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: Housing Authority of the City of Marion, IN PHA Code: IN041

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

PHA Fiscal Year Beginning: (MM/YYYY): 07/2012

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

Number of PH units: 270 Number of HCV units: 456

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:

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: None

(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.

MHA Main Office 601 S. Adams Street, Marion, IN 46953

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.*

Homeownership: In 2011 we had one additional FSS client purchase a home. Also, we had a few 4 participants looking to purchase a home. The agency was not awarded the 2012 calendar year FSS/Homeownership grant. Therefore, we currently maintaining the participants that we have and are not able to pursue new homeowners until we can reapply for and receive the 2013 grant.

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.

See Attachment

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.

See Attachment

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.

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. The HUD 2012 Fair Market Rents (FMR) for our jurisdiction was substantially reduced. This creates a larger percentage of the units available for rent, above the FMR and Payment Standard. This largely increases the area's need for adequate supply of quality units. A large portion of the housing stock is beyond 30 years old and need of repair. This restricts the amount of units that are available and/or affordable. This continues the slow lease-up process for the agency's Section 8 Program and makes the waiting list for its' Section 8 and Public Housing Waiting Lists longer. The diversity for the agency's programs and waiting list are reasonable to the most recent census study for the area being served. However, even though the Public Housing Program provides adequate amount of housing for disabled families, the amount of available units for families with disabilities in the private market are more limited by comparison. The agency continues to consistently meet the lease-up targets of 75% of Section 8 and 40% Public Housing initial move-ins at 30% AMI or below. This corresponds with the income needs of the area's Consolidated Plan.

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.** To address the housing availability need, we will increase our current Payment Standards which are 90% of the FMR to 96% of the FMR. This allows us to maintain current landlords and provide potential housing that requires higher rents than the current Payment Standards. The agency continues to search for local agencies and landlords to who would be able to assist in modifying some of the existing housing stock to meet the needs of disabled families.

10.0	**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. The agency is still working to expand its' supply of assisted housing. However, with additional budget cuts and the strain on the current housing market, it has made this goal more difficult to attain. The agency is still in negotiations to manage a brand new mixed finance development. The owner is continuing to try to secure tax credits and other financing. The agency is having preliminary conversations for the purchase of an existing 200 unit development to rehab it with tax credits and capital funds. The agency has attained a 99% vacancy rate for its' Public Housing units. The agency has again achieved its goal of attaining 100% ABA utilization of its' Section 8 Program. Reaching this goal has also been a benefit of reaching its' goal of increasing assisted housing choices, by reaching additional landlords to participate in the Section 8 Program. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" "A substantial change is any fundamental alteration in Marion Housing Authority's mission statement, goals and objectives, or key administrative policies as defined by its Board of Commissioners. Any such change will be subject to all prescribed HUD review, comment, and approval requirements."

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) (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. 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. (g) Challenged Elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

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

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 8/31/2011

Part I: Summary

PHA Name: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150112 Replacement Housing Factor Grant No: Date of CFFP: 2012	**FFY of Grant: 2012** **FFY of Grant Approval: 2012**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)[3]	65,683	65,683		
3	1408 Management Improvements	12,000	17,000		
4	1410 Administration (may not exceed 10% of line 21)	32,841	32,841		
5	1411 Audit	10,000	10,000		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0	5,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	35,000	52,250		
10	1460 Dwelling Structures	131,618	108,868		
11	1465.1 Dwelling Equipment—Nonexpendable	10,000	17,000		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	5,000	3,500		
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 08/31/2011

Part I: Summary

PHA Name: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150112 Replacement Housing Factor Grant No: Date of CFFP: 2012	**FFY of Grant:2012** **FFY of Grant Approval: 2012**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1)**

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
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)	26,273	16,273		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	328,415	328,415		
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 Steve M Sipp **Date** 3-12-12 **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: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN3604150112 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2012**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
IN041 AMP 1	Site Improvements 41-1	1450	30%	10,500	10,500			
	Building Exterior	1460	5%	6,581	6,580			
	Dwelling Units	1460	1%	1,316	1,816			
	Dwelling Equipment	1465	20%	2,000	2,500			
	Non-Dwelling Equipment	1475	30%	1,500	500			
	Site Improvements 41-2	1450	30%	10,500	10,500			
	Building Exterior	1460	10%	13,162	13,000			
	Dwelling Units	1460	1%	1,316	1,478			
	Dwelling Equipment	1465	20%	2,000	2,500			
	Non-Dwelling Equipment	1475	20%	1,000	500			

[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: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN3604150112 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2012**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
IN041 AMP 2	Site Improvements 41-3	1450	20%	3,500	10,000			
	Site-Wide Facilities	1450	10%	0	500			
	Building Exterior	1460	5%	13,162	8,162			
	Dwelling Units	1460	10%	13,162	8,162			
	Interior Common Areas	1460	9%	11,846	11,846			
	Dwelling Equipment	1465	2%	2,000	4,000			
	Non-Dwelling Equipment	1475	15%	750	750			
	Site Improvements 41-4	1450	20%	3,500	10,000			
	Site-Wide Facilities	1450	10%	0	500			
	Building Exterior	1460	5%	13,162	8,162			
	Dwelling Units	1460	9%	11,846	9,662			
	Interior Common Areas	1460	10%	13,162	11,846			
	Dwelling Equipment	1465	2%	2,000	4,000			
	Non-Dwelling Equipment	1475	5%	1,000	1,000			
	Site Improvements 41-5	1450	20%	7,000	10,000			
	Site-Wide Facilities	1450	5%	0	250			
	Building Exterior	1460	5%	6,581	8,162			
	Dwelling Units	1460	10%	13,162	9,162			
	Interior Common Areas	1460	50%	13,162	10,830			
	Dwelling Equipment	1465	2%	2,000	4,000			
	Non-Dwelling Equipment	1475	5%	750	750			

[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: Housing Authority of the City of Marion, IN					**Federal FFY of Grant: 2012**
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	
IN041					
AMP 1	08/01/2014		08/01/2016		
IN041					
AMP 2	08/01/2014		08/01/2016		

[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 8/31/2011

Part I: Summary

PHA Name: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150111 Replacement Housing Factor Grant No: N/A Date of CFFP: 2011	**FFY of Grant: 2011** **FFY of Grant Approval: 2011**

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]	72,900		72,900	
3	1408 Management Improvements	12,000			
4	1410 Administration (may not exceed 10% of line 21)	36,450		36,450	
5	1411 Audit	13,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	48,000			
10	1460 Dwelling Structures	142,050			
11	1465.1 Dwelling Equipment—Nonexpendable	22,100			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	10,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities[4]				

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

Part I: Summary

PHA Name: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150111 Replacement Housing Factor Grant No: N/A Date of CFFP: 2011	**FFY of Grant:2011** **FFY of Grant Approval: 2011**

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)	8,000			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	364,500			
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	10,000			
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director Steven Sipp **Date** 3-12-12 | **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: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150111 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No: N/A	**Federal FFY of Grant: 2011**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
IN041 AMP 1	Site Improvements **41-1**	1450	25%	14,500				
	Building Exterior	1460	10%	10,000				
	Dwelling Units	1460	2	13,900				
	Dwelling Equipment	1465	4	3,550				
	Non-Dwelling Equipment	1475	1	2,000				
	Site Improvements **41-2**	1450	25%	14,000				
	Building Exterior	1460	20%	10,000				
	Dwelling Units	1460	2	14,900				
	Dwelling Equipment	1465	3	3,550				
	Non-Dwelling Equipment	1475	1	2,000				

