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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2001

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

PHA Plan
Agency Identification

PHA Name: Aliceville Housing Authority

PHA Number: AL098

PHA Fiscal Year Beginning: (mm/yyyy) 07/2001

PHA Plan Contact Information:

Name: Frieda Blakney
Phone: (205) 373-8333
TDD: (205) 373-8333
Email (if available): aha@pickens.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

X Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

X Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

X Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered:

☐Public Housing and Section 8 ☐Section 8 Only XPublic Housing Only

Annual PHA Plan
Fiscal Year 2001
[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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☐ Other (List below, providing each attachment name)

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]
At PHA option, provide a brief overview of the information in the Annual Plan

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1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

All are covered in this plan.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. X Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? $349,901.00.

C. X Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment C.

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B.

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

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

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2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition ☐ Disposition ☐
3. Application status (select one) Approved ☐ Submitted, pending approval ☐ Planned application ☐
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) ☐ Part of the development ☐ Total development
7. Relocation resources (select all that apply) ☐ Section 8 for units ☐ Public housing for units ☐ Preference for admission to other public housing or section 8 ☐ Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

A. ☐ Yes X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources

☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply

with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. X Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? $ 42,505.00.

C. X Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. X Yes ☐ No: The PHDEP Plan is attached at Attachment D.

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes X No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (File name)

3. In what manner did the PHA address those comments? (select all that apply)

☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
☐ Yes ☐ No: below or
☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.

☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment ____.

☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) State of Alabama Consolidation Plan.

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

X Other: (list below) The HA did a survey of units within our jurisdiction to Establish current needs.

PHA Requests for support from the Consolidated Plan Agency

☐ Yes X No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial deviation-Any change in the following:
-mission statement of the PHA
-methods of increasing availability of decent, safe and affordable housing
-methods of improving community quality of life and economic vitality objectives
-methods of promoting self-sufficiency
-methods of ensuring equal opportunity in Housing

B. Significant Amendment- A change to rent or admissions policies or organization of the waiting list; addition of new non-emergency work items or change in the use of replacement reserve funds under the Capital Fund; addition of new activities in the current PHDEP plan; any policy change related to demolition, disposition, designation, home-ownership programs or conversion activities.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing ☐ check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents ☐ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	Schedule of flat rents offered at each public housing development ☐ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures ☐ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
X	PHDEP-related documentation: · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A & O Policy	Pet Policy

HUD 50075
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Expires: 03/31/2002

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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

PHA Name: Aliceville Housing Authority Aliceville, Pickens County, Alabama	Grant Type and Number Capital Fund Program: AL09098907-98 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 1998

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
XPerformance and Evaluation Report for Period Ending: 3/31/01inal Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	28,000.00	0.00	28,000.00	28,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	422,800.00	0.00	422,800.00	422,800.00
11	1465.1 Dwelling Equipment—Nonexpendable	12,800.00	0.00	12,800.00	11,800.00
12	1470 Nondwelling Structures	30,000.00	0.00	30,000.00	30,000.00
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	6,400.00	0.00	6,400.00	6,400.00
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	500,000.00	0.00	500,000.00	499,000.00
21	Amount of line 20 Related to LBP Activities	92,220.00	0.00	92,220.00	92,220.00
22	Amount of line 20 Related to Section 504 Compliance	66,409.00	0.00	66,409.00	66,409.00

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

PHA Name: Aliceville Housing Authority Aliceville, Pickens County, Alabama	Grant Type and Number Capital Fund Program: AL09098907-98 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 1998

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
XPerformance and Evaluation Report for Period Ending: 3/31/01inal Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security	50,880.00	0.00	50,880.00	50,880.00
24	Amount of line 20 Related to Energy Conservation Measures	170,236.00	00.00	170,236.00	170,236.00

