1)/pave Rd	1450	1Ls	6,000	35,000			
	Attic Insulation R-30+	1460	16	15,300	4,800		0	
	Replce sidng/fascia/soffit	1460	16	0	32,000		0	

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Part II: Supporting Pages								
PHA Name: AUBURN HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: ARRA CFFP (Yes/ No): NO Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
50-3 East Park (cont.)	R&R Exterior/window & doors/ pressure wash/ seal brick/weather.strip	1460	16	0	14,400		0	
	Mechanical/concrete slabs /fence/ HVAC	1460	16	0	9,600		0	
	range vent flame extinguisher @ HC unit	1460	1	0	600		0	
				0			0	
50-5A East Park	Site Imprvmts/remove trees/plant trees/ drainage/ topsoil/sod/site entrnce sign (1)	1450	1Ls	0	36,931		0	
	Attic Insulation	1460	18	0	5,400		0	
	Replce sidng/fascia/soffit	1460	18	0	36,000		0	
	R&R Exterior/window & doors/ pressure wash/ seal brick/weather.strip	1460	18	0	16,200		0	
	Mechanical/concrete slabs /fence/ HVAC	1460	18	0	10,800		0	
	range vent flame extinguisher @ HC unit	1460	1	0	600		0	
				0			0	
50-5B Moton	Site & landscape impvmts/ drainage/ topsoil/sod/site entrnce sign (1)	1450	1Ls	2,265	3,600		0	
	Attic Insulation	1460	6	5,100	1,800		0	
	R&R Exterior/window & doors/siding/ pressure wash/ seal brick/weather.strip	1460	6	0	7,200		0	
	Mechanical/concrete slabs /fence/ HVAC	1460	6	0	3,000		0	
	range vent flame extinguisher @ HC unit	1460	1	0	600		0	
							0	
50-5C Drake	Site & landscape impvmts/ drainage/ topsoil/sod/site entrnce sign (2)	1450	1Ls	9,815	15,600		0	
	Attic Insulation	1460	26	22,100	7,800		0	

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: AUBURN HOUSING AUTHORITY					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AL50-1	05/31/2010		9/30/2012		
AL50-2	05/31/2010		9/30/2012		
AL50-3	05/31/2010		9/30/2012		
AL50-4	05/31/2010		9/30/2012		
AL50-5A	05/31/2010		9/30/2012		
AL50-5B	05/31/2010		9/30/2012		
AL50-5C	05/31/2010		9/30/2012		
AL50-6A	05/31/2010		9/30/2012		
AL50-6B	05/31/2010		9/30/2012		
AL50-8	05/31/2010		9/30/2012		
HA-WIDE	05/31/2010		9/30/2012		

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

Part I: Summary									
PHA Name:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Grant Type and Number</td> <td style="width:50%;">FFY of Grant:</td> </tr> <tr> <td>Capital Fund Program Grant No:</td> <td>FFY of Grant Approval:</td> </tr> <tr> <td>Replacement Housing Factor Grant No:</td> <td></td> </tr> <tr> <td>Date of CFFP:</td> <td></td> </tr> </table>	Grant Type and Number	FFY of Grant:	Capital Fund Program Grant No:	FFY of Grant Approval:	Replacement Housing Factor Grant No:		Date of CFFP:	
Grant Type and Number	FFY of Grant:								
Capital Fund Program Grant No:	FFY of Grant Approval:								
Replacement Housing Factor Grant No:									
Date of CFFP:									

Type of Grant	
<input 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 ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
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 ⁴				

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⁴ RHF funds shall be included here.

Part I: Summary						
PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: FFY of Grant Approval:		
Type of Grant <input 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)					
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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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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Part II: Supporting Pages								
PHA Name: AUBURN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: ARRA CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
50-5C Drake (cont.)	R&R Exterior/window & doors/siding/ pressure wash/ seal brick/weather.strip	1460	26	0	18,600			
	Mechanical/concrete slabs /fence/ HVAC	1460	26	0	15,600			
	range vent flame extinguisher @ HC unit	1460	2	0	1,800			
50-6A Ridgcrest	Site & landscape impvmts/ drainage/ topsoil/sod	1450	1Ls	0	15,600			
	Attic Insulation	1460	106	0	24,000			
	R&R Exterior siding/ pressure wash/ seal brick/weather.strip	1460	106	0	38,000			
	range vent flame extinguisher @ HC unit	1460	5	0	4,500			
50-6B Porter (Senior tenants)	Site & landscape impvmts/ drainage/ topsoil/sod/site entrnce sign (1)	1450	1Ls	0	9,000			
	Attic Insulation	1460	15	0	7,500			
	R&R Exterior siding/ pressure wash/ seal brick/weather.strip	1460	15	0	6,800			
	range vent flame extinguisher (senior tenants)	1460	15	0	9,000			
	Mechanical/concrete slabs /fence/ HVAC	1460	15	0	9,000			
50-8 Sparkman	Site & landscape impvmts/ drainage/ topsoil/sod/site entrnce sign (1)	1450	1Ls	40,000	18,300			
	Attic Insulation	1460	31	0	9,600			
	R&R Exterior siding/ pressure wash/ seal brick/weather.strip	1460	31	0	21,000			
	range vent flame extinguisher for HC unit	1460	2	0	1,200			
	Mechanical/concrete slabs /fence/ HVAC	1460	31	0	18,600			

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PHA Name: AUBURN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: ARRA CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	Tools/equipment/repairs/rentals/storage	1475	1Ls	4,000	15,000			
	MOD dump truck 2-1/2	1475	1Ls	0	35,000			
	MOD pick-up truck	1475	1Ls	0	8,000			
	storage container	1475	1Ls	0	3,500			
50-6A Ridgecrest	HA Staff Parking (50x115 concrete slab)	1470	1Ls	0	21,200			
	Enlarge Entrance to shop area	1470	1Ls	0	9,200			
	Electronic twin shop gate	1470	1Ls	0	16,500			
	Security Camera outside HA office	1470	1Ls	0	6,000			
	overhead garage door opener to shop	1470	2	0	3,800			
	Insulation HA Office & Daycare	1470	2	0	2,500			
50-6B Porter Community Center	Porter Center	1470	1	18,046	0			
	3 ton Heat Pump/duct work	1470	1	0	6,500			
	Insulation	1470	1	0	645			
	Mechanical/concrete slabs @ HVAC	1470	1	0	600			
50-8 Sparkman Women's Center	Insulation	1470	1	645	645			