[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: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150111 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No: N/A	**Federal FFY of Grant: 2011**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
IN041 AMP 2	Site Improvements **41-3**	1450	10%	6,000				
	Building Exterior	1460	10%	2,500				
	Dwelling Units	1460	20%	20,000				
	Interior Common Areas	1460	50%	2,500				
	Dwelling Equipment	1465	4	5,000				
	Non-Dwelling Equipment	1475	1	2,000				
	Site Improvements **41-4**	1450	10%	3,500				
	Building Exterior	1460	75%	14,000				
	Dwelling Units	1460	10%	16,950				
	Interior Common Areas	1460	25%	2,000				
	Dwelling Equipment	1465	4	5,000				
	Non-Dwelling Equipment	1475	1	2,000				
	Site Improvements **41-5**	1450	20%	10,000				
	Building Exterior	1460	75%	15,000				
	Dwelling Units	1460	10%	16,700				
	Interior Common Areas	1460	25%	3,600				
	Dwelling Equipment	1465	4	5,000				
	Non-Dwelling Equipment	1475	1	2,000				

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of the City of Marion, IN					**Federal FFY of Grant: 2011**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
IN041 AMP 1					
41-1	8/02/2013		8/02/2015		
41-2					
IN041 AMP 2					
41-3	8/02/2013		8/02/2015		
41-4					
41-5					

[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 8/31/2011

Part I: Summary

PHA Name: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P041501110 Replacement Housing Factor Grant No: N/A Date of CFFP: 2010	**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: 3/12** ☐ **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]	91,773		91,773	91,773
3	1408 Management Improvements	25,000		25,000	7,764.34
4	1410 Administration (may not exceed 10% of line 21)	45,886		45,886	45,886
5	1411 Audit	5,000		5,000	
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,000		3,000	3,000
8	1440 Site Acquisition				
9	1450 Site Improvement	48,500		29,500	18,251.81
10	1460 Dwelling Structures	172,680		20,000	14,186.79
11	1465.1 Dwelling Equipment—Nonexpendable	21,000		21,000	7,949.50
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	26,027			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities[4]				

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

Part I: Summary

PHA Name: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150110 Replacement Housing Factor Grant No: N/A Date of CFFP: 2010	**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: 3/12** ☐ **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)	20,000			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	458,866		236,659	188,811.44
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	37,000	10,000	10,000	2,865
25	Amount of line 20 Related to Energy Conservation Measures	150,000			

Signature of Executive Director Date 3-7-12 **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: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150110 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No: N/A	**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]	
IN041 AMP 1	Site Improvements **41-1**	1450	10%	10,000		4,000	1,667.06	In Progress
	Building Exterior	1460	25%	13,000				
	Dwelling Units	1460	20%	40,000		3,000	1,391.90	In Progress
	Dwelling Equipment	1465	4	1,300	2,190	2,190	2,190	Complete
	Site Improvements **41-2**	1450	15%	12,500		12,500	8,014.83	In Progress
	Building Exterior	1460	25%	13,000		3,000	1,408.35	In Progress
	Dwelling Units	1460	20%	40,000				
	Dwelling Equipment	1465	4	5,800	4,190	4,190		In Progress
IN041 AMP 2	Site Improvements **41-3**	1450	10%	5,500		5,500	4,751.86	In Progress
	Dwelling Units	1460	20%	10,000		5,500	330	In Progress
	Dwelling Equipment	1465	3	3,700		3,700	1,488.50	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 II: Supporting Pages

PHA Name: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150110 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No: N/A	**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]	
IN041 AMP 2	Site Improvements **41-4**	1450	10%	3,500		3,500	1,431.54	In Progress
	Dwelling Units	1460	20%	15,000		3,000	960.14	In Progress
	Tile Replacement	1460	100%	21,180				
	Dwelling Equipment	1465	4	5,100		5,100	2,782.50	In Progress
	Site Improvements **41-5**	1450	50%	17,000		4,000	2,386.52	In Progress
	Dwelling Units	1460	20%	18,000		3,000		In Progress
	Tile Replacement	1460	20%	2,500				
	Dwelling Equipment	1465	4	5,100		5,100	1,488.50	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: Housing Authority of the City of Marion, IN — **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	
IN041					
AMP 1	07/14/2012		07/14/2014		
IN041					
AMP 2	07/14/2012		07/14/2014		

[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.

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: Housing Authority of the CIty of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150109 Replacement Housing Factor Grant No: Date of CFFP: 2009	**FFY of Grant: 2009** **FFY of Grant Approval: 2009**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 2)**
☐ **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]	92,000	92,000	92,000	92,000
3	1408 Management Improvements	41,000	41,000	41,000	41,000
4	1410 Administration (may not exceed 10% of line 21)	46,247	46,247	46,247	46,247
5	1411 Audit	15,000	15,000	15,000	15,000
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2,000	2,000	2,000	2,000
8	1440 Site Acquisition				
9	1450 Site Improvement	6,066	6,066	6,066	6,066
10	1460 Dwelling Structures	235,225	235,225	235,225	190,817.74
11	1465.1 Dwelling Equipment—Nonexpendable	9,934	9,934	9,934	9,934
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	15,000	15,000	15,000	13,558
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: Housing Authority of the CIty of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150109 Replacement Housing Factor Grant No: Date of CFFP: 2009	**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:** ☐ **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)	462,472	462,472	462,475	
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** 3-12-12	**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: Housing Authority of the CIty of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150109 CFFP (Yes/ No): Yes 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]	
IN041	Structural Repairs	1460		50,000	50,440.34	50,440.34	50,440.34	Complete
AMP 1	Interior Unit Repairs	1460		14,627	35,164.80	35,164.80	14,274.19	In Progress
41-1	Kitchens	1460		1,051	1,051	1,051	1,051	Complete
	Electrical	1460		1,624	1,940.07	1,940.07	1,940.07	Complete
	Appliances	1465		1,440	1,440	1,440	1,440	Complete
AMP 1	Property Repairs	1450		0	2,197.32	2,197.32	2,197.32	Complete
41-2	Structural Repairs	1460		95,187	56,305.65	56,305.65	56,305.65	Complete
	Interior Unit Repairs	1460		25,908.86	47,081.30	47,081.30	26,718.53	In Progress
	Kitchens	1460		11,000	1,179	1,179	1,179	Complete
	Electrical	1460		7,124	601.27	601.27	601.27	Complete
	Appliances	1465		1,440	1,440	1,440	1,440	Complete
AMP 2	Property Repairs	1450		2,011	528.50	528.50	528.50	Complete
41-3	Interior Unit Repairs	1460		5,678	13,660.74	13,660.74	13,660.74	Complete
	Electrical	1460		4,300	2,521.19	2,521.19	2,521.19	Complete
	Appliances	1465		3,933	3,933	3,933	3,933	Complete
AMP 2	Property Repairs	1450		2,011	0	0	0	Complete
41-4	Interior Unit Repairs	1460		4,480.14	5,539.30	5,539.30	5,539.30	Complete
	Electrical	1460		4,300	3,497.17	3,497.17	3,497.17	Complete
	Appliances	1465		1,560.50	1,560.50	1,560.50	1,560.50	Complete

[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.

