

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

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

PHA Plan Agency Identification

PHA Name: HOUSING AUTHORITY, CITY OF ONEONTA, ALABAMA

PHA Number: AL063

PHA Fiscal Year Beginning: (mm/yyyy) 01/2002

PHA Plan Contact Information:

Name: SARAH MAYNOR

Phone: (205) 625-5955

TDD:

Email (if available): smaynor@otelco.net

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 2002**
[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.

Contents	<u>Page #</u>
Annual Plan	
i. Executive Summary (optional)	
ii. Annual Plan Information	
iii. Table of Contents	1
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	2
3. Demolition and Disposition	2
4. Homeownership: Voucher Homeownership Program	3
5. Crime and Safety: PHDEP Plan	4
6. Other Information:	
A. Resident Advisory Board Consultation Process	4
B. Statement of Consistency with Consolidated Plan	5
C. Criteria for Substantial Deviations and Significant Amendments	
	5

Attachments

- Attachment A : Supporting Documents Available for Review
- Attachment B : Capital Fund Program Annual Statement
- Attachment C : Capital Fund Program 5 Year Action Plan
- Attachment : Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment : Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment D : Resident Membership on PHA Board or Governing Body
- Attachment E : Membership of Resident Advisory Board or Boards
- Attachment : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
 Voluntary Conversion Assessment

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

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 Oneonta Housing Authority has not had any new policies approved since last year’s PHA Plan. However, the Oneonta Housing Authority Board of Commissioners will have the opportunity in the upcoming year to approve a new ACOF, lease, and Section 8 Administrative Plan that have been pre-approved by the Birmingham field office. All of the plans and policies comply with regulations and will be reviewed on a regular basis to monitor compliance. This is done on a statewide basis through the state association and the cooperation of HUD.

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? \$ 304,537.00

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

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 <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> 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.)

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? \$ _____

- 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 _____.

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)

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: (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 from the 5-year Plan: None

B. Significant Amendment or Modification to the Annual Plan: None

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing 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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> 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
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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 <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> 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
	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
	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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

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
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	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
	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
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	PHDEP-related documentation: <ul style="list-style-type: none"> · 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) <input type="checkbox"/> 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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: HOUSING AUTHORITY, CITY OF ONEONTA		Grant Type and Number Capital Fund Program: AL09P063-501-02 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	30450.00			
3	1408 Management Improvements				
4	1410 Administration	3000.00			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	18000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	65000.00			
10	1460 Dwelling Structures	164837.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	23250.00			
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)	304537.00			
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				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: HOUSING AUTHORITY, CITY OF ONEONTA	Grant Type and Number Capital Fund Program: AL09P063-501-02 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002	
<input checked="" type="checkbox"/> Original Annual Statement					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> 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	38000.00			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Oneonta Housing Authority		Grant Type and Number Capital Fund Program #: AL09P063-501-02 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002			
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	
	Operations	1406						Proposed
PHA-Wide	a) Move 10% of CFP funds to Operating Account		1 L.S.	30450.00				
PHA-Wide	Administration	1410						Proposed
	a) Misc. cost associated with bidding Construction and accounting		1 L.S.	3000.00				
	Fees and Costs	1430						Proposed
PHA-Wide	a) Hire A/E firm to do contract Drawings and perform inspections		1 L.S.	18000.00				
	Site Improvement	1450						Proposed
AL063-01	a) Landscaping		1 L. S.	5000.00				
	b) Parking Bays		1 L. S.	50000.00				
	c) Playground equipment		1 L. S.	5000.00				
AL063-06	a) Landscaping		1 L. S.	5000.00				
AL063-07	a) Landscaping		1 L. S.	5000.00				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Oneonta Housing Authority			Grant Type and Number Capital Fund Program #: AL09P06350102 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002		
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	
	<u>Dwelling Structures</u>	1460						Proposed
AL063-01	a) Lavatory faucets		40 DU	6000.00				
	b) Kitchen faucets		40 DU	6000.00				
	c) Porch Posts		40 DU	10000.00				
	d) Front & rear Storm doors		40 DU	16000.00				
AL063-02	a) Front storm doors		10 DU	2000.00				
	b) Heating and Air units		10 DU	35000.00				
	c) Kitchen Faucets		10 DU	1500.00				
	d) Lavatory Faucets		10 DU	1500.00				
	e) Lighting		10 DU	2500.00				
	f) Hot Water Heaters		10 DU	3000.00				
	g) Shutters		10 DU	4000.00				
AL063-03	a) Drains re-plumbed		2 DU	10337.00				
	b) Heaters		30 DU	12000.00				
AL063-06	a) Front storm doors		50 DU	10000.00				
AL063-07	a) Front Storm Doors		50 DU	10000.00				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Oneonta Housing Authority			Grant Type and Number Capital Fund Program #: AL09P063-501-02 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002		
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	
	<u>DWELLING EQUIPMENT</u>	1465.1						Proposed
AL063-01	Refrigerators		40	12000.00				
	Stoves		40	12000.00				
AL063-02	Refrigerators		10	3000.00				
	Stoves		10	3000.00				
	<u>Non –Dwelling Structures</u>	1470						Proposed
PHA-Wide	Transform former office to Community Center		1 L.S.	23250.00				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Oneonta Housing Authority		Grant Type and Number Capital Fund Program #: AL09P062-501-02 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002	
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	
PHA-Wide	3/31/03			9/30/04			
AL063-01	3/31/03			9/30/04			
AL063-02	3/31/03			9/30/04			
AL063-03	3/31/03			9/30/04			
AL063-06	3/31/03			9/30/04			
AL063-07	3/31/03			9/30/04			

