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

Small PHA Plan Update
Annual Plan for Fiscal Year: FY-2003

WEST GEORGIA CONSORTIUM

HOUSING AUTHORITIES OF THE CITIES OF:

ARLINGTON
CUTHBERT
FORT GAINES
SHELLMAN

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

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: West Georgia Consortium

Housing Authority of the City of Cuthbert (GA226) (Lead Agency)
122 Public Housing Units, PHDEP, Capital Fund Program, Operating Fund

Housing Authority of the City of Arlington (GA111)
24 Public Housing Units, Capital Fund Program and Operating Fund

Housing Authority of the City of Fort Gaines (GA167)
24 Public Housing Units, Capital Fund Program, Operating Fund

Housing Authority of the City of Shellman (GA229)
20 Public Housing Units, Capital Fund Program, Operating Fund

PHA Number: Cuthbert (GA226); Arlington (GA111); Fort Gaines (GA167); and Shellman (GA229)

PHA Fiscal Year Beginning: (mm/yyyy) FY-01/2003

PHA Plan Contact Information:
Name: Walter Mattox
Phone: 229.732.2128
TDD: 229.732.2128
Email (if available): mattoxcha@alltel.net

Public Access to Information

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

X Main administrative office of the PHA
PHA development management offices

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered:

Public Housing and Section 8 Section 8 Only XPublic Housing Only

Annual PHA Plan
Fiscal Year 2003
[24 CFR Part 903.7]

i. Table of Contents

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

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   B. Statement of Consistency with Consolidated Plan
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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)
X Attachment F: Final P&E Report for FY-2002 Capital Fund Program

ii. Executive Summary

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

The West Georgia Consortium Agreement was submitted as an exhibit in the FY-2002 updated Agency Plan. The FY-2003 Agency Plan update for the West Georgia Consortium will be electronically transmitted to HUD under all of the PHA identification numbers. These include GA226, GA111, GA167, and GA229. This Agency Plan update is a collective plan for the consortium membership in every aspect except that the Capital Fund Program includes exhibits for each individual PHA.

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 Community Service requirements are no longer required by the West Georgia Consortium because of changes mandated by HUD. All policies are updated and in place, including the Personnel Policy for the West Georgia Consortium.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]
Exemptions: Section 8 only PHAs are not required to complete this component.

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

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

GA226 (Cuthbert) - $219,509
GA111 (Arlington) - $44,100
GA167 (Fort Gaines) - $
GA229 (Shellman) - $35,744

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

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

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]
Applicability: Section 8 only PHAs are not required to complete this section.
N/A to the West Georgia Consortium

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

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:

2. Activity type: Demolition Disposition
3. Application status (select one) Approved Submitted, pending approval Planned application
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

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

Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

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

experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]
Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

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

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

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

The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
Yes No: below or
Yes No: at the end of the RAB Comments in Attachment ____.
Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment ____.

Other: (list below)

B. Statement of Consistency with the Consolidated Plan
For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

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

   X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
   X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
   X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
   X Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
   X Other: (list below)

   The limited resources of the West Georgia Consortium will be applied effectively and efficiently to the management, maintenance and operation of its public housing programs throughout its jurisdiction. Priority will be given to meeting the housing goals and objectives. Priority will be given to complying with the regulations mandated by HUD.

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

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

   (1) To increase the number of low and moderate income households who have obtained affordable, rental housing which is free of overcrowded and structurally substandard conditions.

(2) To increase the number of low and moderate income households who have achieved and are maintaining homeownership in housing free of overcrowded and structurally substandard conditions.
(3) To increase the access of homeless to a continuum of housing and supportive services which address their housing, economic, health and social needs.
(4) To increase the access of special need populations to a continuum of housing and supportive services which address their housing, economic, health and social needs.

C. Criteria for Substantial Deviation and Significant Amendments

2. 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:

Substantial Deviation defined by the West Georgia Consortium is any deletion or addition of any modernization work item, addition or deletion of any new or old program or activity, changes with regard to demolition or disposition, designation, homeownership programs or conversion activities, and any changes to rent or admission policies (except changes made to reflect changes in HUD regulatory requirements). A significant amendment would be changes in the use of replacement reserves under the Capital Funds Program or the addition of non-emergency work items not included in the current Annual Plan.