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 II: Supporting Pages

PHA Name: Housing Authority of the CIty of Marion, INHousing Authority of the CIty of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150109 CFFP (Yes/ No): Yes 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]	
AMP 2	Property Repairs	1450		2,011	3,339.08	3,339.08	3,339.08	Complete
41-5	Interior Unit Repairs	1460		5,678	11,777.59	11,777.59	11,777.59	Complete
	Electrical	1460		4,300	4,466.68	4,466.68	4,466.68	Complete
	Appliances	1465		1,560.50	1,560.50	1,560.50	1,560.50	Complete

[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: Housing Authority of the CIty of Marion, IN — **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	
IN041					
AMP 1	09/14/2011	09/14/2011	09/14/2013	09/14/2013	
(41-1)					
(41-2)					
AMP 2	09/14/2011	09/14/2011	09/14/2013	09/14/2013	
(41-3)					
(41-4)					
(41-5)					

[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: Housing Authority of the City of Marion, IN / IN041			Locality (City/County & State) Marion, IN Grant County		☒Original 5-Year Plan ☐Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
B.	Physical Improvements Subtotal	Annual Statement	243,721	243,721	243,721	243,721
C.	Management Improvements		25,000	25,000	25,000	25,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		42,841	42,841	42,841	42,841
F.	Contingency / Audit		26,170	26,170	26,170	26,170
G.	Operations		85,683	85,683	85,683	85,683
H.	Demolition					
I.	Development		5,000	5,000	5,000	5,000
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		428,415	428,415	428,415	428,415
L.	Total Non-CFP Funds					
M.	Grand Total		428,415	428,415	428,415	428,415

Part I: Summary (Continuation)

PHA Name/Number: Housing Authority of the City of Marion, IN / IN041			Locality (City/county & State) Marion, IN Grant County		☒Original 5-Year Plan ☐Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
	AMP 1	Annual Statement				
	41-1		45,300	45,300	45,300	45,300
	41-2		45,800	45,800	45,800	45,800
	AMP 2					
	41-3		50,300	50,300	50,300	50,300
	41-4		51,911	51,911	51,911	51,911
	41-5		50,410	50,410	50,410	50,410

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

Work Statement for Year 1 FFY 2012	Work Statement for Year: 2 FFY 2013			Work Statement for Year: 3 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	**IN041 AMP 1**			**IN041 AMP 1**		
	Site Improvements 41-1			**Site Improvements 41-1**		
	Landscaping, concrete repairs, garages/carports	30%	14,300	Landscaping, concrete repairs, garages/carports	30%	14,300
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	5%	7,500	Roofing, basement repairs, windows, siding, brick	5%	7,500
	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	4%	13,500	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	4%	13,500
	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	1%	4,000	Water heaters, Appliances	1%	4,000
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	50%	1,000	Storage building replace/repair	50%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	20%	5,000	Lawncare equipment repairs / upgrades, Office equipment	20%	5,000
	IN041 AMP 1			**IN041 AMP 1**		
	Site Improvements 41-2			**Site Improvements 41-2**		
	Landscaping, concrete repairs, garages/carports	30%	13,800	Landscaping, concrete repairs, garages/carports	30%	13,800
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	5%	8,500	Roofing, basement repairs, windows, siding, brick	5%	8,500

	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	30%	12,500	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	30%	12,500
	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	1%	5,000	Water heaters, Appliances	1%	5,000
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	50%	1,000	Storage building replace/repair	50%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	20%	5,000	Lawncare equipment repairs / upgrades, Office equipment	20%	5,000
	IN041 AMP 2			**IN041 AMP 2**		
	Site Improvements 41-3			**Site Improvements 41-3**		
	Landscaping, concrete repairs, garages/carports	20%	8,000	Landscaping, concrete repairs, garages/carports	30%	13,300
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	10%	13,300	Roofing, basement repairs, windows, siding, brick	10%	8,000
	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	21,500	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	21,500
	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	1%	4,000	Water heaters, Appliances	1%	4,000
	Interior Common Areas			**Interior Common Areas**		
	Paint/ Decorate/ Remodel	10%	1,500	Paint/ Decorate/ Remodel	10%	1,500
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	25%	1,000	Storage building replace/repair	25%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000

	IN041 AMP 2			**IN041 AMP 2**		
	Site Improvements 41-4			**Site Improvements 41-4**		
	Landscaping, concrete repairs, garages/carports	20%	4,000	Landscaping, concrete repairs, garages/carports	50%	19,300
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	15%	19,300	Roofing, basement repairs, windows, siding, brick	5%	4,000
	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	19,111	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	19,111
	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	2%	6,500	Water heaters, Appliances	2%	6,500
	Interior Common Areas			**Interior Common Areas**		
	Paint/ Decorate/ Remodel	10%	1,000	Paint/ Decorate/ Remodel	10%	1,000
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	25%	1,000	Storage building replace/repair	25%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000
	IN041 AMP 2			**IN041 AMP 2**		
	Site Improvements 41-5			**Site Improvements 41-5**		
	Landscaping, concrete repairs, garages/carports	20%	4,800	Landscaping, concrete repairs, garages/carports	40%	15,110
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	10%	15,110	Roofing, basement repairs, windows, siding, brick	5%	4,800
	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	20,000	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	20,000

	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	2%	6,500	Water heaters, Appliances	2%	6,500
	Interior Common Areas			**Interior Common Areas**		
	Paint/ Decorate/ Remodel	10%	2,000	Paint/ Decorate/ Remodel	10%	2,000
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	10%	1,000	Storage building replace/repair	10%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000
	Subtotal of Estimated Cost		$243,721	Subtotal of Estimated Cost		$243,721

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

Work Statement for Year 1 FFY 2012	Work Statement for Year: 4 FFY 2015			Work Statement for Year: 5 FFY 2016		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	**IN041 AMP 1**			**IN041 AMP 1**		
	Site Improvements 41-1			**Site Improvements 41-1**		
	Landscaping, concrete repairs, garages/carports	30%	14,300	Landscaping, concrete repairs, garages/carports	30%	14,300
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	5%	7,500	Roofing, basement repairs, windows, siding, brick	5%	7,500
	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	4%	13,500	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	4%	13,500
	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	1%	4,000	Water heaters, Appliances	1%	4,000
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	50%	1,000	Storage building replace/repair	50%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	20%	5,000	Lawncare equipment repairs / upgrades, Office equipment	20%	5,000
	IN041 AMP 1			**IN041 AMP 1**		
	Site Improvements 41-2			**Site Improvements 41-2**		
	Landscaping, concrete repairs, garages/carports	30%	13,800	Landscaping, concrete repairs, garages/carports	30%	13,800
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	5%	8,500	Roofing, basement repairs, windows, siding, brick	5%	8,500

	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	30%	12,500	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	30%	12,500
	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	1%	5,000	Water heaters, Appliances	1%	5,000
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	50%	1,000	Storage building replace/repair	50%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	20%	5,000	Lawncare equipment repairs / upgrades, Office equipment	20%	5,000
	IN041 AMP 2			**IN041 AMP 2**		
	Site Improvements 41-3			**Site Improvements 41-3**		
	Landscaping, concrete repairs, garages/carports	20%	8,000	Landscaping, concrete repairs, garages/carports	30%	13,300
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	10%	13,300	Roofing, basement repairs, windows, siding, brick	10%	8,000
	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	21,500	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	21,500
	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	1%	4,000	Water heaters, Appliances	1%	4,000
	Interior Common Areas			**Interior Common Areas**		
	Paint/ Decorate/ Remodel	10%	1,500	Paint/ Decorate/ Remodel	10%	1,500
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	25%	1,000	Storage building replace/repair	25%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000

