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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: July 1, 2001 to June 30, 2002

HOUSING AUTHORITY OF: BAY MINETTE, ALABAMA

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: HOUSING AUTHORITY OF BAY MINETTE, AL

PHA Number: AL164

PHA Fiscal Year Beginning: (mm/yyyy) JULY 1, 2001

PHA Plan Contact Information:

Name: Mrs. Peggy Middleton, Executive Director
Phone: 334-937-2211
TDD:
Email (if available):

Public Access to Information

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

☒ 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)

☒ 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)

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

PHA Programs Administered:

☒ Public Housing and Section 8 ☐ Section 8 Only ☐ Public 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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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

This Annual Plan is an update of the Five-Year Plan as adopted in 1999. All major components are covered in this Annual Plan for FYE 06/30/2002. Planned modernization work throughout all of the sites is disclosed and the attachments disclose results of the first year activities, major policies that have been adopted in accordance with HUD final rules, and resident board member status has been complied with or disclosed.

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.

The changes to policies discussed in last year's PHA Plan are covered in this Update. There have been no changes in the programs of the PHA.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. ☒ 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? $ _____

C. ☒ 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

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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 ☒ 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.)

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 ☒ 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.)

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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. ☐ 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? $ _____n/a_____

C. ☐ 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. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment ____

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

1. ☐ Yes ☒ 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 ____.

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☐ 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**

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)

☒ 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.

☐ 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)

☒ Other: (list below) **1990 CHAS**

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ 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: The Consolidated Plan supports the PHA Plan in that the PHA provides low-income housing, and makes it available, for low income applicants.

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 from the 5-year Plan:
The Housing Authority defines a "substantial deviation" as any deletion or addition of any modernization work item that is greater than $25,000; the addition or deletion of any new or old program or activity; any changes with regard to demolition, disposition, or designation of housing units; any homeownership programs or conversion activities; and any changes to rent or admission policies (except changes made to reflect changes in HUD regulatory requirements).

B. Significant Amendment or Modification to the Annual Plan: occurs when the Housing Authority changes the use of replacement reserves under the Capital Funds program or the addition of non-emergency work items not included in the current Annual Plan, and the amount exceeds $25,000.

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
X	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

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
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 publichousing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	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
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
X	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 **06/30/2000**	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
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	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
X	Section 8 informal review and hearing procedures ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
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
N/A	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
N/A	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
N/A	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
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
	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) ☒ check here if included in the public housing A & O Policy	Pet Policy
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
X	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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ATTACHMENT B

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: BAY MINETTE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program: **AL09P16450201** Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: **09/2001**

☒ **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				
3	1408 Management Improvements				
4	1410 Administration	1,000			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	13,400			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	173,104			
11	1465.1 Dwelling Equipment—Nonexpendable	10,000			
12	1470 Nondwelling Structures				
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)	197,504			
21	Amount of line 20 Related to LBP Activities				

ATTACHMENT B

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: BAY MINETTE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program: **AL09P16450201** Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: **09/2001**

☒ **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	
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

ATTACHMENT B

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

PHA Name: **BAY MINETTE HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program #: **AL09P16450201** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 09/2001**

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	Advertising	1410		1,000				
	Fees and Cost, Architect and Consultant	1430		13,400				
AL164-04	Dwelling Structures Electrical upgrade, Convert bedroom sizes	1460	40	173,104				
	Dwelling Equipment Non-expendable Refrigerators, stoves and water heaters	1465		10,000				
	TOTAL			197,504				

ATTACHMENT B

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

PHA Name: **BAY MINETTE HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program #: **AL09P16450201** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 09/2001**

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	

ATTACHMENT B

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

PHA Name: **BAY MINETTE HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program #: **AL09P16450201** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 09/2001**

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	
HA –Wide AL164-01,02,04	09/30/02			12/31/02			

ATTACHMENT C

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.