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

PHA Name: HOUSING AUTHORITY OF THE CITY OF ONEONTA, ALABAMA		Grant Type and Number Capital Fund Program: AL09-P063-501-01 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$30,450.00			
3	1408 Management Improvements	\$30,000.00			
4	1410 Administration	\$3,000.00			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$17,500.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$25,674.00			
10	1460 Dwelling Structures	\$152,500.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	\$45,413.00			
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)	\$304,537.00			
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				
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: HOUSING AUTHORITY, CITY OF ONEONTA, ALABAMA		Grant Type and Number Capital Fund Program #: AL09-P0-501-01 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	
	<u>Operations</u>	1406						
PHA-Wide	a) Move 10% of CFP funds to Operating account		1 L. S.	\$30,450.00				
	<u>Management Improvements</u>	1408						
PHA-Wide	a) Office furniture for new H.A. office		1 L. S.	\$25,000.00				
	b) New Office phone system		1 L. S.	\$4,000.00				
	c) Computer Networking		1 L. S.	\$1,000.00				
	<u>Administration</u>	1410						
PHA-Wide	a) Misc. cost associated with bidding Construction and accounting		1 L. S.	\$3,000.00				
	<u>Fees & Costs</u>	1430						
PHA-Wide	a) Hire an A/E firm to do contract Drawings and perform inspections.		1 L. S.	\$17,500.00				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY, CITY OF ONEONTA, ALABAMA		Grant Type and Number Capital Fund Program #: AL09-P0-501-01 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	
	<u>Site Improvements</u>	1450						
AL063-01	a) Repair or replace damaged sidewalks		2925 S. F.	\$22,674.00				
AL063-02	a) Repair or replace damaged sidewalks		400 S. F.	\$3,000.00				
	<u>Dwelling Structures</u>	1460						
AL063-01	a) Install new service drops and Rewire dwelling units.		40 DU	\$90,000.00				
	b) Install shutters.		40 DU	\$7,500.00				
AL063-03	a) Install new carpet.		30 DU	\$55,000.00				
	<u>Non-Dwelling Structures</u>	1470						
PHA-Wide	a) Construction of new H. A. office		1 L. S.	\$45,413.00				
	Note: These funds make up the Shortfall in FFY 2000 funds for this Purpose							

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: HOUSING AUTHORITY, CITY OF ONEONTA, ALABAMA		Grant Type and Number Capital Fund Program #: AL09-P063-501-01 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	
PHA-Wide	3/31/02			9/30/03			
AL063-01	3/31/02			9/30/03			
AL063-02	3/31/02			9/30/03			
AL063-03	3/31/02			9/30/03			