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

PHA Name: Aliceville Housing Authority Aliceville, Pickens County, Alabama		**Grant Type and Number** Capital Fund Program #: AL09P098907-98 Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 1998**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
AL098003	Architect Fees & cost	1430		28,000.00	00.00	28,000.00	28,000.00	100%
Al098003	Storm windows, attic insulation, vinyl Siding, soffits & fascias, exterior doors, Replace porch columns	1460	30 units	162,000.00	00.00	162,000.00	162,000.00	100%
AL098003	Renovate for 504	1460	2 units	32650.00	00.00	32650.00	32650.00	100%
AL098003	Renovate kitchens	1460	16 units	38,400.00	00.00	38400.00	38400.00	100%
AL098003	Renovate bathrooms	1460	16 units	24,000.00	00.00	24,000.00	24,000.00	100%
AL098003	Repair & paint interiors	1460	16 units	16,000.00	00.00	16,000.00	16,000.00	100%
AL098003	New Floor Tile	1460	16 units	24,000.00	00.00	24,000.00	24,000.00	100%
AL098003	Interior Doors & Hardware, water heaters, washer connections	1460	16 units	38,150.00	00.00	38,150.00	38,150.00	100%
AL098003	Upgrade electrical system	1460	16 units	31,600.00	00.00	31,600.00	31,600.00	100%
AL098003	New central HVAC systems	1460	16 units	56,000.00	00.00	56,000.00	56,000.00	100%
AL098003	504 compliance 2 C/Cs	1470	2 buildings	30,000.00	00.00	30,000.00	30,000.00	100%
AL098003	Replace ranges & refrigerators	1465.1	16 units	12,800.00	.00.00	12,800.00	11,800.00	98%
AL098003	Relocate Residents	1495.1	16 units	6,400.00	00.00	6,400.00	6,400.00	100%

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

PHA Name: Aliceville Housing Authority Aliceville, Pickens County, Alabama	**Grant Type and Number** Capital Fund Program #: AL09P09890798 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant 1998**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
AL098003	09/22/2000	N/A	5/29/1999	9/29/2001	N/A	5/29/2001	

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

PHA Name: Aliceville Housing Authority Aliceville, Pickens County, Alabama	Grant Type and Number Capital Fund Program: AL09098908-99 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 1999

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
XPerformance and Evaluation Report for Period Ending: 3/31/2001 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	2,000.00	00.00	2,000.00	2,000.00
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	128,000.00	00.00	128,000.00	128,000.00
10	1460 Dwelling Structures	126,960.00	00.00	126,960.00	126,960.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	55,006.00	00.00	55,006.00	55,006.00
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	1,600.00	00.00	1,600.00	1,600.00
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	313,566.00	00.00	313,566.00	313,566.00
21	Amount of line 20 Related to LBP Activities	13,600.00	00.00	13,600.00	13,600.00
22	Amount of line 20 Related to Section 504 Compliance	35,606.00	00.00	35,606.00	35,606.00
23	Amount of line 20 Related to Security	700.00	00.00	700.00	700.00

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

PHA Name: Aliceville Housing Authority Aliceville, Pickens County, Alabama	Grant Type and Number Capital Fund Program: AL09098908-99 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 1999

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
XPerformance and Evaluation Report for Period Ending: 3/31/2001 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures	40,788.00	00.00	40,788.00	40,788.00

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

PHA Name: Aliceville Housing Authority Aliceville, Pickens County, Alabama		**Grant Type and Number** Capital Fund Program #: AL0909890899 Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 1999**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA -WIDE	Administration	1410		2,000.00		2,000.00	2,000.00	100%
AL098005	Emergency item-correct erosion, replace Fence at ditch running through site	1450	1 site	128,000.00		128,000.00	128,000.00	100%
AL098003	Renovate kitchens, bathrooms, floor tile, Repair ceramic, HVAC units, upgrade Electrical system, water heaters, paint	1460	4 DUs	49,940,00		49,940,00	49,940,00	100%
AL098003	New prime windows	1460	30 DUs	29,588.00		29,588.00	29,588.00	100%
AL098003	Interior doors and hardware	1460	30 DUs	29,021.00		29,021.00	29,021.00	100%
AL098003	Renovate for 504 (handicap)	1460	1DU	14,000.00		14,000.00	14,000.00	100.%
AL09800l,2,4,5	911 Address O Lites	1460	147 DUs	4,411.00		4,411.00	4,411.00	100%
AL098003	2ccs-504 bathrooms, doors, paint	1470	2CCs	21,606.00		21,606.00	21,606.00	100%
HA WIDE	HVAC system at resource center	1470	1 bldg	33,400.00		33,400.00	33,400.00	100%
AL098003	Tenant relocation	1495	4 DUs	1,600.00		1,600.00	1,600.00	100%

