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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: 2002

Housing Authority of the City of Ellaville

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

PHA Plan
Agency Identification

PHA Name: Housing Authority of the City of Ellaville

PHA Number: GA214

PHA Fiscal Year Beginning: (mm/yyyy) 09/2002

PHA Plan Contact Information:

Name: J. Len Williams
Phone: 706-571-2800
TDD: 706-571-2829
Email (if available): colgaha@mindspring.com

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)
Public Library
Main administrative office of the local and county government

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	Page #
Annual Plan	
i. Executive Summary (optional)	2
ii. Annual Plan Information	2
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	3
4. Homeownership: Voucher Homeownership Program	4
5. Crime and Safety: PHDEP Plan	4
6. Other Information:	
A. Resident Advisory Board Consultation Process	5
B. Statement of Consistency with Consolidated Plan	5
C. Criteria for Substantial Deviations and Significant Amendments	6

Attachments

☒ Attachment A : Supporting Documents Available for Review
☒ Attachment B : Capital Fund Program Annual Statement (ga214b01.doc)
☒ Attachment C : Capital Fund Program 5 Year Action Plan (ga214c01.doc)
☒ Attachment D : Capital Fund P&E Report FY 2001 (ga214d01.doc)
☒ Attachment E : Capital Fund P&E Report FY 2000 (ga214e01.doc)
☒ Attachment F : Resident Membership on PHA Board or Governing Body
☒ Attachment G : Membership of Resident Advisory Board or Boards
☒ Attachment H : 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)
Attachment I : Deconcentration and Income Mixing
Attachment J : Voluntary Conversion (ga214j01.doc)

HUD 50075
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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

Our Annual Plan is based on the premise that if we accompolish our goals and objectives we will be working towards the achievement of our mission.

The plans, statements, budget summary, policies, etc. set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with the Consolidated Plan. Please refer to the table of contents for highlights of major initiatives in our 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.

Community Service requirements have been suspended and are no longer required by 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? $ 84,909.00

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

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

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:

HUD 50075
OMB Approval No: 2577-0226
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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? $ **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. **N/A**

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

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

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 **H**.

☐ 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 Georgia Five-Year Consolidated Plan
Schley County, City of Ellaville, Comprehensive Plan

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

☒ 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)

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

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:
The PHA defines substantial deviation from the 5-Year Plan as the replacement or deletion of existing goals, or the creation of new goals.

B. **Significant Amendment or Modification to the Annual Plan:** The PHA defines significant amendment or modification to the Annual Plan as the creation, replacement, or modification of the Annual Plan provisions that prevent accomplishment of 5-Year Plan goals, or; the creation, replacement, or deletion of line items for the Capital Fund Program, the Drug Elimination Program, or Operating Fund Program which either individually or collectively change planned expenditures by an amount equal to 30% or more of the total amount of each respective grant. When a significant amendment or modification to the Annual Plan has occurred as defined above, due to, or in response to changes mandated by HUD, or has occurred in response to changes that are otherwise beyond the control of the PHA, the PHA shall deem that no significant amendment or modification to the Annual Plan has occurred.

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
	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
	Any policy governing occupancy of Police Officers in Public Housing ☐ check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	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
	Section 8 rent determination (payment standard) policies ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	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
	Section 8 informal review and hearing procedures ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	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
	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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
	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
	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
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Required Attachment F: 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:

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

Mayor Palmer
City Council

Required Attachment G : 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.)

Sharon Clark
Katie Ross
Shirley Thornton
Debra Hartage

Required Attachment H : Comments made by the RAB

RAB Comments:

1. Residents of Cedar Court complained of moisture building on the walls.
2. Residents complained about the appliances being to old and breaking down often.
3. The residents asked about grassing some areas and lawn care.

PHA's Response to RAB Comments:

1. The PHA's maintenance director explained the moisture is from a lack of insulation in the walls and would see what could be done to fix this.
2. The PHA explained the Capital Fund Improvement Program and showed the residents where over a course of time all appliances will be replaced with new appliances.
3. The PHA is looking at many different options on lawn care and will let the RAB know.

