Harriman Housing Authority

AGENCY PLAN
FFY 2010

Submitted to HUD
March 31, 2010

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

1.0 PHA Information

PHA Name: **HARRIMAN HOUSING AUTHORITY** PHA Code: **TN55**

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

PHA Fiscal Year Beginning: (MM/YYYY): **07/2010**

Submitted to HUD March 31, 2010

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

Number of PH units: **336** Number of HCV units: _____

3.0 Submission Type

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

4.0 PHA Consortia ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:

The mission of Harriman Housing Authority is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

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.

a. **Reduce public housing vacancies – have reduced turnaround time by contracting out to get units ready to rent.**
b. **Improve public housing management – new personnel policy and division of duties to better manage.**
c. **Increase customer service satisfaction – newsletter sent to all residents, communication with residents much better**
d. **Renovate or modernize public housing units – two large renovation projects in progress to upgrade existing units. Over $600,000 has been obligated in the past year.**
e. **Promote self-sufficiency and asset development of assisted households – flat rents and earned income disallowances are a few of the tools used by HHA to promote self-sufficiency.**
f. **Provide an improved living environment – reasonable accommodation for residents with special needs, capital improvements and regular maintenance**

6.0 PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: **N/A**

(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. **Harriman Housing Authority Main Office, 924 Sewanee Street, Harriman, TN**

6.1-6.13 attached

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. *Include statements related to these programs as applicable.* **Attached**

8.0 Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.

8.1	**Capital Fund Program Annual Statement/Performance and Evaluation Report.** As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing. **Attached** **TN37-P055-501-07 P & E Report, date ending 12/31/2009** **TN37-P055-501-08 P & E Report, date ending 12/31/2009** **TN37-P055-501-09 P & E Report, date ending 12/31/2009** **TN37-S055-501-09 P & E Report, date ending 12/31/2009** **TN37-P055-501-10 Annual Statement**
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. **Attached**
8.3	**Capital Fund Financing Program (CFFP).** ☐ Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. **N/A**
9.0	**Housing Needs**. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. **Attached**

9.1	**Strategy for Addressing Housing Needs**. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.** **Harriman Housing Authority (HHA) employs effective maintenance and management policies to minimize the number of units off-line, reduce turnover time of vacancies, to ensure access to affordable housing among families assisted by HHA using our current housing inventory.** **1. Maximize the number of affordable units available by employing effective maintenance and management policies to minimize the number of units off-line, reducing turnover time, and renovation time.** **2. Adopt rent policies to support and encourage work – Earned income disallowance is one example.** **3. Carry out modifications needed based on Section 504 Needs Assessment which includes reasonable accommodation.** **4. These strategies were influenced by:** • **Funding constraints** • **Staffing constraints** • **Extent to which particular housing needs are met by other organizations in the community** • **Local housing market** • **Results of consultation with residents, local government, continuing education for staff.**

	Additional Information. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. **Harriman Housing Authority has focused on keeping vacancies to a minimum. Our waiting list is long and we have in-house procedures in place to make ready and re-occupy units very quickly. Through using capital fund resources and good preventative maintenance we provide a good living environment for our residents. Our management practices are very effective in meeting the needs of our residents. Renewed cooperation with the community has provided our residents an enhanced quality of life and self-sufficiency.**
10.0	(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" **Definition of "Substantial Deviation" and "Significant Amendment or Modification".** **The following are considered to be significant amendments or modifications:** • **Changes to rent or admissions policies or organization of the waiting list.** • **Additions of non-emergency work items (items not included in the current Annual Statement or 5-year Action Plan) or change in use of replacement Reserve funds under the Capital Fund.** • **Additions of new activities not included in the current PHDEP Plan (if applicable).** • **Any change with regard to demolition or disposition, designation, homeownership programs or conversions activities.** **An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD.**

11.0	**Required Submission for HUD Field Office Review**. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) **Attached** (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) **Attached** (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) **Attached** (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) **Attached** (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) **N/A** (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. **Attached** (g) Challenged Elements **Attached** (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) **Attached** (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only) **Attached**

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

PUBLIC HOUSING

Eligibility

Eligibility for admission is verified two weeks prior to offer of unit.
The following non-income screening factors are used to establish eligibility for admission to public housing:

- Criminal or drug-related activity
- Rental history
- Housekeeping
- Credit history

Waiting List

Harriman Housing Authority (HHA) has a community-wide waiting list. Interested persons may apply for admission at the main administrative office or by U.S. Mail.

Admissions Preferences

HHA plans not to exceed the federal targeting requirements by targeting more than 40% of all new admission to public housing to families at or below 30% of median area income.

The following preferences are used:

- Natural Disaster or Fire
- Date and Time

Occupancy

The following reference materials can be used to obtain information about the rules of occupancy of public housing:

- The PHA-resident lease
- The PHA's Admissions and Continued Occupancy Policy
- PHA briefing seminars or written materials and documents

Deconcentration and Income Mixing

The Harriman Housing Authority's policy to provide for deconcentration of poverty will consist of the following:

A. Targeting: The income levels of families on the waiting list will be analyzed so that not less than 40% of admissions in any fiscal year will be families whose income does not exceed 30% of median income for the area.