09/30/2002

CFP 5-Year Action Plan ☒ **Original statement** ☐ **Revised statement**			
Development Number	**Development Name (or indicate PHA wide)**		
AL164	**PHA-Wide** **AL164-01,02,04**		
Description of Needed Physical Improvements or Management Improvements		**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
PHA-Wide **Operations** **A & E Fees, Architect, consultant** **AL164-01** **Replace kitchen cabinets 40 units** **AL164-02** **Replace Kitchen cabinets 14 units** **AL164-04** **Refinish kitchen cabinets (40 units)** **Install washer connection boxes (40 units)** **Replace old flooring (40 units)**		 **18,000** **16,000** **32,000** **11,200** **12,000** **20,000** **84,823**	**07/01/2002**
Total estimated cost		**194,023**	

09/30/2003

CFP 5-Year Action Plan ☒ Original statement ☐ Revised statement			
Development Number	**Development Name (or indicate PHA wide)**		
AL164	**PHA-Wide AL164-01,02,04**		
Description of Needed Physical Improvements or Management Improvements		**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
PHA-Wide			**07/01/2003**
Operations		**18,000**	
A & E Fees, Architect, consultant		**16,000**	
Parking improvements, additional parking and lighting		**14,823**	
AL164-01			
Install new windows with security screens selectively		**36,000**	
AL164-02			
Install new windows with security screens selectively		**25,200**	
AL164-04			
Install new exterior steel doors, frames and screens 40 units		**48,000**	
Install new windows with security screeds selectively		**36,000**	
Total estimated cost		**194,023**	

09/30/2004

CFP 5-Year Action Plan

☒ Original statement ☐ Revised statement

Development Number	Development Name (or indicate PHA wide)
AL164	PHA-Wide AL164-01,02,04

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
PHA-Wide		07/01/2004
Operations	18,000	
A & E Fees, Architect, consultant	16,000	
Parking Improvements	24, 023	
Additional fencing and lighting	30,000	
AL164-01		
Stoves and Refrigerators (15)	6,000	
Repair and replace roofing selectively	40,000	
AL164-02		
Stoves and Refrigerators (10)	4,000	
Repair and replace roofing selectively	10,000	
AL164-04		
Stoves and refrigerators (15)	6,000	
Repair and replace roofing selectively	40,000	
Total estimated cost	194,023	

09/30/2005

CFP 5-Year Action Plan

☒ Original statement ☐ Revised statement

Development Number	Development Name (or indicate PHA wide)
AL164	PHA-Wide AL164-01,02,04

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
PHA-Wide		07/01/2005
Operations	18,000	
A & E Fees, Architect, consultant	16,000	
Parking Improvements	6,823	
AL164-01		
Stoves and refrigerators (25)	10,000	
Exterior steel doors, frames, and screens	80,000	
AL164-02		
Stoves and Refrigerators (18)	7,200	
Exterior steel doors, frames and screens (28)	56,000	
Total estimated cost	194,023	

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 $_____

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

C. FFY in which funding is requested _____

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

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)

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_____

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						
FY 1996						
FY 1997						
FY1998						
FY 1999						

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.

B. PHDEP Budget Summary

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

FFY _____ PHDEP Budget Summary **Original statement** **Revised statement dated:**	
Budget Line Item	**Total Funding**
9110 – Reimbursement of Law Enforcement	
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	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

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: $**
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.							

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: $**		
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.							

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 _D_: Resident Member on the PHA Governing Board

1. ☐ 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:

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

☐ Elected
☐ Appointed

C. The term of appointment is (include the date term expires):

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): The next Commissioner term expires August 2001, at which time a tenant will be appointed

B. Date of next term expiration of a governing board member: August 2001

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):
Mayor and City Council, City of Bay Minette, Alabama

Required Attachment _E_: 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.)

Deborah Washington
Betty Jean Robinson
Bessie Wright
Albert Pettway
Susan Cross

ATTACHMENT F: RESULTS OF FIRST YEAR ACTIVITIES

PHA GOAL 1: We continue to inspect all housing units annually. We have prioritized our needs for CIAP and CFP monies. We have tested apartments for LBP and asbestos.

PHA GOAL 2: We have counseled various residents on homeownership and pledged our support if they choose to pursue homeownership. We do not believe it is feasible at this time to convert any of our rental units to homeownership.

PHA GOAL 3: We will soon implement flat and ceiling rents and our policy will allow a choice in rent selection. In our new lease and ACOP, preferences in housing will favor working families, homeless, elderly/handicapped and families with hardships.

PHA GOAL 4: We continue to ensure Equal Opportunity in housing for all applicants regardless of their needs.

PHA GOAL 5: Improving the physical condition of the units and grounds is a constant process. We will upgrade major systems(wiring and roofing) and in the future install air conditioning in units.

PHA GOAL 6: The PHA plans to work more closely with the city and county law enforcement agencies and obtains arrest information on any tenant for necessary appropriate action. Management and maintenance attend training seminars to improve related skills. PHA assesses and changes/updates policies as needed.