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

PHA Name: Aliceville Housing Authority Aliceville, Pickens County, Alabama	**Grant Type and Number** Capital Fund Program #: AL09P09890899 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 1999**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
AL098001	9/29/2000	00	1/10/2000	9/29/2001	00	4/15/2001	
AL098002	9/29/2000	00	1/10/2000	9/29/2001	00	4/15/2001	
AL098003	9/29/2000	00	1/10/2000	9/29/2001	00	4/15/2001	
AL098004	9/29/2000	00	1/10/2000	9/29/2001	00	4/15/2001	
AL098005	9/29/2000	00	1/10/2000	9/29/2001	00	4/15/2001	

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

PHA Name: Aliceville Housing Authority Aliceville, Pickens County, Alabama	Grant Type and Number Capital Fund Program: AL09P09850100 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
XPerformance and Evaluation Report for Period Ending: 3/31/2001 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	10,000.00	00.00	10,000.00	00.00
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	22,000.00	00.00	22,000.00	00.00
8	1440 Site Acquisition				
9	1450 Site Improvement	52,481.00	00.00	52,481.00	00.00
10	1460 Dwelling Structures	212,000.00	00.00	212,000.00	00.00
11	1465.1 Dwelling Equipment—Nonexpendable	29,482.00	00.00	29,482.00	8,325.00
12	1470 Nondwelling Structures	12,000.00	00.00	12,000.00	00.00
13	1475 Nondwelling Equipment	5,000.00	00.00	5,000.00	00.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	342,963.00	00.00	342,963.00	$8,325.00
21	Amount of line 20 Related to LBP Activities	33,000.00	00.00	33,000.00	00.00
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security	4,000.00	00.00	4,000.00	00.00

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

PHA Name: Aliceville Housing Authority Aliceville, Pickens County, Alabama	Grant Type and Number Capital Fund Program: AL09P09850100 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
XPerformance and Evaluation Report for Period Ending: 3/31/2001 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHA Name: Aliceville Housing Authority
Aliceville, Pickens County, Alabama

Grant Type and Number
Capital Fund Program #: AL09P09850100
Capital Fund Program
Replacement Housing Factor #:

Federal FY of Grant: 2000

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	Drug Coordinator	1410	1	10,000.00		10,000.00	00.	00%
HA WIDE	Architect Fees	1430	1	22,000.00		22,000.00	00.	00%
AL098002, 003, 004	Security Fence (98-2) , Landscaping-98-3, Correct drainage/floodins-98-4	1450	3 sites	52,481.00		22,000.00	00.	00%
AL098002, 003	Central Air in 3 & 4 bedrooms (98-2)-HVACs in l & 2 bedrooms (98-2)-finish LBP incapzilation @ front doors, new Roofs (98-3), water heaters (98-2)	1460	28 units	212,000.00		212,000.00	00.	00%
HA WIDE	Refrigerators & Stoves	1465		29,482		29,482	8,325.00	35%
HA WIDE	Maintenance storage shed	1470		12,000.00		12,000.00	00.	00%
HA WIDE	Maintenance Equipment	1475		5,000.00		5,000.00	00.	00%

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

PHA Name: Aliceville Housing Authority Aliceville, Pickens County, Alabama	**Grant Type and Number** Capital Fund Program #: AL09P09850100 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** 2000

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
AL098002	9/29/02		1/11/01	9/29/04			
AL098003	9/29/02		1/11/01	9/29/04			
AL098004	9/29/02		1/11/01	9/29/04			

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

PHA Name: Aliceville Housing Authority Aliceville, Pickens County, Alabama	Grant Type and Number Capital Fund Program: AL09P09850101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

X**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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	21,938.00			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	20,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	133,200.00			
10	1460 Dwelling Structures	117,763.00			
11	1465.1 Dwelling Equipment—Nonexpendable	12,000.00			
12	1470 Nondwelling Structures	45,000.00			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	349,901.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security	3,000.00			

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

PHA Name: Aliceville Housing Authority Aliceville, Pickens County, Alabama	Grant Type and Number Capital Fund Program: AL09P09850101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

X**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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures	65,000.00			

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

PHA Name: Aliceville Housing Authority Aliceville, Pickens County, Alabama		**Grant Type and Number** Capital Fund Program #: AL09P09850101 Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant:** 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	Operations	1406		21,938.00				
HA WIDE	Architect Fees	1430		20,000.00				
AL098001	Security Fence, Landscaping	1450	1 site	13,200.00				
AL098005	Emergency erosion and fallen fence repair	1450	1 site	120,000.00				
AL098001	HVACs, roofs, water heaters	1460	16 DUs	117,763.00				
AL098001	Replace ranges & refrigerators	1465	16DUs	12,000.00				
HA WIDE	Install kitchen and gym floor at Resource Center	1470		45,000.00				