B. Income Mixing: Prior to the beginning of each fiscal year the HHA will analyze the income levels of families residing in each development to bring higher income families into lower income developments and lower income families into higher income developments.

The HHA will strive to insure that no individual development has a concentration of higher or lower income families. The HHA may skip families on the waiting list to reach other families with a lower or higher income. This will be accomplished in a uniform and non-discriminatory manner.

The HHA will affirmatively market public housing to all eligible income groups. If necessary, the HHA will determine the level of additional marketing strategies and deconcentration incentives to implement the objective of this policy.

6.2 Financial Resources

The HHA expects to expend approximately $2,580,872 in the year 2010 for operations, capital improvements and administrative costs.

6.3 Rent Determination

PUBLIC HOUSING

HHA employs discretionary policies for determining income-based rent by having a minimum rent of $25.00.
HHA uses HUD's required minimum rent hardship exemptions.

Ceiling Rents

The HHA does not have ceiling rents

Rent Re-Determinations

If the family elected income-based rent, they must report any time the family experiences a change with the exception of present circumstances (example – getting a raise from current employer).

Flat Rents

HHA established flat rents by using:

- Survey of rents listed in local newspapers
- Survey of similar unassisted units in the neighborhood

6.4 Operation and Management

Executive Director	Shelia Smith
Chief Administrative Officer	Julia Clark
Property Manager	Phylliss Pryor
Receptionist/Clerk	Damita Eskridge
Maintenance Supervisor	Mike Lawson
Maintenance Technician I	Terry Lawson
Maintenance Technician II	Reagan Williams
Maintenance Technician II	Dwight Peters
Maintenance Aide	Marvin Sitlizer
Maintenance Aide	Larry Tinner
Maintenance Aide	Shawn Tapp

6.5 Grievance Procedures

The HHA has revised it Grievance Procedure to comply with the QHWRA and will continue to make revisions as additional issues are addressed by HUD regulations.

6.6 Designated Housing for Elderly and Disabled Families

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

6.7 Community Service and Self-Sufficiency

The HHA has developed a Community Service Program that is in compliance with HUD requirements.

The HHA has adopted policy changes necessary to be in compliance with QHWRA and will update as information dictates.

6.8 Safety and Crime Prevention

The HHA will work closely with the police in all communities to take care of any problem, as it arises.

6.9 Pet Policy

The HHA has a policy related to tenant-owned pets. This policy permits all HHA residents to own pets as mandated by the QHWRA through regulations published in the Federal Register on July 10, 2000 and is subject to compliance with specific requirements of HHA's pet lease, which is available at the PHA Main Administrative Office.

6.10 Civil Rights Certification

HUD-50077 (Attached).

6.11Fiscal Year Audit

The HHA's most recent audit is on file at the HUD Field Office in Knoxville, Tennessee and is available for review at the main office during normal business hours.

6.12 Asset Management

It is the goal of the HHA to manage our assets (physical property, financial resources and manpower) as efficiently as possible.

6.13 Violence Against Women Act (VAWA)

A Public Housing Agency (PHA), owner or landlord may not deny admission to an applicant (male or female) who has been a victim of domestic violence, dating violence or stalking if the applicant otherwise qualifies for assistance or admission.

To qualify for public housing, all applicants, including victims of domestic violence, dating violence or stalking, must, at a minimum:

- meet the local PHA's definition of "family";
- be income eligible;
- have a least one family member who is a U.S. Citizen or has eligible immigration status;
- pass criminal background screening;
- have no outstanding debt to the PHA; and
- meet all other local PHA screening criteria.

Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. The PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence or stalking based solely on such an incident or threat.

The PHA, may deny, remove, or terminate assistance to an individual perpetrator of such actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA to terminate your assistance for other criminal activity or good cause.

In processing a request by a victim for continued assistance, the PHA may request that you certify that you are a victim of domestic violence, dating violence or stalking, and that the actual or threatened abuse meet the requirements set forth in the VAWA. Such certification must include the name of the perpetrator. If you do not provide the requested information within 14 business days, your assistance may be terminated.

Any information provided pursuant to the Violence Against Women Act shall neither be entered into any shared database nor provided to any related entity,

except to the extent that disclosure is requested or consented to by the individual in writing; required for use in an eviction proceeding of an abuser, stalker or perpetrator of domestic violence; or is otherwise required by applicable law.

It is in the best interest of any victim of domestic violence, dating violence or stalking to report the incident to the PHA and complete form HUD-50066 Certification of Domestic Violence, Dating Violence, or Stalking or provide approved documentation in lieu of the certification.