	IN041 AMP 2			**IN041 AMP 2**		
	Site Improvements 41-4			**Site Improvements 41-4**		
	Landscaping, concrete repairs, garages/carports	20%	4,000	Landscaping, concrete repairs, garages/carports	50%	19,300
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	15%	19,300	Roofing, basement repairs, windows, siding, brick	5%	4,000
	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	19,111	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	19,111
	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	2%	6,500	Water heaters, Appliances	2%	6,500
	Interior Common Areas			**Interior Common Areas**		
	Paint/ Decorate/ Remodel	10%	1,000	Paint/ Decorate/ Remodel	10%	1,000
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	25%	1,000	Storage building replace/repair	25%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000
	IN041 AMP 2			**IN041 AMP 2**		
	Site Improvements 41-5			**Site Improvements 41-5**		
	Landscaping, concrete repairs, garages/carports	20%	4,800	Landscaping, concrete repairs, garages/carports	40%	15,110
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	10%	15,110	Roofing, basement repairs, windows, siding, brick	5%	4,800
	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	20,000	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	20,000

	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	2%	6,500	Water heaters, Appliances	2%	6,500
	Interior Common Areas			**Interior Common Areas**		
	Paint/ Decorate/ Remodel	10%	2,000	Paint/ Decorate/ Remodel	10%	2,000
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	10%	1,000	Storage building replace/repair	10%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000
	Subtotal of Estimated Cost		$243,721	Subtotal of Estimated Cost		$243,721

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2012	Work Statement for Year: 2 FFY 2013		Work Statement for Year: 3 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	**AMP 1 41-1**		**AMP 1 41-1**	
	Security	3,150	Security	3,150
	Staff Training	2,100	Staff Training	2,100
	AMP 1 41-2		**AMP 1 41-2**	
	Security	2,400	Security	2,400
	Staff Training	1,600	Staff Training	1,600
	AMP 1 41-3		**AMP 1 41-3**	
	Security	3,900	Security	3,900
	Staff Training	2,600	Staff Training	2,600
	AMP 1 41-4		**AMP 1 41-4**	
	Security	2,850	Security	2,850
	Staff Training	1,900	Staff Training	1,900
	AMP 1 41-5		**AMP 1 41-5**	
	Security	2,700	Security	2,700
	Staff Training	1,800	Staff Training	1,800
	Subtotal of Estimated Cost	$25,000	Subtotal of Estimated Cost	$25,000

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

Work Statement for Year 1 FFY 2012	Work Statement for Year:4 FFY 2015		Work Statement for Year: 5 FFY 2016	
	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	**AMP 1 41-1**		**AMP 1 41-1**	
	Security	3,150	Security	3,150
	Staff Training	2,100	Staff Training	2,100
	AMP 1 41-2		**AMP 1 41-2**	
	Security	2,400	Security	2,400
	Staff Training	1,600	Staff Training	1,600
	AMP 1 41-3		**AMP 1 41-3**	
	Security	3,900	Security	3,900
	Staff Training	2,600	Staff Training	2,600
	AMP 1 41-4		**AMP 1 41-4**	
	Security	2,850	Security	2,850
	Staff Training	1,900	Staff Training	1,900
	AMP 1 41-5		**AMP 1 41-5**	
	Security	2,700	Security	2,700
	Staff Training	1,800	Staff Training	1,800
	Subtotal of Estimated Cost	$25,000	Subtotal of Estimated Cost	$25,000

PHA Certifications of Compliance with PHA Plans and Related Regulations

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

RESOLUTION 560-2012

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the___ 5-Year and/or ***X*** *Annual PHA Plan for the PHA fiscal year beginning* ***7/2012,*** *hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
   - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
   - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
   - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
   - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
   - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

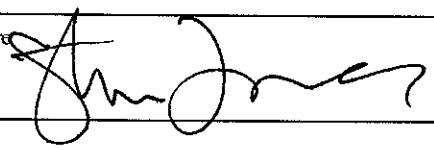
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental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

Housing Authority of the City of Marion, IN	IN041
PHA Name	PHA Number/HA Code

____5-Year PHA Plan for Fiscal Years 20__ -20__

__X_Annual PHA Plan for Fiscal Years 2012-2013

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
Steve Turner	Chairman, Board of Commissioners
Signature 	Date 4/11/2012

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the City of Marion, IN

Program/Activity Receiving Federal Grant Funding

Public Housing

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
Steven M. Sapp	Executive Director
Signature X Steven M. Sapp	Date 3-8-12

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

OMB Approval No. 2577-0157 (Exp. 01/31/2014)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of the City of Marion, IN

Program/Activity Receiving Federal Grant Funding

Public Housing

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 sub recipients 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
Steven M. Sapp	Executive Director
Signature	**Date (mm/dd/yyyy)**
Steven M Sapp	03-08-2012

Previous edition is obsolete **form HUD 50071** (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

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:
[A] a. contract
b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

2. Status of Federal Action:
[ ] a. bid/offer/application
b. initial award
c. post-award

3. Report Type:
[A] a. initial filing
b. material change
For Material Change Only:
year _____ quarter _____
date of last report _____

4. Name and Address of Reporting Entity:
☐ **Prime** ☐ **Subawardee**
Tier _____, if known:

Congressional District, if known: 4c

5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:

Congressional District, if known:

6. Federal Department/Agency:
Housing Authority of the City of Marion, IN

7. Federal Program Name/Description:
14.850
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: Steven M. Sapp
Print Name: Steven M. Sapp
Title: Executive Director
Telephone No.: 765-664-5194 Date: 03-08-2012

Federal Use Only:

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

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

Approved by OMB
0348-0046

Reporting Entity: Housing Authority of the City of Marion, IN **Page** 1 **of** 1

None

Authorized for Local Reproduction
Standard Form - LLL-A

601 South Adams Street
Marion, Indiana 46953
Phone: 765.664.5194
Fax: 765.668.3045
TDD: 765.668.3044

HOUSING AUTHORITY OF THE CITY OF MARION
QUARTERLY MEETING OF THE RESIDENT ADVISORY BOARD

March 7, 2012
Central Office – 601 South Adams Street

The meeting was called to order at 11:45a.m.

Those present were: Norman Manor representatives: Linda McKee, Kay Zinn, Cheri Patton and Rosemary Edwards. Riverside representatives: David Wright, Jackie Galvan, Janet Housel and Jack Tinkle. Martin Boots representatives: JoAnn Anderson and Tracy Hall. Hilltop representatives: Bonnie Lawson and Mitch McQueary. Also present were Executive Director, Steve Sapp; CFO, Leah Howard; Amp 2 Manager, LaTaya Boyd; Programs Manager, Rita Maxey; Hilltop Manager, GiGi Angleton; AMP 2 Maintenance, Larry Lloyd; Client Services Representative, Tracy Shively and Computer Specialist, Dick Miller.

Steve Sapp opened the meeting welcoming everyone; he then gave the opening prayer.

New Business:

1. **Resident Council Budgets & Minutes for CFO**
   Tracy Shively stated that she is working with the councils helping them get the information prepared. Once she gets through all of the buildings she will turn the information in to Chief Financial Officer Leah Howard. There are a few issues that she has come across: If something is purchased through the Resident Council Fund the item(s) purchased should be the only items on the receipt; When money comes in it needs to be deposited at that time so the bank book matches the bank statement; When purchases are made the bank account the money came from should be specified.