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Oneonta Housing Authority		Grant Type and Number Capital Fund Program: AL09P06350100 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: JUNE 30, 2001 <input type="checkbox"/> 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	29800.00		29800.00	0.00
3	1408 Management Improvements				
4	1410 Administration	5000.00		326.40	326.40
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	20000.00		17500.00	14025.00
8	1440 Site Acquisition				
9	1450 Site Improvement	10000.00		0.00	0.00
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	20000.00		0.00	0.00
12	1470 Nondwelling Structures	213767.00		213767.00	0.00
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)	298567.00		261393.40	14351.40
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				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: Oneonta Housing Authority		Grant Type and Number Capital Fund Program: AL09P06350100 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)				
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: JUNE 30, 2001 <input type="checkbox"/> 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: Oneonta Housing Authority			Grant Type and Number Capital Fund Program #: AL09P06350100 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	
PHA-Wide	OPERATIONS	1406		29800.00		29800.00	0.00	In process
	a. Operations Acct.		1 L.S.					
PHA-Wide	ADMINISTRATION	1410				326.40	326.40	In process
	a. Administrative Services		1 L. S.	1500.00				
	b. Computer Upgrade		1 L. S.	3500.00				
PHA-Wide	FEES AND COSTS	1430				20000.00	14025.00	In process
	a. Fee Accountant		1 L. S.	2500.00				
	b. A/E Cost		1 L. S.	17500.00				
PHA-Wide	SITE IMPROVEMENTS	1450				0.00	0.00	In process
	a. Site Preparation		1 L. S.	10000.00				
PHA-Wide	DWELLING EQUIPMENT	1465.1				0.00	0.00	In process
	a. Ranges		15	8750.00				
	b. Refrigerators		20	11250.00				
PHA-Wide	NON DWELLING STRUCTURES	1470				213767.00	0.00	In process
	a. Construction of New Admin. Facility		1 L. S.	213767.00				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Oneonta Housing Authority		Grant Type and Number Capital Fund Program: AL09P06391399 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 1999	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: June 30, 2000 <input type="checkbox"/> 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	7000.00		7000.00	350.40
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	17000.00		17000.00	12000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	13000.00		13000.00	1852.02
10	1460 Dwelling Structures	221101.00		221101.00	23257.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	5000.00		5000.00	1445.13
13	1475 Nondwelling Equipment	38200.00		38200.00	19123.38
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)	301301.00		301301.00	58027.93
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				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: Oneonta Housing Authority		Grant Type and Number Capital Fund Program: AL09P06391399 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 1999
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)				
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: June 30, 2000 <input type="checkbox"/> 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: Oneonta Housing Authority			Grant Type and Number Capital Fund Program #: AL09P06301399 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	
PHA-Wide	ADMINISTRATION	1410		7000.00		7000.00	350.40	In progress
	a. Administrative Services							
	b. Computer Upgrade							
	c. Staff Training							
				17000.00		17000.00	12000.00	In progress
PHA-Wide	FEES AND COSTS	1430						
	a. Fee Accountant							
	b. A/E Cost							
PHA-Wide	SITE IMPROVEMENTS	1450		13000.00		13000.00	1852.02	In progress
	a. Repair sidewalks, drives,etc.							
	b. Trim trees away from roofs							
	DWELLING STRUCTURES	1460		221101.00		221101.00	23257.00	In progress
AL063-01	a. Roof 8 buildings							
	b. Replace Tub faucets							

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Oneonta Housing Authority			Grant Type and Number Capital Fund Program #: AL09P06391399 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	
	DWELLING STRUCTURES CONT'D	1460 CONT'D						
AL063-02	a. Interior Painting							
AL063-03	a. Paint Handrails							
AL063-06	a. New Heating and A/C System							
AL063-07	a. New Heating and A/C System							
PHA-Wide	NON-DWELLING STRUCTURES	1470		5000.00		5000.00	1445.13	In Progress
	a. Upgrade Admin. Office							
	NON-DWELLING EQUIPMENT	1475		38200.00		38200.00	19123.38	In Progress
	a. Riding Lawn Tractor							
	b. Exec. Director Vehicle							
	c. Maintenance Truck Lift							
	d. Ice Machine							