7.0 DEMOLITION AND DISPOSITION

[24 CFR Part 903.7 9 (h)]
Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)

2. Activity Description

☐ Yes ☒ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name: Fiske Heights 1b. Development (project) number: TN55-001
2. Activity type: Demolition ☒ Disposition ☐
3. Application status (select one) Approved ☐ Submitted, pending approval ☐ Planned application ☒
4. Date application approved, submitted, or planned for submission: (06/30/10)
5. Number of units affected: 4 6. Coverage of action (select one) ☒ Part of the development ☐ Total development
7. Timeline for activity: a. Actual or projected start date of activity: 06/30/2010 b. Projected end date of activity: 12/31/2010

Demolition/Disposition Activity Description
1a. Development name: Oakdale 1b. Development (project) number: TN55-006
2. Activity type: Demolition ☐ Disposition ☒
3. Application status (select one) Approved ☐ Submitted, pending approval ☐ Planned application ☒
4. Date application approved, submitted, or planned for submission: (Only reason to consider disposition is in the event that the current sewage pump station fails and cannot be repaired)
5. Number of units affected: 12 6. Coverage of action (select one) ☐ Part of the development ☒ Total development
7. Timeline for activity: a. Actual or projected start date of activity: Only As needed b. Projected end date of activity: Approximately six months after disposition process started

9.0 Strategy for Addressing Housing Needs

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) ☐ Section 8 tenant-based assistance ☒ Public Housing ☐ Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	62		
Extremely low income <=30% AMI	0	0	
Very low income (>30% but <=50% AMI)	61	98	
Low income (>50% but <80% AMI)	1	2	
Families with children	44	71	
Elderly families	10	16	
Families with Disabilities	8	13	
Race/ethnicity (W)	53	85	
Race/ethnicity (B)	8	13	
Race/ethnicity (H)	1	2	
Race/ethnicity (A)			
Characteristics by Bedroom Size (Public Housing Only)			
0BR/1BR	1/22	2/35	
2BR	30	48	
3 BR	8	13	
4 BR	0	0	
5 BR	1	2	
Is the waiting list closed (select one)? ☒ No ☐ Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes			

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: **Harriman Housing Authority**	**Grant Type and Number** Capital Fund Program Grant No: TN37-PO55-501-10 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2010** **FFY of Grant Approval: 2010**

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	100,370.00			
3	1408 Management Improvements	4,000.00			
4	1410 Administration (may not exceed 10% of line 21)	1,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	19,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	297,000.00			
10	1460 Dwelling Structures	55,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	15,000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	28,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				

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

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: Harriman Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-PO55-501-10 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2010** **FFY of Grant Approval: 2010**

Type of Grant

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

☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
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)	519,370.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director **Date 03/30/2010**

Signature of Public Housing Director **Date**

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

Part II: Supporting Pages

PHA Name: Harriman Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-PO55-501-10 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
PHA-WIDE	Operations	1406	LS	100,370.00				
	VISTA worker	1408	1 position	1,000.00				
	Security	1408	LS	1,000.00				
	Computer Upgrade	1408	LS	1,000.00				
	Advertising	1410	LS	1,000.00				
	Management Fee	1408	LS	1,000.00				
	A/E Fees	1430	LS	15,000.00				
	Update Agency Plan	1430	LS	3,000.00				
	Environmental Review	1430	LS	1,000.00				
	Appliances	1465.1	LS	5,000.00				
	Office Equipment, furnishings	1475	LS	1,000.00				
	Maintenance equipment	1475	LS	1,000.00				
	HVAC replacement	1460	As needed	5,000.00				
	VAN	1475	1	25,000.00				
TN55-001 Fiske Heights	Sidewalk Replacement	1450	LS	223,000.00				

[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 II: Supporting Pages		
PHA Name: Harriman Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-PO55-501-10 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
TN55-002 Cove Garden	Sidewalk Replacement	1450	LS	58,000.00				
TN55-003 Rolling Acres	No work this year			0.00				
TN55-004 Clifty Manor	Dumpsters	1450	LS	10,000.00				
	Guttering	1460	LS	10,000.00				
	Re-paint handrails/exterior of building	1460	LS	10,000.00				
	Stoves	1465.1	As needed	5,000.00				
	Flooring	1460	LS	5,000.00				
	Bench, trash can, picnic table	1475	LS	1,000.00				
	Sidewalk/step repair, replacement	1450	LS	5,000.00				
TN55-005 Clifty Manor	Guttering	1460	LS	10,000.00				
	Re-paint handrails/exterior of building	1460	LS	10,000.00				
	Stoves	1465.1	As needed	5,000.00				
	Flooring	1460	LS	5,000.00				
	Sidewalk/step repair, replacement	1450	LS	1,000.00				
TN55-006 Oakdale	No work this year			0.00				

[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: Harriman Housing Authority					**Federal FFY of Grant: 2010**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	09/14/2012		09/14/2014		
TN55-001	09/14/2012		09/14/2014		
TN55-002	09/14/2012		09/14/2014		
TN55-003	09/14/2012		09/14/2014		
TN55-004	09/14/2012		09/14/2014		
TN55-005	09/14/2012		09/14/2014		
TN55-006	09/14/2012		09/14/2014		