2. **Agency Plan / Capital Fund**
   Mr. Sapp explained that each year the agency has to put together their Agency Plan for the upcoming year. The first meeting of the year is when the agency gets the resident's input on what they would like to see at the property level. This information is for the Agency Capital Fund Plan and pertains to improvements the residents would like to see in their units and the common areas of the buildings.

3. **Hilltop Towers Social Service Coordinator Position**
   Mr. Sapp informed the residents that the agency is in the process of hiring a Service Coordinator for Hilltop Towers through a grant that was received. He hopes to have the position filled within the next month.
   He added that the agency is applying for a similar grant for Public Housing; Norman Manor, Riverside, Martin Boots and Family Housing.

Riverside:
David Wright spoke for the residents of Riverside Apartments. He began by stating that each time the units are inspected and bad areas in the carpet/tile and walls are pointed out, sometimes they get repaired and sometimes they do not. The residents received a notice to fill out several months ago pertaining to tile/carpet in their units, they would like to know where the agency is on replacing these items. He added that the DVD player in the library has still not been replaced; it was stolen several months ago. Property Manager Ty Boyd stated the theft had been turned over to the police department. Mr. Sapp added that it could be some time before they received anything from the police department. Mr. Wright introduced Janet Housel and Jackie Galvan, residents at Riverside Apartments.

*The residents would like a handrail at the north entrance to the building.
*The hallways and common areas of the building are in need of paint.
*Security Cameras in the hallways and common areas.
*Riverbank cleanup.
*Gutters need repaired
*New grill

Martin Boots:
JoAnn Anderson spoke for the residents of Martin Boots Apartments. She stated that they are still having issues with the laundry room being trashed. Maintenance can clean and within two days it is filthy again.
Ms. Anderson added that there is a bug problem in the stairwells (lady bugs, centipedes, flies). Tracy Hall has also seen mice in the hallways. Steve Sapp will have maintenance call the exterminator.
Ms. Hall added that there is a parking issue at the building. She stated there are visitors parking in front of the building not out back in the visitor parking. She will post a bulletin in the monthly newsletter reminding tenants to have their guests park in the visitor parking lot.

*Dryers in laundry room need replaced. (Calling service repair quite often)
*Carpet/tile in units.
*Hallways and common areas of the building are in need of paint.
*Hallway and common area carpet needs cleaned or replaced.
*New furniture in the lobby and library.

Norman Manor:
Rosemary Edwards spoke for the residents at Norman Manor Apartments. She began by introducing the new Resident Council President Kay Zinn and Vice President Cheri Patton. She then asked about the intercoms for the Beauty Salon and Computer Lab. Mr. Sapp informed her that the contractor is scheduled to install the intercoms.
Resident Council President Kay Zinn stated at their last business meeting they discussed the noise issues from the laundry room and computer lab. She said the two areas are supposed to be closed at 9:00p.m., but residents are still using them. The residents would like the two areas locked at 9:00p.m. Mr. Sapp stated there is a camera in the computer lab, if there is someone in there after hours then it needs to be dealt with through their lease. He said they could look at installing a camera in the laundry room, but he would like to talk to staff about it first. He does not like the idea of locking the doors.

*Security cameras on each floor

Hilltop:
Mitch McQueary spoke for the residents at Hilltop Towers. The residents would like padded chairs in the community room; Mr. Sapp stated the other buildings purchased theirs with Resident Council funds, the agency paid for half. Mr. McQueary asked about the flower fund for the buildings. The flower fund is $150.00 per building. The items they would like to see in the Agency Plan are:

*Patio furniture
*Stove and refrigerator for community room
*Dryers in laundry room need replaced
*Cover over patio
*Replace tile in laundry room
*New furniture for community room
*New grill

Old Business:

1. **Ventilation Systems – Energy Audit in process**
   Steve Sapp explained that the housing authority is currently in the process of doing an energy audit at the hi-rises and he is certain that the ventilation systems will be in the reports received from the audit

2. **Moving forward with Capital Funds on repairing carpet, tile and other items approved for Capital Funds**
   Capital Fund Coordinator; Beth Petty addressed the residents stating that the carpet and tile replacement has not started at this time. The HUD 5 Year Unit Painting is taking place at this time. The carpet and tile replacement will be the next project scheduled.

3. **Digital Antennas – Installed – Issues with service**
   Kay Zinn from Norman Manor asked about the service issues the residents are having with the new antennas. Larry Lloyd stated he has contacted a few contractors. One of the maintenance men is also looking at the antennas to give the contractors some additional information on what could be the problem. He added the common area TV's need new lines ran and that should happen soon.
   Mr. Sapp asked Tracy Shively to send out a survey to the residents asking them if they are using cable or antenna. If they are using the antenna how many channels are they getting, and would be using the antenna if the issues were solved.

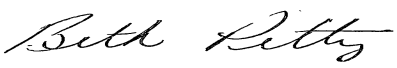
4. **Security Guard – Schedule**
   Staff is following up on this item.

Rosemary Edwards asked Mr. Sapp what the agency planned to do about her patio. Mr. Sapp informed her that the agency had an architect take readings at Norman Manor recently. He stated the agency had to make sure the building was not settling before anything could be done with the patio cracks. Now that the readings are finished contractors will be contacted to come up with a solution to fix the cracks.

There was a question about the process of filing complaints and how many times a complaint needs to be made to get something done. Mr. Sapp explained that it takes multiple complaint forms to evict someone. If a complaint has been filed with management and it has been addressed but the issue still persists then another complaint form needs to be filed. This way management knows that the issue still exists.

With no other topics to discuss, the meeting was adjourned at 1:15p.m.

Respectfully Submitted by;



Beth Petty
Capital Fund Coordinator/Accounting Clerk

Marion Housing Authority Annual Plan Challenged Elements

Annual Plan 2012 – 2012

Results:

No challenged elements.

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

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 8/31/2011

Part I: Summary

PHA Name: Housing Authority of the City of Marion, IN	Grant Type and Number Capital Fund Program Grant No: IN36P04150112 Replacement Housing Factor Grant No: Date of CFFP: 2012	FFY of Grant: 2012 FFY of Grant Approval: 2012

Type of Grant
☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☒ Revised Annual Statement (revision no: 1)
☐ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	65,683	65,683		
3	1408 Management Improvements	12,000	17,000		
4	1410 Administration (may not exceed 10% of line 21)	32,841	32,841		
5	1411 Audit	10,000	10,000		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0	5,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	35,000	52,250		
10	1460 Dwelling Structures	131,618	108,868		
11	1465.1 Dwelling Equipment—Nonexpendable	10,000	17,000		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	5,000	3,500		
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 08/31/2011

Part I: Summary

PHA Name: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150112 Replacement Housing Factor Grant No: Date of CFFP: 2012	**FFY of Grant:2012** **FFY of Grant Approval: 2012**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1)**

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
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)	26,273	16,273		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	328,415	328,415		
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 Steve M Sipp **Date** 3-12-12

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: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN3604150112 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2012**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
IN041 AMP 1	Site Improvements 41-1	1450	30%	10,500	10,500			
	Building Exterior	1460	5%	6,581	6,580			
	Dwelling Units	1460	1%	1,316	1,816			
	Dwelling Equipment	1465	20%	2,000	2,500			
	Non-Dwelling Equipment	1475	30%	1,500	500			
	Site Improvements 41-2	1450	30%	10,500	10,500			
	Building Exterior	1460	10%	13,162	13,000			
	Dwelling Units	1460	1%	1,316	1,478			
	Dwelling Equipment	1465	20%	2,000	2,500			
	Non-Dwelling Equipment	1475	20%	1,000	500			