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Oneonta Housing Authority		Grant Type and Number Capital Fund Program: AL09P06391399 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: June 30, 2001 <input type="checkbox"/> 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	0.00	30000.00	30000.00	30000.00
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	7000.00	7925.75	7925.75	7925.75
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	17000.00	17000.00	17000.00	16000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	13000.00	19652.02	19652.02	19652.02
10	1460 Dwelling Structures	221101.00	206154.72	206154.72	194744.41
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	5000.00	1445.13	1445.13	1445.13
13	1475 Nondwelling Equipment	38200.00	19123.38	19123.38	19123.38
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)	301301.00	301301.00	301301.00	288890.69
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				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: Oneonta Housing Authority		Grant Type and Number Capital Fund Program: AL09P06391399 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 1999
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)				
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: June 30, 2001 <input type="checkbox"/> 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: Oneonta Housing Authority		Grant Type and Number Capital Fund Program #: AL09P06391399 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	
PHA-Wide	OPERATIONS	1406		0.00	30000.00	30000.00	30000.00	Completed
PHA-Wide	ADMINISTRATION	1410		7000.00	7925.75	7925.75	7925.75	Completed
	a. Administrative Services							
	b. Computer Upgrade							
	c. Staff Training							
PHA-Wide	FEES AND COSTS	1430		17000.00	17000.00	17000.00	16000.00	In Progress
	a. Fee Accountant							
	b. A/E Cost							
PHA-Wide	SITE IMPROVEMENTS	1450		13000.00	19652.02	19652.02	19652.02	Completed
	a. Repair sidewalks, drives,etc.							
	b. Trim trees away from roofs							
	c. stripe parking areas							
AL063-01	DWELLING STRUCTURES	1460		221101.00	206154.72	206154.72	194744.41	In Progress
	a. Roof 8 buildings							
	b. Replace Tub faucets							

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Oneonta Housing Authority			Grant Type and Number Capital Fund Program #: AL09P06391399 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	
	DWELLING STRUCTURES CONT'D	1460 CONT'D						
AL063-03	a. Paint Handrails and steps							
AL063-06	a. New Heating and A/C System							
AL063-07	a. New Heating and A/C System							
PHA-Wide	NON-DWELLING STRUCTURES	1470		5000.00	1445.13	1445.13	1445.13	Completed
	a. Upgrade Maintenance Office							
	NON-DWELLING EQUIPMENT	1475		38200.00	19123.38	19123.38	19123.38	Completed
	a. Exec. Director Vehicle							
	b. Printer							
	c. 13 in TV/VCR							

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		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
	PHA-WIDE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Architect/Engineer, Administrative Services, Accounting Fees, Operations	\$45,000.00	2003
Architect/Engineer, Administrative Services, Accounting Fees, Operations	\$45,000.00	2004
Architect/Engineer, Administrative Services, Accounting Fees, Operations	\$50,000.00	2005
Architect/Engineer, Administrative Services, Accounting Fees, Operations	\$50,000.00	2006
Total estimated cost over next 5 years	\$190,000.00	

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
AL09P063001	HILLCREST CIRCLE APARTMENTS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Ceramic Tile for Bathrooms	\$54,500.00	2003
Painting	\$28,000.00	2005
Total estimated cost over next 5 years	\$82,500.00	

CFP 5-Year Action Plan	
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement	

Development Number	Development Name (or indicate PHA wide)		
AL09P063002	JACKSON AVENUE APARTMENTS		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Paint		\$21,000.00	2005
Total estimated cost over next 5 years		\$21,000.00	

CFP 5-Year Action Plan	
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement	
Development Number	Development Name (or indicate PHA wide)

AL09P063003	VALLEY HOMES	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Back Storm Doors, Kitchen Faucets, Landscaping	\$12,200.00	2003
Kitchen Floors, Utility Closets	\$56,700.00	2004
Stoves and Refrigerators, Paint, New Railing	\$40,000.00	2005
Parking Bay Upgrade	\$18,000.00	2006
Total estimated cost over next 5 years	\$126,900.00	