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

Part I: Summary

PHA Name/Number **Harriman HA TN-55**			Locality (City/County & State) **Harriman/ Roane/Tennessee**		☒**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 **FFY 2010**	Work Statement for Year 2 **FFY 2011**	Work Statement for Year 3 **FFY 2012**	Work Statement for Year 4 **FFY 2013**	Work Statement for Year 5 **FFY 2014**
B.	Physical Improvements Subtotal	Annual Statement	320,620.00	320,620.00	245,620.00	319,620.00
C.	Management Improvements		54,000.00	54,000.00	54,000.00	54,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		2,000.00	2,000.00	77,000.00	2,000.00
E.	Administration		1,000.00	1,000.00	1,000.00	1,000.00
F.	Other		37,000.00	37,000.00	37,000.00	37,000.00
G.	Operations		104,750.00	104,750.00	104,750.00	104,750.00
H.	Demolition		0.00	0.00	0.00	1,000.00
I.	Development		0.00	0.00	0.00	0.00
J.	Capital Fund Financing – Debt Service		0.00	0.00	0.00	0.00
K.	Total CFP Funds		519,370.00	519,370.00	519,370.00	519,370.00
L.	Total Non-CFP Funds		0.00	0.00	0.00	0.00
M.	Grand Total		519,370.00	519,370.00	519,370.00	519,370.00

Part I: Summary (Continuation)

PHA Name/Number **Harriman HA TN-55**			Locality (City/county & State) **Harriman/Roane/Tennessee**		☒**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 **FFY 2010**	Work Statement for Year 2 **FFY 2011**	Work Statement for Year 3 **FFY 2012**	Work Statement for Year 4 **FFY 2013**	Work Statement for Year 5 **FFY 2014**
		Annual Statement				
	PHA-WIDE		214,750.00	214,750.00	239,750.00	214,750.00
	TN55-001		254,620.00	254,620.00	0.00	0.00
	TN55-002		50,000.00	50,000.00	0.00	0.00
	TN55-003		0.00	0.00	160,000.00	303,620.00
	TN55-004		0.00	0.00	10,000.00	0.00
	TN55-005		0.00	0.00	109,620.00	0.00
	TN55-006		0.00	0.00	0.00	1,000.00
	TOTAL		519,370.00	519,370.00	519,370.00	519,370.00

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY **2010**	Work Statement for Year: 2 FFY **2011**			Work Statement for Year: 3 FFY **2012**		
	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	**PHA-WIDE**			**PHA-WIDE**		
	Landscaping	LS	5,000	Landscaping	LS	5,000
	HVAC repair/replacement	LS	5,000	HVAC repair/replacement	LS	5,000
	Storage Buildings	LS	1,000	Storage Buildings	LS	1,000
		Sub-Total	**11,000**		**Sub-Total**	**11,000**
	TN55-001			**TN55-001**		
	Sewer replacement	As needed	10,000	Electrical upgrade	LS	150,000
	Update interiors including floors, kitchens, bathrooms, light fixtures, etc.	LS	144,620	Replace gas heaters with electric		54,620
	Frame in closet doors		30,000	Gas distribution system	LS	50,000
	New int. doors/hardware		20,000			
	New ext. doors/frames/hardware		40,000			
	Screen doors		10,000			
		Sub-Total	**254,620**		**Sub-Total**	**254,620**
	TN55-002			**TN55-002**		
	Update interiors including floors, kitchens, bathrooms, light fixtures, etc.		25,000	Replace gas heaters with electric		15,000
	Frame in closet doors		10,000	Gas distribution system	LS	5,000
	New int. doors/hardware		5,000	Electrical upgrade	LS	30,000
	New ext. doors/frames/hardware		10,000			
	Screen doors	**Sub-Total**	**50,000**		**Sub-Total**	**50,000**
	Subtotal of Estimated Cost		$	Subtotal of Estimated Cost		$

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year : 2 FFY **2011**			Work Statement for Year: 3 FFY **2012**		
	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						
	TN55-003	No work this year	0	**TN55-003**	No work this year	0
	TN55-004	No work this year	0	**TN55-004**	No work this year	0
	TN55-005	No work this year	0	**TN55-005**	No work this year	0
	TN55-006	No work this year	0	**TN55-006**	No work this year	0
	Subtotal of Estimated Cost		**$315,620**	Subtotal of Estimated Cost		**$315,620**

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY **2010**	Work Statement for Year: 4 FFY **2013**			Work Statement for Year: 5 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	**PHA-WIDE**			**PHA-WIDE**		
	Landscaping	LS	5,000	Landscaping	LS	5,000
	HVAC repair/replacement	LS	5,000	HVAC repair/replacement	LS	5,000
	Storage Buildings	LS	1,000	Storage Buildings	LS	1,000
		Sub-Total	**11,000**		**Sub-Total**	**11,000**
	TN55-001	No work this year	0	**TN55-001**	No work this year	0
	TN55-002	No work this year	0	**TN55-002**	No work this year	0
	Subtotal of Estimated Cost		$	Subtotal of Estimated Cost		$

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY **2010**	Work Statement for Year : 4 FFY **2013**			Work Statement for Year: 5 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	TN55-003			TN55-003		
	Update interiors including floors, kitchens, bathrooms, light fixtures, gyp. Board over existing ceiling, doors	LS	10,000	Convert 0 bedroom apts. (8) to 2 bedroom apts. (4)	LS	303,620
	Re-roofing	LS	150,000			
		Sub-Total	**160,000**		**Sub-Total**	**303,620**
	TN55-004			TN55-004	No work this year	0
	Update interiors including floors, kitchens, bathrooms, light fixtures, doors	LS	10,000			
		Sub-Total	**10,000**		**Sub-Total**	**0**
	TN55-005			TN55-005	No work this year	0
	Major renovations at one-bedroom apts. (Widow's Row)		59,620			
	Re-roof office		50,000			
		Sub-Total	**109,620**		**Sub-Total**	**0**
	TN55-006	No work this year	0	TN55-006		
				Demo/dispo – if sewer pump system fails	12 units	1,000
		Sub-Total	**0**		**Sub-Total**	**1,000**
	Subtotal of Estimated Cost		**$279,620**	Subtotal of Estimated Cost		**$304,620**