[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: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN3604150112 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2012**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
IN041 AMP 2	Site Improvements 41-3	1450	20%	3,500	10,000			
	Site-Wide Facilities	1450	10%	0	500			
	Building Exterior	1460	5%	13,162	8,162			
	Dwelling Units	1460	10%	13,162	8,162			
	Interior Common Areas	1460	9%	11,846	11,846			
	Dwelling Equipment	1465	2%	2,000	4,000			
	Non-Dwelling Equipment	1475	15%	750	750			
	Site Improvements 41-4	1450	20%	3,500	10,000			
	Site-Wide Facilities	1450	10%	0	500			
	Building Exterior	1460	5%	13,162	8,162			
	Dwelling Units	1460	9%	11,846	9,662			
	Interior Common Areas	1460	10%	13,162	11,846			
	Dwelling Equipment	1465	2%	2,000	4,000			
	Non-Dwelling Equipment	1475	5%	1,000	1,000			
	Site Improvements 41-5	1450	20%	7,000	10,000			
	Site-Wide Facilities	1450	5%	0	250			
	Building Exterior	1460	5%	6,581	8,162			
	Dwelling Units	1460	10%	13,162	9,162			
	Interior Common Areas	1460	50%	13,162	10,830			
	Dwelling Equipment	1465	2%	2,000	4,000			
	Non-Dwelling Equipment	1475	5%	750	750			

[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.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/31/2011

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of the City of Marion, IN

Federal FFY of Grant: 2012

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	
IN041					
AMP 1	08/01/2014		08/01/2016		
IN041					
AMP 2	08/01/2014		08/01/2016		

[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 8/31/2011

Part I: Summary

PHA Name: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150111 Replacement Housing Factor Grant No: N/A Date of CFFP: 2011	**FFY of Grant: 2011** **FFY of Grant Approval: 2011**

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]	72,900		72,900	
3	1408 Management Improvements	12,000			
4	1410 Administration (may not exceed 10% of line 21)	36,450		36,450	
5	1411 Audit	13,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	48,000			
10	1460 Dwelling Structures	142,050			
11	1465.1 Dwelling Equipment—Nonexpendable	22,100			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	10,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				

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

Part I: Summary

PHA Name: **Housing Authority of the City of Marion, IN**	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150111 Replacement Housing Factor Grant No: N/A Date of CFFP: 2011	**FFY of Grant:2011** **FFY of Grant Approval: 2011**

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)	8,000			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	364,500			
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	10,000			
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director Steven Sipp **Date** 3-12-12 **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: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150111 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No: N/A	**Federal FFY of Grant: 2011**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
IN041 AMP 1	Site Improvements **41-1**	1450	25%	14,500				
	Building Exterior	1460	10%	10,000				
	Dwelling Units	1460	2	13,900				
	Dwelling Equipment	1465	4	3,550				
	Non-Dwelling Equipment	1475	1	2,000				
	Site Improvements **41-2**	1450	25%	14,000				
	Building Exterior	1460	20%	10,000				
	Dwelling Units	1460	2	14,900				
	Dwelling Equipment	1465	3	3,550				
	Non-Dwelling Equipment	1475	1	2,000				

[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: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150111 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No: N/A	**Federal FFY of Grant: 2011**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
IN041 AMP 2	Site Improvements **41-3**	1450	10%	6,000				
	Building Exterior	1460	10%	2,500				
	Dwelling Units	1460	20%	20,000				
	Interior Common Areas	1460	50%	2,500				
	Dwelling Equipment	1465	4	5,000				
	Non-Dwelling Equipment	1475	1	2,000				
	Site Improvements **41-4**	1450	10%	3,500				
	Building Exterior	1460	75%	14,000				
	Dwelling Units	1460	10%	16,950				
	Interior Common Areas	1460	25%	2,000				
	Dwelling Equipment	1465	4	5,000				
	Non-Dwelling Equipment	1475	1	2,000				
	Site Improvements **41-5**	1450	20%	10,000				
	Building Exterior	1460	75%	15,000				
	Dwelling Units	1460	10%	16,700				
	Interior Common Areas	1460	25%	3,600				
	Dwelling Equipment	1465	4	5,000				
	Non-Dwelling Equipment	1475	1	2,000				

[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.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/31/2011

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of the City of Marion, IN — **Federal FFY of Grant: 2011**

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
IN041 AMP 1					
41-1	8/02/2013		8/02/2015		
41-2					
IN041 AMP 2					
41-3	8/02/2013		8/02/2015		
41-4					
41-5					

[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 8/31/2011

Part I: Summary

PHA Name: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P041501110 Replacement Housing Factor Grant No: N/A Date of CFFP: 2010	**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: 3/12** ☐ **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]	91,773		91,773	91,773
3	1408 Management Improvements	25,000		25,000	7,764.34
4	1410 Administration (may not exceed 10% of line 21)	45,886		45,886	45,886
5	1411 Audit	5,000		5,000	
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,000		3,000	3,000
8	1440 Site Acquisition				
9	1450 Site Improvement	48,500		29,500	18,251.81
10	1460 Dwelling Structures	172,680		20,000	14,186.79
11	1465.1 Dwelling Equipment—Nonexpendable	21,000		21,000	7,949.50
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	26,027			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				

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

Part I: Summary

PHA Name: Housing Authority of the City of Marion, IN	Grant Type and Number Capital Fund Program Grant No: IN36P04150110 Replacement Housing Factor Grant No: N/A Date of CFFP: 2010	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: 3/12** ☐ **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)	20,000			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	458,866		236,659	188,811.44
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	37,000	10,000	10,000	2,865
25	Amount of line 20 Related to Energy Conservation Measures	150,000			

Signature of Executive Director Date 3-12-12 **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: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150110 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No: N/A	**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]	
IN041 AMP 1	Site Improvements **41-1**	1450	10%	10,000		4,000	1,667.06	In Progress
	Building Exterior	1460	25%	13,000				
	Dwelling Units	1460	20%	40,000		3,000	1,391.90	In Progress
	Dwelling Equipment	1465	4	1,300	2,190	2,190	2,190	Complete
	Site Improvements **41-2**	1450	15%	12,500		12,500	8,014.83	In Progress
	Building Exterior	1460	25%	13,000		3,000	1,408.35	In Progress
	Dwelling Units	1460	20%	40,000				
	Dwelling Equipment	1465	4	5,800	4,190	4,190		In Progress
IN041 AMP 2	Site Improvements **41-3**	1450	10%	5,500		5,500	4,751.86	In Progress
	Dwelling Units	1460	20%	10,000		5,500	330	In Progress
	Dwelling Equipment	1465	3	3,700		3,700	1,488.50	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 II: Supporting Pages

PHA Name: Housing Authority of the City of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150110 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No: N/A	**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]	
IN041 AMP 2	Site Improvements **41-4**	1450	10%	3,500		3,500	1,431.54	In Progress
	Dwelling Units	1460	20%	15,000		3,000	960.14	In Progress
	Tile Replacement	1460	100%	21,180				
	Dwelling Equipment	1465	4	5,100		5,100	2,782.50	In Progress
	Site Improvements **41-5**	1450	50%	17,000		4,000	2,386.52	In Progress
	Dwelling Units	1460	20%	18,000		3,000		In Progress
	Tile Replacement	1460	20%	2,500				
	Dwelling Equipment	1465	4	5,100		5,100	1,488.50	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: Housing Authority of the City of Marion, IN | **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	
IN041					
AMP 1	07/14/2012		07/14/2014		
IN041					
AMP 2	07/14/2012		07/14/2014		

[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.