ATTACHMENT G: SUBSTANTIAL DEVIATION POLICY

Policy Defining A Substantial Deviation and Change in the Agency Plan

The Housing Quality and Work Responsibility Act of 1998 requires the Housing Authority to notify the Resident Advisory Board, the Board of Commissioners and the U S Department of Housing and Urban Development of any "substantial deviation" or "significant amendment" in the Agency's Annual Plan and in the 5-Year Plan proposed modernization and capital improvement activities that have been previously approved and reported to HUD.

The Housing Authority recognizes that it has a duty and responsibility to the residents, to the Resident Advisory Board, to the Commissioners and to the public to advise them of any substantial deviation or substantial change in the overall Plan and any preplanned modernization work items.

Therefore, the Housing Authority hereby defines a "substantial deviation" as any deletion or addition of any modernization work item that is greater than $25,000; the addition or deletion of any new or old program or activity; any changes with regard to demolition, disposition, or designation of housing units; any homeownership programs or conversion activities; and any changes to rent or admission policies (except changes made to reflect changes in HUD regulatory requirements). A "significant amendment" would be changes in the use of replacement reserves under the Capital Funds program or the addition of non-emergency work items not included in the current Annual Plan that is greater that $25,000.

The Executive Director is assigned the responsibility of making the required notifications to all interested and affected parties as described above of any "substantial deviation" or "significant amendment" to the Annual and Five-Year Plans as well as notification to the public of any material change, that is not defined above, that, in his or her opinion, should be made known to the public as good business practice.

Adopted this _____day of _____, 2000

ATTACHMENT H: IMPLEMENTATION OF PUBLIC HOUSING RESIDENT COMMUNITY SERVICE REQUIREMENTS

The Housing Authority is in the process of implementing the public housing resident community service requirement at this time. The Housing Authority has adopted a Community Service Policy (included as an attachment to this Annual Plan Update) and is in the process of finalizing and implementing the requirements based upon the final rule.

The administrative steps being taken and followed to achieve this is as follows:
1. Develop a Community Service Policy (completed)
2. Make the appropriate changes in the dwelling lease
3. Develop a written description of the service requirements
4. Notification of residents regarding requirement or exempt status of each adult family member
5. Enter into cooperative agreement with TANF agencies to assist the PHA in verifying status of residents, and
6. Determine whether the PHA or another entity will administer the program

The PHA is currently following these administrative steps toward the implementation of the Community Service Requirement.

ATTACHMENT I: COMMUNITY SERVICE POLICY

COMMUNITY SERVICE POLICY

Section 512 of the Quality Housing and Work Responsibility Act of 1998, which amends Section 12 of the Housing Act of 1933, establishes a new requirement for non-exempt residents of public housing to contribute eight (8) hours of community service each month or to participate in a self-sufficiency program for eight (8) hours each month. Community service is a service for which individuals are not paid. The Housing Authority of the City of BAY MINETTE, AL (herein referred to as PHA) believes that the community service requirement should not be perceived by the resident to be a punitive or demeaning activity, but rather to be a rewarding activity that will benefit both the resident and the community. Community service offers public housing residents an opportunity to contribute to the communities that support them.

In order to effectively implement this new requirement, the Housing Authority of the City of BAY MINETTE, AL establishes the following Policy, effective July 1, 2001.

Community Service

The PHA will provide residents, identified as required to participate in community service a variety of voluntary activities and locations where the activities can be performed. The activities may include, but are not limited to:

Improving the physical environment of the resident's developments;
Selected office related services in the development or
Administrative Office;
Volunteer services in local schools, day care centers, hospitals, nursing homes, youth or senior organizations, drug/alcohol treatment centers, recreation centers, etc;
Neighborhood group special projects;
Self-improvement activities such as household budget, credit counseling, English proficiency, GED classes or other education activities;
Tutoring elementary or high school age residents; and
Serving in on-site computer training center.

Voluntary political activities are prohibited.

Program Administration

The PHA may administer its own community service program in conjunction with the formation of cooperative relationships with other community based entities such as TANF, Social Services Agencies or other organizations which have as their goal, the improvement and advancement of disadvantaged families. The PHA may seek to contract its community service program out to a third-party.

In conjunction with its own or partnership program, the PHA will provide reasonable accommodations for accessibility to persons with disabilities. The PHA may directly supervise community service activities and may develop and provide a directory of opportunities from which residents may select. When services are provided through partnering agencies, the PHA will confirm the resident's participation. Should contracting out the community service function be determined to be the most efficient method for the PHA to accomplish this requirement, the PHA will monitor the agency for contract compliance.