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY **2010**	Work Statement for Year : 2 FFY **2011**		Work Statement for Year: 3 FFY **2012**	
	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	PHA-WIDE			
	Operations	104,750	Operations	104,750
	VISTA worker	13,000	VISTA worker	13,000
	Security	36,000	Security	36,000
	Computer Upgrade	5,000	Computer Upgrade	5,000
	Advertising	1,000	Advertising	1,000
	A/E Services	30,000	A/E Services	30,000
	Update agency plan	3,000	Update agency plan	3,000
	Environmental Review	1,000	Environmental Review	1,000
	Office Equipment	1,000	Office Equipment	1,000
	Maintenance Equipment	1,000	Maintenance Equipment	1,000
	Appliances	5,000	Appliances	5,000
	Relocation	3,000	Energy Audit	3,000
	Subtotal of Estimated Cost	**$203,750**	Subtotal of Estimated Cost	**$203,750**

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY **2010**	Work Statement for Year: 4 FFY **2013**		Work Statement for Year: 5 FFY **2014**	
	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				
	Operations	104,750	Operations	104,750
	VISTA worker	13,000	VISTA worker	13,000
	Security	36,000	Security	36,000
	Computer Upgrade	5,000	Computer Upgrade	5,000
	Advertising	1,000	Advertising	1,000
	A/E Services	30,000	A/E Services	30,000
	Update agency plan	3,000	Update agency plan	3,000
	Environmental Review	1,000	Environmental Review	1,000
	Office Equipment	1,000	Office Equipment	1,000
	Maintenance Equipment	1,000	Maintenance Equipment	1,000
	Appliances	5,000	Appliances	5,000
	Relocation	3,000	Relocation	3,000
	Truck	25,000		
	Subtotal of Estimated Cost	**$228,750**	Subtotal of Estimated Cost	**$203,750**

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing **Expires 4/30/2011**

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ***5-Year and Annual PHA Plan*** *for the PHA fiscal year beginning* ***07/2010****, hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
   - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
   - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
   - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
   - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
   - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
    (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
    (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
    (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Harriman Housing Authority	TN055
PHA Name	PHA Number/HA Code

- 5-Year PHA Plan for Fiscal Years 2010 - 2014
- Annual PHA Plan for Fiscal Year 2010

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

Name of Authorized Official	Alicia Harris	Title	Board Chairman
Signature	Alicia Harris	Date	03/16/2010

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

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

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

Harriman Housing Authority	TN055
PHA Name	PHA Number/HA Code

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

Name of Authorized Official	Alicia Harris	Title	Board Chairman
Signature	Alicia Harris	Date	03/16/2010

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Harriman Housing Authority

Program/Activity Receiving Federal Grant Funding

2010 Capital Fund Program

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Shelia Smith	Executive Direcfor

Signature

x Shelia Smith

Date

March 16, 2010

HARRIMAN HOUSING AUTHORITY

AGENCY PLAN CERTIFICATIONS
ATTACHMENT TO HUD-50070

PROJECT	STREET NAMES	CITY	COUNTY	STATE	ZIP CODE
TN55-001	BENNETT IRWIN	HARRIMAN	ROANE	TN	37748
TN55-002	BROWN BARKSDALE	HARRIMAN	ROANE	TN	37748
TN55-003	ROBERTS CRESTVIEW	HARRIMAN	ROANE	TN	37748
TN55-004	MEE IRWIN	HARRIMAN	ROANE	TN	37748
TN55-005	CLIFTY CLINCH	HARRIMAN	ROANE	TN	37748
TN55-006	RAMKE	OAKDALE	MORGAN	TN	37829

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Harriman Housing Authority

Program/Activity Receiving Federal Grant Funding

2010 Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Shelia Smith	Executive Director

Signature	Date (mm/dd/yyyy)
	03/16/2010

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
[b] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	[b] a. bid/offer/application b. initial award c. post-award	[a] a. initial filing b. material change **For Material Change Only:** year _____ quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
[X] Prime [ ] Subawardee Tier _____, *if known*: **Congressional District**, *if known*:	Harriman Housing Authority 924 Sewanee Street Harriman, TN 37748 **Congressional District**, *if known*:
6. Federal Department/Agency: HUD	**7. Federal Program Name/Description:** CFDA Number, *if applicable*: _____
8. Federal Action Number, *if known*:	**9. Award Amount**, *if known*: $
10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*):	**b. Individuals Performing Services** (*including address if different from No. 10a*) (*last name, first name, MI*):

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: Shelia Smith
Print Name: Shelia Smith
Title: Executive Director
Telephone No.: 865/882-9636 Date: 03/16/2010

Federal Use Only:

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

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011

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

I, *Terri Jaynes* the *Planning Coordinator* certify that the Five Year and Annual PHA Plan of the Harriman Housing Authority is consistent with the Consolidated Plan of *State of Tennessee* prepared pursuant to 24 CFR Part 91.