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

PHA Name: Aliceville Housing Authority Aliceville, Pickens County, Alabama	**Grant Type and Number** Capital Fund Program #: AL09P09850101 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** 2001

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
AL098001	9/29/2003			9/29/2005			
AL098005	9/29/2003			9/29/2005			

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan X **Original statement** ☐ **Revised statement**		
Development Number	**Development Name (or indicate PHA wide)**	
Description of Needed Physical Improvements or Management Improvements	**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Total estimated cost over next 5 years		

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant $42,505.00

B. B. Eligibility type (Indicate with an "x") N1_____ N2_____ R___X_____

C. FFY in which funding is requested 2001

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

Our PHDEP program is geared to implement systematic approaches to addressing drugs and drug related activity within our targeted areas. We contract with the local police for additional patrolling. We offer an after school program and a summer program for our youth, 1st through 12th grades. We also have parenting classes. The AHA resident council takes an active role in the PHDEP program. They volunteer their services on many trips and special occasion events. The children in our complexes depend on our program for love, encouragement and stability.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
Park Cameron Resource Center	Common Building	399
McCrory Court, Tilley Hamlet	32 42	50 85
Tilley & McCrory Annex Franconia Village	49 50	132 125

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months_____ 18 Months_____ 24 Months__X____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995	00	00	00	00	00	00
FY 1996	$86,500.00	AL09DEP0980196	00	00	12/01/1996	11/30/1998
FY 1997	$51,000.00	AL09DEP0980197	00	00	01/01/1998	12/31/1999
FY1998	00	00	000	00	00	00
FY 1999	$38,000.00	AL09DEP0980199	$1,912.14	00	02/01/2000	01/31/2002
FY 2000	$39,656.00	AL09DEP0980100	$36,930.55	00	10/10/2000	09/30/2002

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

The PHDEP strategy is formulated to address needs in the educational, safety, recreational, and employability skills of residents in and around the Aliceville Housing Authority. Goals and objectives have been directed at: enhancing self-sufficiency of residents, self-worth of

children and adults, and building confidence as well as building a network of resources through other agencies and partners. The system of process for monitoring and evaluating includes a number of mechanisms such as: verbal and written feedback, surveys, questionnaires, participation level, and behavioral outcomes, all to reduce the involvement in drug use and drug-related crimes in the targeted areas.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY 2001 PHDEP Budget Summary

Original statement

Revised statement dated:

Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	$18,000.00
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	$24,505.00
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	$42,505.00

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement							**Total PHDEP Funding: $ 18,000.00**
Goal(s)	To provide enhanced law enforcement protective services in all PHA communities.						
Objectives	Provide at least 25 hrs a week patrolling above that already provided by police department, to ensure safer complexes, more secure residents.						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.Increased patrol			10/2001	9/2003	18,000.		
2.							
3.							

9115 - Special Initiative							**Total PHDEP Funding: $**
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					**Total PHDEP Funding: $**		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					**Total PHDEP Funding: $**		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators	**Total PHDEP Funding: $**

Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					**Total PHDEP Funding: $**		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					**Total PHDEP Funding: $**		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							

2.							
3.							

9160 - Drug Prevention					**Total PHDEP Funding: $24,505.00**		
Goal(s)	To have a drug-free community, and higher % of high school graduated entering college.						
Objectives	To provide anti-drug activities, parenting classes, tutoring programs, and youth sports programs to help deter drug related activities.						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.Tutoring Program	45	200	1/02	9/2003	$15,505.00	00	
2.Parenting Program	25	125	1/02	9/2003	$ 4,000.00	00	
3 Youth Sports	60	200	1/02	9/2003	$ 5,000.00	00	

9170 - Drug Intervention					**Total PHDEP Funding: $**		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment	**Total PHDEP Funding: $**

Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs						**Total PHDEP Funds: $**	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment E: Resident Member on the PHA Governing Board

1. X Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Augusta Rice

B. How was the resident board member selected: (select one)?

☐Elected
XAppointed

C. The term of appointment is (include the date term expires): 11/30/2001

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): W.R. McKinzey, Jr., Mayor
City of Aliceville

Required Attachment __F____: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)
Ann Lewis
John Earl Windham
Emily Taylor
Mattie Gibson
Mary Jane McCaa
Loreatha McCoy