The PHA will assure that the service is not labor that would normally be performed by PHA employees responsible for the essential maintenance and property services.

Geographic Location

The PHA recognizes that the intent of this requirement is to have residents provide service to their own communities, either in the PHA's developments or in the broader community in which the PHA operates.

Exemptions

In accordance with provisions in the Act, the PHA will exempt from participation in community service requirements the following groups:

Adults who are 62 years of age or older;
Persons engaged in work activities as defined under Social Security (full-time or part-time employment)
Participants in a welfare to work program;

Persons receiving assistance from and in compliance with State programs funded under part A, title IV of the Social Security Act, and
The disabled but only the extent that the disability makes the person "unable to comply" with the community service requirements.

The PHA will determine at the next regularly scheduled reexamination, the status of each household member eighteen (18) years of age or older with respect to the requirement to participate in community service activities. The PHA will use the "PHA Family Community Service Monthly Time Sheet" to document resident eligibility and the hours of community service. A record for each adult will be established and community service placement selections made. Each non-exempt household member will be provided with forms to be completed by a representative of the service or economic self-sufficiency activity verifying the hours of volunteer service conducted each month.

The PHA will also assure that procedures are in place which provide residents the opportunity to change status with respect to the community service requirement. Such changes include, but are not limited to:

Going from unemployment to employment;
Entering a job training program;
Entering an educational program, which exceeds eight (8) hours monthly.

All exemptions to the community service requirement will be verified and documented in the resident file. Required verifications may include, but not be limited to:

Third-party verification of employment, enrollment in a training or education program, welfare to work program or other economic self sufficiency activities;
Birth certificates to verify age 62 or older; or
If appropriate, verification of disability limitations.

Families, who pay flat rents, live in public housing units within market rate developments or families who are over income when they initially occupy a public housing unit will not receive an automatic exception.

Cooperative Relationships with Welfare Agencies
The PHA may initiate cooperative relationships with local service agencies that provide assistance to its families to facilitate information exchange, expansion of community service/self-sufficiency program options and aid in the coordination of those activities.

Lease Requirements and Documentation

The PHA's lease has a twelve- (12) month term and is automatically renewable except for non-compliance with the community service requirement. The lease also provides for termination and eviction of the entire household for such non-compliance. The lease provisions will be implemented for current residents at the next regularly scheduled reexamination on or after July 1, 2001, and for all new residents effective July 1, 2001. The PHA will not renew or extend the lease if the household contains a non-exempt member who has failed to comply with the community service requirement.

Documentation of compliance or non-compliance will be placed in each resident file.

Non-compliance

If the PHA determines that a resident who is not an "exempt individual" has not complied with the community service requirement, the PHA must notify the resident:

of the non-compliance;

that the determination is subject to the PHA's administrative grievance procedures;

That unless the resident enters into an agreement under paragraph 4. Of this section, the lease of the family of which the con-compliant adult is a member may not be renewed. However, if the non-compliant adult moves from the unit, the lease may be renewed;

That before the expiration of the lease term, the PHA must offer the resident an opportunity to cure the non-compliance during the next twelve (12) month period; such a cure includes a written agreement by the non-compliant adult to complete as many additional hours of community service or economic self-sufficiency activity needed to make up the total number of hours required over the twelve (12) month term of the lease.

ATTACHMENT J: PET POLICY

The Housing Authority is in the process of reviewing its current policy and is determining the changes that may be need to comply with the final rule of July 10,2000.

The current Pet Policy has reasonable requirements contained therein. However, the PHA is determining which, if any, changes may need to be made based upon the final rule that was published July 10,2000.

The Pet Policy is currently an addendum to the dwelling lease, and the PHA will be soon incorporating its provisions into the Admissions and Continued Occupancy Policy when it is updated.

The reasonable requirements include:

- Limitation on the number of pets,
- Evidence that the pet is neutered or spayed,
- Evidence of inoculation
- Under the control of an adult member of the household when outside the dwelling unit,
- Prohibits animals considered ‘dangerous’ by the housing authority,
- Requires a reasonable pet security deposit, and
- Prohibits breeding of pets for commercial purposes.