This project is consistent with the state of Tennessee Consolidated Plan with the following condition:

units demolished are replaced and individuals or families are not displaced by the proposed demolition.

Terri Jaynes 3/19/10

Signed / Dated by Appropriate State or Local Official

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

Note: All of the residents present reside at our elderly building, Clifty Manor. All of the items pertain to this building.

Resident Comments	Location of Need	Action Taken By Harriman HA
Bench at mail box	Clifty Manor	This will be put in five-year plan
Trash can at mail box	Clifty Manor	This will be put in five-year plan
BBQ pit for use by residents	Clifty Manor	Liability issues. Not feasible at this time
Picnic Table for use by residents	Clifty Manor	This will be put in five-year plan
New stoves	Clifty Manor	This will be put in five-year plan
Plant dogwood trees	Clifty Manor	This will be put in five-year plan
Dryers to dry clothes	Clifty Manor	Already in five-year plan
Sidewalks & steps need repair	Clifty Manor	This will be put in five-year plan
Sidewalks & porches need pressure washed	Clifty Manor	Already in five-year plan
Porch Ceilings need painted	Clifty Manor	Already in five-year plan
Mark "No Parking" zone in front on building	Clifty Manor	Maintenance will take care of this
Have dog owners pick up after their pets	Clifty Manor	Will be put in newsletter to residents
Dumpsters instead of garbage cans	Clifty Manor	In process of completing this
Have more people sign up for Neighborhood Watch	Clifty Manor	This is up to the residents
Paint apartments	Clifty Manor	This will be handled by maintenance
Curb too high at end of sidewalk	Clifty Manor	City sidewalk but will check into
H/C parking designated	Clifty Manor	This will be addressed when feasible
Ramp at end of second floor	Clifty Manor	Not feasible. No H/C units in this bldg.
Shopping carts to carry groceries up to apartments	Clifty Manor	Resident responsibility
Floor tile	Clifty Manor	Already in five-year plan

EQUAL HOUSING OPPORTUNITY

Harriman Housing Authority

924 Sewanee St. P.O. Box 942 Harriman, Tn. 37748 * (865) 882-9636 * Fax (865) 882-9636

Commissioners:
Alicia Harris, Chairman
Wayne Best, Vice Chairman
David Webb
Alfrida Forney
Mark Pendergrass

Executive Director
Shelia Smith

March 30, 2010

To whom it may concern:

This letter is to inform you that there were no challenged elements of the five year and Annual Plan (2010-2014) for Harriman Housing Authority

Sincerely,

Shelia Smith
Executive Director

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

PHA Name: Harriman Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37-PO55-501-07 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no: In-house "B")
☒ Performance and Evaluation Report for Period Ending: 12/31/2009 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	105,178.00		105,178.00	105,178.00
3	1408 Management Improvements	54,000.00	0.00	0.00	0.00
4	1410 Administration	52,639.00	0.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	38,000.00	40,800.00	40,800.00	40,800.00
8	1440 Site Acquisition				
9	1450 Site Improvement	0.00		0.00	0.00
10	1460 Dwelling Structures	259,074.00	370,641.61	370,641.61	359.048.08
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	2,000.00	194.90	194.90	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	14,000.00	9,076.49	9,168.27	9,168.27
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency	1,000.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2– 20)	**525,891.00**		525,891.00	514,388.75
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Harriman Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: TN37-PO55-501-07 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	LS	105,178.00		105,178.00	105,178.00	Work Completed
	VISTA Worker (Defer)	1408	1 position	13,000.00	0.00	0.00	0.00	Deferred
	Police Officer (Defer)	1408	1 position	36,000.00	0.00	0.00	0.00	Deferred
	Computer Upgrade (Defer)	1408	LS	5,000.00	0.00	0.00	0.00	Deferred
	Advertising (Delete)	1410	LS	1,000.00	0.00	0.00	0.00	Deferred
	Management Fee (Defer)	1410	LS	51,639.00	0.00	0.00	0.00	Deferred
	A/E Services	1430	LS	30,000.00	36,800.00	36,800.00	36,800.00	Work Completed
	Update Agency Plan	1430	LS	3,000.00		3,000.00	3,000.00	Work Completed
	Environmental Review	1430	LS	1,000.00		1,000.00	1,000.00	Work Completed
	Inspection Services (Delete)	1430	LS	2,000.00	0.00	0.00	0.00	Deleted
	LBP Clearance Testing (Delete)	1430	LS	2,000.00	0.00	0.00	0.00	Deleted
	Office Equipment, furnishings	1475	LS	1,000.00	194.90	194.90	194.40	Work Completed
	Maintenance Equipment (Defer)	1475	LS	1,000.00	0.00	0.00	0.00	Deferred
	Relocation (Fungibility)	1495 .1	LS	14,000.00	9,076.49	9,076.49	9,168.27	Brought forward from 5-year plan - completed
	Contingency	1502	LS	1,000.00	0.00	0.00	0.00	Deleted
			Subtotal	**266,817.00**	**155,249.39**			