ATTACHMENT I :

Component 3, (6) Deconcentration and Income Mixing ***NOT APPLICABLE***

a. ☐ Yes ☐ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration 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)]**

ATTACHMENT B

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

PHA Name: Housing Authority of Ellaville, Georgia	Grant Type and Number Capital Fund Program Grant No: Ga. 06P21450102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002

☒ **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	$7,889.00			
3	1408 Management Improvements				
4	1410 Administration	$3,500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$7,500.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	$3,000.00			
10	1460 Dwelling Structures	$50,509.00			
11	1465.1 Dwelling Equipment—Nonexpendable	$2,497.00			
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	$4,000.00			
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	**$78,895.00**			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

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

PHA Name: Housing Authority of Ellaville, Georgia	Grant Type and Number Capital Fund Program Grant No: Ga. 06P21450102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002

☒ **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
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Housing Authority of Ellaville, Georgia		**Grant Type and Number** Capital Fund Program Grant No: GA. 06P21450102 Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	Operations	1406		$7,889.00				
	Sub-Total 1406			$7,889.00				
	Administration	1410		$3,500.00				
	Fees & Costs	1430		$7,500.00				
214-1 Cedar Ct.	Site Improvements	1450						
	Landscaping & Paving ,sidewalk repair	1450	3units	$3,000.00				
	Dwelling Structures	1460						
	Re-roof buildings 3 units		3	$8,000.00				
	Remodel kitchens and replace associated water lines.		3	$13,672.00				
	Remodel bathrooms & associated water lines & water heaters.		3	$10,511.00				
	Replace windows and install heavy duty screens.		3	$10,340.00				
	Replace metal bi-fold closet doors.		4	$1986.00				
	Replace exterior doors , Screen Doors		4	$4,000.00				
	Repair and paint interior walls		4	$2,000.00				
	Sub-Total 1460			$50,509.00				
	Dwelling Equipment Nonexpendable	1465.1						
	Replace kitchen appliance		4	$2,497				

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 of Ellaville, Georgia		**Grant Type and Number** Capital Fund Program Grant No: GA. 06P21450102 Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	Sub-Total 1465.1			$2,497				
	Relocation	1495.1	3	$4,000				
	Sub-Total 1495.1			$4,000				
	Grand Total			**$78,895.00**				

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

PHA Name: Housing Authority of Ellaville , Georgia							**Federal FY of Grant:** 2002
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
214-1 Cedar Court	Dec.2003			June 2005			

Capital Fund Program Five-Year Action Plan
Part I: Summary

PHA Name: Housing Authority of Ellaville, Ga.				☒**Original 5-Year Plan** ☐**Revision No:**	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant:2003 PHA FY: 2003	Work Statement for Year 3 FFY Grant:2004 PHA FY:2004	Work Statement for Year 4 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 5 FFY Grant:2006 PHA FY: 2006
	Annual Statement	1406 Operations $7,889.00	1406 Operations $7,889.00	1406 Operations $7,889.00	1406 Operations $7,889.00
		1411 Administration $3,500.00	1411 Administration $3,500.00	1411 Administration $3,500.00	1411 Administration $3,500.00
		1430 Fees & Cost $7,500.00	1430 Fees & Cost $7,500.00	1430 Fees & Cost $7,500	1430 Fees & Cost $7,500
		1450 Site Improvements $3,000	1450 Site Improvements $3,000	1450 Site Improvements $3,000	1450 Site Improvements $3,000
		1460 Dwelling Structures $50,509.00	1460 Dwelling Structures $50,509.00	1460 Dwelling Structures $50,509.00	1460 Dwelling Structures $50,509.00
		1465.1 Dwelling Equipment Nonexpendable $2,497	1465.1 Dwelling Equipment Nonexpendable $2,497	1465.1 Dwelling Equipment Nonexpendable $2,497	1465.1 Dwelling Equipment Nonexpendable $2,497
		1495.1 Relocation Cost $4,000	1495.1 Relocation Cost $4,000	1495.1 Relocation Cost $4,000	1495.1 Relocation Cost $4,000
		TOTAL $78,895.00	**TOTAL $78,895.00**	**TOTAL $78,895.00**	**TOTAL $78,895.00**
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