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: Housing Authority of the CIty of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150109 Replacement Housing Factor Grant No: Date of CFFP: 2009	**FFY of Grant: 2009** **FFY of Grant Approval: 2009**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 2)**
☐ **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]	92,000	92,000	92,000	92,000
3	1408 Management Improvements	41,000	41,000	41,000	41,000
4	1410 Administration (may not exceed 10% of line 21)	46,247	46,247	46,247	46,247
5	1411 Audit	15,000	15,000	15,000	15,000
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2,000	2,000	2,000	2,000
8	1440 Site Acquisition				
9	1450 Site Improvement	6,066	6,066	6,066	6,066
10	1460 Dwelling Structures	235,225	235,225	235,225	190,817.74
11	1465.1 Dwelling Equipment—Nonexpendable	9,934	9,934	9,934	9,934
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	15,000	15,000	15,000	13,558
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: Housing Authority of the CIty of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150109 Replacement Housing Factor Grant No: Date of CFFP: 2009	**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:** ☐ **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)	462,472	462,472	462,475	
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 3-12-12 **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: Housing Authority of the CIty of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150109 CFFP (Yes/ No): Yes 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]	
IN041	Structural Repairs	1460		50,000	50,440.34	50,440.34	50,440.34	Complete
AMP 1	Interior Unit Repairs	1460		14,627	35,164.80	35,164.80	14,274.19	In Progress
41-1	Kitchens	1460		1,051	1,051	1,051	1,051	Complete
	Electrical	1460		1,624	1,940.07	1,940.07	1,940.07	Complete
	Appliances	1465		1,440	1,440	1,440	1,440	Complete
AMP 1	Property Repairs	1450		0	2,197.32	2,197.32	2,197.32	Complete
41-2	Structural Repairs	1460		95,187	56,305.65	56,305.65	56,305.65	Complete
	Interior Unit Repairs	1460		25,908.86	47,081.30	47,081.30	26,718.53	In Progress
	Kitchens	1460		11,000	1,179	1,179	1,179	Complete
	Electrical	1460		7,124	601.27	601.27	601.27	Complete
	Appliances	1465		1,440	1,440	1,440	1,440	Complete
AMP 2	Property Repairs	1450		2,011	528.50	528.50	528.50	Complete
41-3	Interior Unit Repairs	1460		5,678	13,660.74	13,660.74	13,660.74	Complete
	Electrical	1460		4,300	2,521.19	2,521.19	2,521.19	Complete
	Appliances	1465		3,933	3,933	3,933	3,933	Complete
AMP 2	Property Repairs	1450		2,011	0	0	0	Complete
41-4	Interior Unit Repairs	1460		4,480.14	5,539.30	5,539.30	5,539.30	Complete
	Electrical	1460		4,300	3,497.17	3,497.17	3,497.17	Complete
	Appliances	1465		1,560.50	1,560.50	1,560.50	1,560.50	Complete

[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.

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 II: Supporting Pages

PHA Name: Housing Authority of the CIty of Marion, INHousing Authority of the CIty of Marion, IN	**Grant Type and Number** Capital Fund Program Grant No: IN36P04150109 CFFP (Yes/ No): Yes 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]	
AMP 2	Property Repairs	1450		2,011	3,339.08	3,339.08	3,339.08	Complete
41-5	Interior Unit Repairs	1460		5,678	11,777.59	11,777.59	11,777.59	Complete
	Electrical	1460		4,300	4,466.68	4,466.68	4,466.68	Complete
	Appliances	1465		1,560.50	1,560.50	1,560.50	1,560.50	Complete

[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: Housing Authority of the CIty of Marion, IN					**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	
IN041					
AMP 1	09/14/2011	09/14/2011	09/14/2013	09/14/2013	
(41-1)					
(41-2)					
AMP 2	09/14/2011	09/14/2011	09/14/2013	09/14/2013	
(41-3)					
(41-4)					
(41-5)					

[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: Housing Authority of the City of Marion, IN / IN041			Locality (City/County & State) Marion, IN Grant County		☒**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
B.	Physical Improvements Subtotal	Annual Statement	243,721	243,721	243,721	243,721
C.	Management Improvements		25,000	25,000	25,000	25,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		42,841	42,841	42,841	42,841
F.	Contingency / Audit		26,170	26,170	26,170	26,170
G.	Operations		85,683	85,683	85,683	85,683
H.	Demolition					
I.	Development		5,000	5,000	5,000	5,000
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		428,415	428,415	428,415	428,415
L.	Total Non-CFP Funds					
M.	Grand Total		428,415	428,415	428,415	428,415

Part I: Summary (Continuation)

PHA Name/Number: Housing Authority of the City of Marion, IN / IN041			Locality (City/county & State) Marion, IN Grant County		☒**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
	AMP 1	Annual Statement				
	41-1		45,300	45,300	45,300	45,300
	41-2		45,800	45,800	45,800	45,800
	AMP 2					
	41-3		50,300	50,300	50,300	50,300
	41-4		51,911	51,911	51,911	51,911
	41-5		50,410	50,410	50,410	50,410

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

Work Statement for Year 1 FFY 2012	Work Statement for Year: 2 FFY 2013			Work Statement for Year: 3 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	**IN041 AMP 1**			**IN041 AMP 1**		
Annual	**Site Improvements 41-1**			**Site Improvements 41-1**		
Statement	Landscaping, concrete repairs, garages/carports	30%	14,300	Landscaping, concrete repairs, garages/carports	30%	14,300
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	5%	7,500	Roofing, basement repairs, windows, siding, brick	5%	7,500
	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	4%	13,500	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	4%	13,500
	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	1%	4,000	Water heaters, Appliances	1%	4,000
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	50%	1,000	Storage building replace/repair	50%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	20%	5,000	Lawncare equipment repairs / upgrades, Office equipment	20%	5,000
	IN041 AMP 1			**IN041 AMP 1**		
	Site Improvements 41-2			**Site Improvements 41-2**		
	Landscaping, concrete repairs, garages/carports	30%	13,800	Landscaping, concrete repairs, garages/carports	30%	13,800
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	5%	8,500	Roofing, basement repairs, windows, siding, brick	5%	8,500

	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	30%	12,500	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	30%	12,500
	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	1%	5,000	Water heaters, Appliances	1%	5,000
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	50%	1,000	Storage building replace/repair	50%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	20%	5,000	Lawncare equipment repairs / upgrades, Office equipment	20%	5,000
	IN041 AMP 2			**IN041 AMP 2**		
	Site Improvements 41-3			**Site Improvements 41-3**		
	Landscaping, concrete repairs, garages/carports	20%	8,000	Landscaping, concrete repairs, garages/carports	30%	13,300
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	10%	13,300	Roofing, basement repairs, windows, siding, brick	10%	8,000
	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	21,500	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	21,500
	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	1%	4,000	Water heaters, Appliances	1%	4,000
	Interior Common Areas			**Interior Common Areas**		
	Paint/ Decorate/ Remodel	10%	1,500	Paint/ Decorate/ Remodel	10%	1,500
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	25%	1,000	Storage building replace/repair	25%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000