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

PHA Name: Harriman Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: TN37-PO55-501-07 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
TN55-005	Renovations/Replace exterior siding	1460	LS	85,070.00		85,070.00	85,070.00	Work Completed
	Replace exterior and interior doors, VCT, Windows, Bathroom Renovations and Kitchen Renovations, Electrical Upgrades	1460	LS	174,004.00	285,571.61	285,571.61	273,978.08	Work in Progress – waiting on close-out documentation
			Subtotal	**259,074.00**	**370,641.61**			

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

PHA Name: Harriman Housing Authority	Grant Type and Number Capital Fund Program No: TN37-PO55-501-07 Replacement Housing Factor No:	Federal FY of Grant: 2007

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	06/30/2009		10/31/2008	06/30/2011			
TN55-001	06/30/2009		10/31/2008	06/30/2011			
TN55-002	06/30/2009		10/31/2008	06/30/2011			
TN55-003	06/30/2009		10/31/2008	06/30/2011			
TN55-004	06/30/2009		10/31/2008	06/30/2011			
TN55-005	06/30/2009		10/31/2008	06/30/2011			
TN55-006	06/30/2009		10/31/2008	06/30/2011			

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

PHA Name: Harriman Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37-PO55-501-08 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no: In-House 'B')
☒ Performance and Evaluation Report for Period Ending: 12/31/2009 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	104,750.00		104,750.00	104,750.00
3	1408 Management Improvements	54,000.00	0.00	0.00	0.00
4	1410 Administration	52,639.00	2,215.71	2,215.71	2,215.71
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	38,000.00	36,000.00	36,000.00	24,703.00
8	1440 Site Acquisition				
9	1450 Site Improvement	37,164.38		37,164.38	37,164.38
10	1460 Dwelling Structures	225,196.62	207,824.91	53,929.79	
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00	128,100.00	128,100.00	3,000.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	2,000.00	7,695.00	7,695.00	6,695.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency	0.00			
21	Amount of Annual Grant: (sum of lines 2 – 20)	**523,750.00**	**523,750.00**	369,854.88	178,528.09
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Harriman Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: TN37-PO55-501-08 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	LS	104,750.00		104,750.00	104,750.00	Work Completed
	VISTA Worker (Defer)	1408	1 position	13,000.00	0.00	0.00	0.00	Work Deferred
	Security (Defer)	1408	1 position	36,000.00	0.00	0.00	0.00	Work Deferred
	Computer Upgrade (Defer)	1408	LS	5,000.00	0.00	0.00	0.00	Work Deferred
	Advertising	1410	LS	1,000.00	2,215.71	2,215.71	2,215.71	Work Completed
	Management Fee (Defer)	1410	LS	51,639.00	0.00	0.00	0.00	Work Deferred
	A/E Services	1430	LS	30,000.00		32,000.00	20,703.00	Work In Progress
	Update Agency Plan	1430	LS	3,000.00		3,000.00	3,000.00	Work Completed
	Environmental Review	1430	LS	1,000.00		1,000.00	1,000.00	Work Completed
	Inspection Services	1430	LS	2,000.00		0.00	0.00	No Work To Date
	LBP Clearance Testing (Defer)	1430	LS	2,000.00	0.00	0.00	0.00	Work Deferred
	Refrigerators - Stoves	1465.1	As needed	10,000.00	128,100.00	10,000.00	3,000.00	Work In Progress
	Office Equipment, furnishings	1475	LS	1,000.00	6,695.00	6,695.00	6,695.00	Work Completed
	Maintenance Equipment	1475	LS	1,000.00		0.00	0.00	No Work To Date
	Contingency (Delete)	1502	LS	0.00		0.00	0.00	Deleted
			Subtotal	**261,389.00**	**278,760.71**			
TN55-001	Re-roofing, guttering	1460	85 units	100,000.00		53,929.79	0.00	Work In Progress
	Replace eave louvers/metal siding	1460	85 units	25,000.00	15,000.00	0.00	0.00	No Work To Date
			Subtotal	**125,000.00**	**115,000.00**			
TN55-002	Re-roofing, guttering	1460	15 units	40,794.72	33,423.01	0.00	0.00	No Work To Date
	Replace eave louvers/metal siding	1460	15 units	10,000.00		0.00	0.00	No Work To Date
			Subtotal	**50,794.72**	**43,423.01**			

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

PHA Name: Harriman Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: TN37-PO55-501-08 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
TN55-003	Sidewalk Renovations	1450	LS	0.00	37,164.38	37,164.38	37,164.38	Work Completed
			Subtotal	**0.00**	**37,164.38**			
TN55-005	Renovations/Replace exterior siding	1460	LS	80,070.00	5,000.00	0.00	0.00	No Work To Date
	Replace exterior and interior doors, VCT, Windows, Bathroom Renovations and Kitchen Renovations, Electrical Upgrades	1460	LS	182,291.00	44,401.90	0.00	0.00	No Work To Date
			Subtotal	**262,361.00**	**49,401.90**			