ATTACHMENT D

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

PHA Name: Housing Authority of Ellaville, Georgia	Grant Type and Number Capital Fund Program Grant No: GAO6P21450101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 3/31/02** ☐ **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	$8,400.00		8,400	8,400
3	1408 Management Improvements				
4	1410 Administration	$3,500.00		3,500	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$7,500.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	$3,000.00			
10	1460 Dwelling Structures	$56,012.00			
11	1465.1 Dwelling Equipment—Nonexpendable	$2,497			
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	$4,000.00			
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	**$84,909.00**		$11,900	$8,400
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Housing Authority of Ellaville, Georgia		**Grant Type and Number** Capital Fund Program Grant No: GA06P21450101 Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	Operations	1406		$8,400.00		8,400	8,400	
	Sub-Total 1406			$8,400.00		8,400	8,400	
	Administration	1410		$3,500.00		3,500	0	
	Fees & Costs	1430		$7,500.00				
214-1 Cedar Ct.	Site Improvements	1450						
	Landscaping & Paving ,sidewalk repair	1450	4	$3,000.00				Bids due
	Dwelling Structures	1460						May 16
	Re-roof buildings units		5	$8,000.00				“
	Remodel kitchens and replace associated water lines.		4	$15,672.00				“
	Remodel bathrooms & associated water lines & water heaters.		4	$12,000.00				“
	Replace windows and install heavy duty screens.		4	$12,340.00				“
	Replace metal bi-fold closet doors.		4	$2,000.00				“
	Replace exterior doors , Screen Doors			$4,000.00				“
	Repair and paint interior walls		4	$2,000.00				“
	Sub-Total 1460			$56,012.00				
	Dwelling Equipment Nonexpendable	1465.1						

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 of Ellaville, Georgia		**Grant Type and Number** Capital Fund Program Grant No: GA06P21450101 Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	Replace kitchen appliance			$2,497.00				
	Sub-Total 1465.1			$2,497.00				
	Relocation	1495.1		$4,000.00				
	Sub-Total 1495.1			$4,000.00				
	Grand Total			**$84,909.00**				

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

PHA Name: Housing Authority of Ellaville , Georgia							**Federal FY of Grant:** 2001
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
214-1 Cedar Court	March 2003		July 2002	September 2004			

ATTACHMENT E

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

PHA Name: Housing Authority of The City of Ellaville,Ga. Ga. 214	Grant Type and Number Capital Fund Program Grant No: GA0P21450100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no:** 1)
☒ **Performance and Evaluation Report for Period Ending: 3/31/02** ☐ **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			
2	1406 Operations	$8,300		8,300	8,300
3	1408 Management Improvements	0			
4	1410 Administration	0			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	$11,000		400	400
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	$63,931		$34,651	$34,651
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	0			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1499 Development Activities	0			
19	1501 Collaterization or Debt Service	0			
20	1502 Contingency	0			
21	Amount of Annual Grant: (sum of lines 2 – 20)	$83,231		$43,351	$42,951
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation	$74,931			

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

PHA Name: Housing Authority of The City of Ellaville,Ga. Ga. 214	Grant Type and Number Capital Fund Program Grant No: GA0P21450100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no:** 1)
☒ **Performance and Evaluation Report for Period Ending: 3/31/02** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	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 of The City of Ellaville,Ga. Ga. 214		**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No:				**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 Work
Ga. 214-1 Cedar Court		1460		Original	Revised	Funds Obligated	Funds Expended	
	Operations	1406		$8,300		8300	8300	
	Fees & Costs	1430		$11,000		400	0	
	Site Improvements	1450		0				
	Landscaping and paving repairs							
	Dwelling Structures	1460						
	Remove obsolete furnace & install new Central HVAC System		10	$34,651	$34,651	$34,651	$34,651	Complete
	Re-roof 3 units		3	$5,800	$5,800			Bids due May 16
	Remodel kitchens and replace associated water lines 2 units		2	7,500	7500			“
	Remodel bathrooms & associated water lines and replace water heaters 2 units		2	$6,480	$6,480			“
	Replace windows and install heavy duty screens 2 units		2	$4,500	$4,500			“
	Replace metal bi-fold closet doors 2 units			$1,000	$1,000			“
	Replace rear exterior doors 2 units			$4,000	$4,000			“
	Subtotal 1460			$63,931	$63,931			
	Grand Total			$83,231	$83,231			

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 of The City of Ellaville, Ga.	**Grant Type and Number** Capital Fund Program No: Replacement Housing Factor No:	**Federal FY of Grant:** 2000

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
Ga. 214-1 Cedar Court	Sept 2002		July 2002	Sept. 2003			

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 of The City of Ellaville, Ga.	**Grant Type and Number** Capital Fund Program No: Replacement Housing Factor No:	**Federal FY of Grant:** 2000

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	