ATTACHMENT K

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: BAY MINETTE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program: AL09P16450100 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 09/2000

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 12/31/00 ☐ 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	1,500		0	0
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	12,313		10,000	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	180,210		0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
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)	194,023		10,000	0

ATTACHMENT K

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: BAY MINETTE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program: **AL09P16450100** Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: **09/2000**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/00** ☐ **Final Performance and Evaluation Report**

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

ATTACHMENT K

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

PHA Name: **BAY MINETTE HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program #: **AL09P16450100** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 09/2000**

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	ADMINISTRATION	1410		1,500		0	0	
HA-WIDE	FEES & COSTS-ARCHITECT	1430		12,313		10,000	0	
HA-WIDE	DWELLING STRUCTURES-DETAILS IN FILE	1460		182,210		0	0	

ATTACHMENT K

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

PHA Name: **BAY MINETTE HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program #: **AL09P16450100** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 09/2000**

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	
HA-WIDE	09/30/2001	06/30/2002		12/31/2001	09/30/2002		REVISED FOR MAX TIME

ATTACHMENT K

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: BAY MINETTE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program: AL09P164908-99 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 09/1999

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 12/31/00 ☐ 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	20,500			
3	1408 Management Improvements	20,000		1,800	1,800
4	1410 Administration	1,500			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	13,500			
8	1440 Site Acquisition				
9	1450 Site Improvement	91,000			
10	1460 Dwelling Structures	33,600			
11	1465.1 Dwelling Equipment—Nonexpendable	19,500		3,700	3,700
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	4,667			
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)	204,267		5,500	5,500
21	Amount of line 20 Related to LBP Activities				

ATTACHMENT K

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: BAY MINETTE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program: AL09P164908-99 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 09/1999

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 12/31/00 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

ATTACHMENT K

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

PHA Name: **BAY MINETTE HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program #: **AL09P164908-99** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 09/1999**

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	OPERATIONS	1406		20,500		0	0	
“	MGMT IMPROVEMENTS	1408		20,000		1,800	1,800	
“	ADMINISTRATION	1410		1,500		0	0	
“	ARCHITECT FEES	1430		13,500		0	0	
“	SITE IMPROVEMENTS	1450		91,000		0	0	
“	DWELLING STRUCTURES	1460		33,600		0	0	
“	DWEL EQUIP-NONEXPEND	1465.1		19,500		3,700	3,700	
“	NONDWEL EQUIP	1475		4,667		0	0	
	TOTAL			204,267		5,500	5,500	

ATTACHMENT K

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

PHA Name: **BAY MINETTE HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program #: **AL09P164908-99** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 09/1999**

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	
HA-WIDE		06/30/01			09/30/01		TO ALLOW MAX TIME

ATTACHMENT K

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: BAY MINETTE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program: AL09P164907-98 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 09/1998

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 12/31/00 ☐ 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	26,760	35,089	26,760	26,760
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	16,185	16,185	16,185	16,185
8	1440 Site Acquisition				
9	1450 Site Improvement	32,644	24,315	24,315	24,315
10	1460 Dwelling Structures	152,915	152,915	152,915	152,915
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	39,095	39,095	39,095	39,095
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)	267,599	267,599	259,270	259,270
21	Amount of line 20 Related to LBP Activities				

ATTACHMENT K

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: BAY MINETTE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program: AL09P164907-98 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 09/1998

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 12/31/00 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

ATTACHMENT K

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

PHA Name: **BAY MINETTE HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program #: **AL09P164907-98** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 09/1998**

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	
HA-WIDE	OPERATIONS	1406		26,760	35,089	26,760	26,760	NEAR COMPLETE
HA-WIDE	ARCHITECT/FEES	1430		16,185	16,185	16,185	16,185	COMPLETE
HA-WIDE	SITE IMPROVEMENTS-DETAILS IN FILES	1450		32,644	24,315	24,315	24,315	COMPLETE
HA-WIDE	DWELLING STRUCTURES-DETAILS IN FILES	1460		152,915	152,915	152,915	152,915	COMPLETE
HA-WIDE	NONDWELLING STRUCTURES-DETAILS IN FILES	1470		39,095	39,095	39,095	39,095	COMPLETE
	TOTALS			267,599	267,599	259,270	259,270	

ATTACHMENT K

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

PHA Name: **BAY MINETTE HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program #: **AL09P164907-98** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 09/1998**

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	

ATTACHMENT K

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

PHA Name: **BAY MINETTE HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program #: **AL09P164907-98** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 09/1998**

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	
ALL ACTIVITIES		03/31/01	03/31/01		03/31/01	03/31/01	

ATTACHMENT L

DECONCENTRATION

Component 3, (6) Deconcentration and Income Mixing

a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the de-concentration rule? If no, this section is complete. If yes, continue to the next question.

b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	**Number of Units**	**Explanation (if any) [see step 4 at §903.2(c)(1)((iv)]**	**Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]**