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

PHA Name: Harriman Housing Authority	**Grant Type and Number** Capital Fund Program No: TN37-PO55-501-08 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	
HA Wide	06/12/2010			06/12/2012			
TN55-001	06/12/2010			06/12/2012			
TN55-002	06/12/2010			06/12/2012			
TN55-003	06/12/2010			06/12/2012			
TN55-004	06/12/2010			06/12/2012			
TN55-005	06/12/2010			06/12/2012			
TN55-006	06/12/2010			06/12/2012			

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: Harriman Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-PO55-501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval: 2009**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **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	100,370.00		100,370.00	0.00
2	1406 Operations (may not exceed 20% of line 21) [3]	54,000.00			
3	1408 Management Improvements	52,375.00			
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	34,000.00		1,000.00	1,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	31,000.00			
10	1460 Dwelling Structures	165,625.00			
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00			
12	1470 Non-dwelling Structures	40,000.00			
13	1475 Non-dwelling Equipment	2,000.00			
14	1485 Demolition	30,000.00			
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				

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

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: Harriman Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-PO55-501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2009** **FFY of Grant Approval: 2009**

Type of Grant

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

☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **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)	519,370.00		101,370.00	1,000.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director **Date 09/08/2009**

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: Harriman Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-PO55-501-09 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
PHA-WIDE	Operations	1406	LS	100,370		100,370	0	No work to date
	VISTA worker	1408	1 position	13,000		0	0	No work to date
	Security	1408	LS	36,000		0	0	No work to date
	Computer Upgrade	1408	LS	5,000		0	0	No work to date
	Advertising	1410	LS	1,000		0	0	No work to date
	Management Fee	1408	LS	51,375		0	0	No work to date
	A/E Fees	1430	LS	30,000		0	0	No work to date
	Update Agency Plan	1430	LS	3,000		0	0	No work to date
	Environmental Review	1430	LS	1,000		1,000	1,000	Completed
	Appliances	1465.1	LS	10,000		0	0	No work to date
	Office Equipment, furnishings	1475	LS	1,000		0	0	No work to date
	Maintenance equipment	1475	LS	1,000		0	0	No work to date
	HVAC replacement	1460	As needed	5,000		0	0	No work to date
TN55-001 Fiske Heights	Demolition of 2 buildings (4 units) due to deteriorated conditions, foundations, etc.	1485	4 units	30,000		0	0	No work to date
	Exterior renovations, including replacement of siding at porches, railings	1460	LS	41,000		0	0	No work to date
	Update interiors including floors, painting, kitchens, bathrooms, light fixtures, etc.	1460	LS	99,625		0	0	No work to date
	Sewer repair/replacement	1450	As needed	30,000		0	0	No work to date

[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: Harriman Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-PO55-501-09 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
TN55-002 Cove Garden	Exterior renovations, including replacement of siding at porches, railings	1460	LS	20,000		0	0	No work to date
TN55-004 Clifty Manor	Flagpole at Clifty Manor	1450	1	1,000		0	0	No work to date
TN55-005 Clifty Manor	Laundry room w/washers, dryers, vending machine	1470	1	40,000		0	0	No work to date

[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: Harriman 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	
PHA-WIDE	09/14/2011		09/14/2013		
TN55-001	09/14/2011		09/14/2013		
TN55-002	09/14/2011		09/14/2013		
TN55-003	09/14/2011		09/14/2013		
TN55-004	09/14/2011		09/14/2013		
TN55-005	09/14/2011		09/14/2013		
TN55-006	09/14/2011		09/14/2013		

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

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

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

Part I: Summary

PHA Name: Harriman Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-S055-501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval: 2009**

Type of Grant

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

☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **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	40,000.00		40,000.00	23,508.25
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	622,964.00		622,964.00	462,422.99
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				

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

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: Harriman Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-S055-501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2009** **FFY of Grant Approval: 2009**

Type of Grant

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

☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **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)	662,964.00		662,964.00	485,931.24
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

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

Part II: Supporting Pages

PHA Name: Harriman Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37-S055-501-09 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
PHA-WIDE	A/E Fees	1430	LS	40,000.00		40,000.00	23,508.25	In Progress
TN55-001 Fiske Heights	Re-roofing, guttering, downspouts, replace metal louvers/siding	1460	85 units	340,000.00		340,000.00	330,572.99	In Progress
TN55-002 Cove Garden	Re-roofing, guttering, downspouts, replace metal louvers/siding	1460	15 units	60,000.00		60,000.00	0.00	In Progress
TN55-005 Downtown	Renovations/replace exterior siding	1460	LS	22,964.00		22,964.00	0.00	In Progress
	Replace exterior and interior doors, VCT, windows, bathroom renovations and kitchen renovations, electrical upgrades	1460	LS	200,000.00		200,000.00	182,644.00	In Progress

[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: Harriman 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	
PHA-WIDE	03/18/2010	10/30/2009	03/18/2012		
TN55-001	03/18/2010	09/30/2009	03/18/2012		
TN55-002	03/18/2010	09/30/2009	03/18/2012		
TN55-005	03/18/2010	09/30/2009	03/18/2012		

[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.