CFP 5-Year Action Plan	
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement	
Development Number	Development Name (or indicate PHA wide)
AL09P063006	CAMELLIA COURT

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Stoves, Refrigerators, Locks and New back doors	\$60,000.00	2003
Floor Tiles, Baseboard, Exterior Painting and Cleaning	\$65,000.00	2004
Paint, Change two 2-bedroom units to make them Handicapped Accessible	\$46,350.00	2005
Roofing, Kitchen counter tops, sinks and faucets	\$122,000.00	2006
Total estimated cost over next 5 years	\$293,350.00	
CFP 5-Year Action Plan <input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
AL09P063007	W. L. HARRIS APARTMENTS	

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Stoves, Refrigerators, Locks and New back doors	\$60,000.00	2003
Floor Tiles, Baseboard, Exterior Painting and Cleaning	\$65,000.00	2004
Paint, Change two 2-bedroom units to make them Handicapped Accessible	\$46,350.00	2005
Roofing, Kitchen counter tops, sinks and faucets	\$114,500.00	2006
Total estimated cost over next 5 years	\$285,850.00	

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):

B. Date of next term expiration of a governing board member: 12/1/2001

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Mayor Ralph Tidwell, City of Oneonta

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.)

THE RESIDENT ADVISORY BOARD CONSISTS OF ALL RESIDENTS AT THE ONEONTA HOUSING AUTHORITY. DUE TO LACK OF PARTICIPATION AND INTEREST FROM RESIDENTS TO BE ON AN ADVISORY BOARD, ALL TENANTS RECEIVED A NEWSLETTER THAT DESCRIBED THE ANNUAL PLAN. A COPY OF THE NEWSLETTER WAS ALSO POSTED IN THE OFFICE. EACH RESIDENT WAS INVITED TO GIVE COMMENTS ON THE PLAN AND TO EXPRESS INTEREST IN SERVING ON THE GOVERNING BOARD. NOTE: NO COMMENTS WERE RECEIVED CONCERNING THE ANNUAL PLAN AND THERE WAS NO WRITTEN OR VERBAL INTEREST EXPRESSED CONCERNING MEMBERSHIP ON THE GOVERNING BOARD.

Other Attachment

***Voluntary Conversion of Public Housing Development Analysis
Required Initial Assessment***

HOUSING AUTHORITY OF: ONEONTA, ALABAMA

Determination of requirement for initial assessment:

This assessment must be completed once for each the authority's developments, unless the development falls under one of the four following categories:

1. The development has already been determined to be subject to mandatory conversion under 24 CFR part 971;
2. The development is the subject of an application for demolition or disposition that has not been disapproved by HUD;
3. The development has been awarded a HOPE VI revitalization grant; or
4. The development is designated for occupancy by the elderly and/or persons with disabilities (i.e., is not a general occupancy development).

Please complete this table for all developments of your PHA to determine if an initial assessment is required.

**** If any question is answered yes, development is exempt from the voluntary conversion requirements.***

<i>DEV. NUMBER</i>	<i>DEVELOPMENT NAME</i>	<i>* IS THE DEV. SUBJECT TO MANDATORY CONVERSION?</i>	<i>* IS A DEMOLITION APPLICATION PENDING?</i>	<i>* IS THE DEV. DESIGNATED ELDERLY/ DISABLED?</i>	<i>* DEV. HAS HOPE VI APPROVED?</i>	<i>IS DEV. EXEMPT?</i>
AL09P063001	HILLCREST CIRCLE	NO	NO	NO	NO	NO
AL09P063002	JACKSON AVE. APTS.	NO	NO	NO	NO	NO
AL09P063003	VALLEY HOMES	NO	NO	YES	NO	YES
AL09P063006	CAMELLIA COURTS	NO	NO	PARTIAL	NO	NO
AL09P063007	W.L. HARRIS APTS.	NO	NO	YES	NO	YES

Complete an individual development analysis for each development not exempt.