	IN041 AMP 2			**IN041 AMP 2**		
	Site Improvements 41-4			**Site Improvements 41-4**		
	Landscaping, concrete repairs, garages/carports	20%	4,000	Landscaping, concrete repairs, garages/carports	50%	19,300
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	15%	19,300	Roofing, basement repairs, windows, siding, brick	5%	4,000
	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	19,111	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	19,111
	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	2%	6,500	Water heaters, Appliances	2%	6,500
	Interior Common Areas			**Interior Common Areas**		
	Paint/ Decorate/ Remodel	10%	1,000	Paint/ Decorate/ Remodel	10%	1,000
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	25%	1,000	Storage building replace/repair	25%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000
	IN041 AMP 2			**IN041 AMP 2**		
	Site Improvements 41-5			**Site Improvements 41-5**		
	Landscaping, concrete repairs, garages/carports	20%	4,800	Landscaping, concrete repairs, garages/carports	40%	15,110
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	10%	15,110	Roofing, basement repairs, windows, siding, brick	5%	4,800
	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	20,000	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	20,000

	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	2%	6,500	Water heaters, Appliances	2%	6,500
	Interior Common Areas			**Interior Common Areas**		
	Paint/ Decorate/ Remodel	10%	2,000	Paint/ Decorate/ Remodel	10%	2,000
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	10%	1,000	Storage building replace/repair	10%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000
	Subtotal of Estimated Cost		$243,721	Subtotal of Estimated Cost		$243,721

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

Work Statement for Year 1 FFY 2012	Work Statement for Year: 4 FFY 2015			Work Statement for Year: 5 FFY 2016		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	**IN041 AMP 1**			**IN041 AMP 1**		
Annual	**Site Improvements 41-1**			**Site Improvements 41-1**		
Statement	Landscaping, concrete repairs, garages/carports	30%	14,300	Landscaping, concrete repairs, garages/carports	30%	14,300
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	5%	7,500	Roofing, basement repairs, windows, siding, brick	5%	7,500
	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	4%	13,500	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	4%	13,500
	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	1%	4,000	Water heaters, Appliances	1%	4,000
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	50%	1,000	Storage building replace/repair	50%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	20%	5,000	Lawncare equipment repairs / upgrades, Office equipment	20%	5,000
	IN041 AMP 1			**IN041 AMP 1**		
	Site Improvements 41-2			**Site Improvements 41-2**		
	Landscaping, concrete repairs, garages/carports	30%	13,800	Landscaping, concrete repairs, garages/carports	30%	13,800
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	5%	8,500	Roofing, basement repairs, windows, siding, brick	5%	8,500

	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	30%	12,500	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	30%	12,500
	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	1%	5,000	Water heaters, Appliances	1%	5,000
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	50%	1,000	Storage building replace/repair	50%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	20%	5,000	Lawncare equipment repairs / upgrades, Office equipment	20%	5,000
	IN041 AMP 2			**IN041 AMP 2**		
	Site Improvements 41-3			**Site Improvements 41-3**		
	Landscaping, concrete repairs, garages/carports	20%	8,000	Landscaping, concrete repairs, garages/carports	30%	13,300
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	10%	13,300	Roofing, basement repairs, windows, siding, brick	10%	8,000
	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	21,500	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	21,500
	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	1%	4,000	Water heaters, Appliances	1%	4,000
	Interior Common Areas			**Interior Common Areas**		
	Paint/ Decorate/ Remodel	10%	1,500	Paint/ Decorate/ Remodel	10%	1,500
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	25%	1,000	Storage building replace/repair	25%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000

	IN041 AMP 2			**IN041 AMP 2**		
	Site Improvements 41-4			**Site Improvements 41-4**		
	Landscaping, concrete repairs, garages/carports	20%	4,000	Landscaping, concrete repairs, garages/carports	50%	19,300
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	15%	19,300	Roofing, basement repairs, windows, siding, brick	5%	4,000
	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	19,111	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	19,111
	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	2%	6,500	Water heaters, Appliances	2%	6,500
	Interior Common Areas			**Interior Common Areas**		
	Paint/ Decorate/ Remodel	10%	1,000	Paint/ Decorate/ Remodel	10%	1,000
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	25%	1,000	Storage building replace/repair	25%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000
	IN041 AMP 2			**IN041 AMP 2**		
	Site Improvements 41-5			**Site Improvements 41-5**		
	Landscaping, concrete repairs, garages/carports	20%	4,800	Landscaping, concrete repairs, garages/carports	40%	15,110
	Building Exterior			**Building Exterior**		
	Roofing, basement repairs, windows, siding, brick	10%	15,110	Roofing, basement repairs, windows, siding, brick	5%	4,800
	Dwelling Units			**Dwelling Units**		
	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	20,000	Doors, kitchens, bathrooms, lighting, paint, flooring, HVAC	10%	20,000

	Dwelling Equipment			**Dwelling Equipment**		
	Water heaters, Appliances	2%	6,500	Water heaters, Appliances	2%	6,500
	Interior Common Areas			**Interior Common Areas**		
	Paint/ Decorate/ Remodel	10%	2,000	Paint/ Decorate/ Remodel	10%	2,000
	Site-Wide Facilities			**Site-Wide Facilities**		
	Storage building replace/repair	10%	1,000	Storage building replace/repair	10%	1,000
	Non-dwelling Equipment			**Non-dwelling Equipment**		
	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000	Lawncare equipment repairs / upgrades, Office equipment	10%	1,000
	Subtotal of Estimated Cost		$243,721	Subtotal of Estimated Cost		$243,721

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2012	Work Statement for Year: 2 FFY 2013		Work Statement for Year: 3 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	**AMP 1 41-1**		**AMP 1 41-1**	
Annual	Security	3,150	Security	3,150
Statement	Staff Training	2,100	Staff Training	2,100
	AMP 1 41-2		**AMP 1 41-2**	
	Security	2,400	Security	2,400
	Staff Training	1,600	Staff Training	1,600
	AMP 1 41-3		**AMP 1 41-3**	
	Security	3,900	Security	3,900
	Staff Training	2,600	Staff Training	2,600
	AMP 1 41-4		**AMP 1 41-4**	
	Security	2,850	Security	2,850
	Staff Training	1,900	Staff Training	1,900
	AMP 1 41-5		**AMP 1 41-5**	
	Security	2,700	Security	2,700
	Staff Training	1,800	Staff Training	1,800
	Subtotal of Estimated Cost	$25,000	Subtotal of Estimated Cost	$25,000

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2012	Work Statement for Year:4 FFY 2015		Work Statement for Year: 5 FFY 2016	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	**AMP 1 41-1**		**AMP 1 41-1**	
Annual	Security	3,150	Security	3,150
Statement	Staff Training	2,100	Staff Training	2,100
	AMP 1 41-2		**AMP 1 41-2**	
	Security	2,400	Security	2,400
	Staff Training	1,600	Staff Training	1,600
	AMP 1 41-3		**AMP 1 41-3**	
	Security	3,900	Security	3,900
	Staff Training	2,600	Staff Training	2,600
	AMP 1 41-4		**AMP 1 41-4**	
	Security	2,850	Security	2,850
	Staff Training	1,900	Staff Training	1,900
	AMP 1 41-5		**AMP 1 41-5**	
	Security	2,700	Security	2,700
	Staff Training	1,800	Staff Training	1,800
	Subtotal of Estimated Cost	$25,000	Subtotal of Estimated Cost	$25,000