INDIVIDUAL DEVELOPMENT ANALYSIS
Voluntary Conversion of Public Housing Development Analysis
Required Initial Assessment

DEVELOPMENT NUMBER AL09P063002

As required by 24 CFR Part 972 – Complete each section to determine if Conversion of Public Housing to Tenant-Based Assistance, may be appropriate:

Necessary conditions for voluntary conversion:
<ul style="list-style-type: none"> • Will not be more expensive than continuing to operate the development (or portion of it) as public housing; • Will principally benefit the residents of the public housing development to be converted and the community; and • Will not adversely affect the availability of affordable housing in the community.

2. Is the cost of conversion more expensive than continuing to operate the development as a public housing community? Use most recent financial (year-end) statements for public housing and Section 8.

a. Public Housing Line 520, HUD 52599: (PUM) 127.06

b. Section 8 HUD 52681, Line 30 16346 divided
by Line 11: 587 = avg. unit cost 278.48

c. Is Line 1b higher? Yes **XX** No

If line c is yes, Section 8 is more expensive to operate and is not appropriate for conversion and you do not have to complete sections 2 or 3.

2. Would the conversion of this public housing development principally benefit the residents of this development and the community? YES NO

a. Would the conversion adversely affect the availability of affordable housing in the community? Yes No

Comments:

b. Would the conversion provide the development residents with better housing choices? Yes
No

Comments:

d. Would the conversion help to de-concentrate low-income families in the community? Yes No

Comments:

d. Could other sources of housing be developed in connection with the conversion of this development to benefit residents? Yes No

Comments:

If line 2 is no, this development is not appropriate for conversion and you do not go to Number 3.

3. Would the conversion of this public housing development affect the availability of affordable housing stock in the area? YES NO

Comments:

If line 3 is no, this development is not appropriate for conversion.

We have determined that conversion is:

 Appropriate because conversion of the development would meet the necessary conditions for voluntary conversion.

XX Inappropriate because conversion of the development would not meet the necessary conditions for voluntary conversion.

 Signature on file
Signature of Executive Director

9/25/2001
Date

INDIVIDUAL DEVELOPMENT ANALYSIS

**Voluntary Conversion of Public Housing Development Analysis
Required Initial Assessment**

DEVELOPMENT NUMBER AL09P063006

As required by 24 CFR Part 972 – Complete each section to determine if Conversion of Public Housing to Tenant-Based Assistance, may be appropriate:

Necessary conditions for voluntary conversion:	
•	Will not be more expensive than continuing to operate the development (or portion of it) as public housing;
•	Will principally benefit the residents of the public housing development to be converted and the community; and
•	Will not adversely affect the availability of affordable housing in the community.

3. Is the cost of conversion more expensive than continuing to operate the development as a public housing community? Use most recent financial (year-end) statements for public housing and Section 8.
- a. Public Housing Line 520, HUD 52599: (PUM) 127.06
- b. Section 8 HUD 52681, Line 30 16346 divided by Line 11: 587 = avg. unit cost 278.48
- c. Is Line 1b higher? Yes XX No

If line c is yes, Section 8 is more expensive to operate and is not appropriate for conversion and you do not have to complete sections 2 or 3.

2. Would the conversion of this public housing development principally benefit the residents of this development and the community? YES NO

a. Would the conversion adversely affect the availability of affordable housing in the community? Yes No

Comments:

b. Would the conversion provide the development residents with better housing choices? Yes No

Comments:

e. Would the conversion help to de-concentrate low-income families in the community? Yes No

Comments:

d. Could other sources of housing be developed in connection with the conversion of this development to benefit residents? Yes No

Comments:

If line 2 is no, this development is not appropriate for conversion and you do not go to Number 3.

3. Would the conversion of this public housing development affect the availability of affordable housing stock in the area? YES NO

Comments:

If line 3 is no, this development is not appropriate for conversion.

We have determined that conversion is:

 Appropriate because conversion of the development would meet the necessary conditions for voluntary conversion.

XX Inappropriate because conversion of the development would not meet the necessary conditions for voluntary conversion.

Signature on file
Signature of Executive Director

9/25/2001
Date