B. Significant Amendment or Modification to the Annual Plan:

Annually the plan is updated to show the amount of comprehensive grant funds received for the FY. The amount and the use of these funds are revised each year based on the formula finding from HUD and the physical needs of the properties owned and operated by the West Georgia Consortium. A significant amendment or modification to the Annual Plan is a change in a policy or policies pertaining to the operation of the Authority, including but not limited to changes in rent or admissions policies or organization of the waiting list; additions of non-emergency work items over $100,000 (items not included in the current annual statement or 5-year action plan) or change in use of replacement reserve funds under the Capital

Fund; any change with regard to demolition, disposition, designation, homeownership programs, or conversion activities.

Attachment A

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
NA	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

X	Any policy governing occupancy of Police Officers in Public Housing Xcheck here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
NA	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 X 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 X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
NA	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
NA	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
NA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	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 Xcheck here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
NA	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
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	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
NA	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
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	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
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	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

NA	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
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
X	PHDEP-related documentation: · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) Xcheck 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
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

ATTACHMENT B

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

PHA Name: West Georgia Consortium	Grant Type and Number Capital Fund Program: X GA06P22650103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: FY-2003

XOriginal 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	$2,744			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	$48,000			
10	1460 Dwelling Structures	$78,710			
11	1465.1 Dwelling Equipment—Nonexpendable	$15,000			
12	1470 Nondwelling Structures	$50,000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	$148,569			
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)	**$343,023**			

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 Cuthbert	Grant Type and Number Capital Fund Program: X GA06P22650103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: FY-2003

XOriginal Annual Statement **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:)**
Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	$20,000			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	$15,000			
12	1470 Nondwelling Structures	$50,000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	$134,509			
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)	$219,509			

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Arlington	Capital Fund Program: GA06P11150103 Capital Fund Program Replacement Housing Factor Grant No:	**FY-2003**

XOriginal Annual Statement **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:)**

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	$44,100			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	$44,100			
21	Amount of line 20 Related to LBP Activities				

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 Fort Gaines	Grant Type and Number Capital Fund Program: GA06P16750103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: FY-2003

X**Original Annual Statement** **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:)**
Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	$8,000			
10	1460 Dwelling Structures	$21,610			
11	1465.1 Dwelling Equipment—Nonexpendable				

12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	$14,060			
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)	$43,670			

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 Shellman	Grant Type and Number Capital Fund Program: GA06P22950103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: FY-2003

XOriginal 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	$2,744			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	$20,000			
10	1460 Dwelling Structures	$13,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	$35,744			

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

PHA Name: West Georgia Consortium		**Grant Type and Number** Capital Fund Program #: GA06P22650103 Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant:** FY-2003		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
GA226 Cuthbert	Install Sidewalks	1450	20	$8,000				
	Install Parking	1450	20	$12,000				
	Replace Heaters	1465.1	18	$15,000				
	Renovate Office	1470		$50,000				
	Replacement Reserves	1490		$134,509				
GA111 Arlington	Replace Exterior Doors	1460	12	$15,390				
	Replace Exterior Doors	1460	12	$21,100				
	Paint Units	1460	12	$7,610				
GA167 Ft Gaines	Paint Units	1460	12	$7,610				
	Security Screens	1460	24	$14,000				
	Trim Trees	1450	24	$8,000				
	Replacement Reserves	1490		$14,060				
GA229 Shellman	Sidewalks	1450	20	$8,000				

	Parking	1450	20	$12,000				
	Paint Units	1460	20	$13,000				
	Operations	1406		$2,744				
	WEST GEORGIA CONSORTIUM		**TOTAL**	**$343,023**				

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

PHA Name: West Georgia Consortium	**Grant Type and Number** Capital Fund Program #: GA06P22650103 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** FY-2003

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	
GA226 Cuthbert	12/31/04			6/30/06			
GA111 Arlington	“			“			
GA167 Fort Gaines	“			“			
GA229 Shellman	“			“			
Consortium Wide	“			“			
				“			

ATTACHMENT C

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name West Georgia Consortium				**XOriginal 5-Year Plan** **Revision No:**	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 2007
	Annual Statement				
West GA Consortium		$343,023	$343,023	$343,023	$343,023
GA226 Cuthbert		$219,509	$219,509	$219,509	$219,509
GA111 Arlington		$44,100	$44,100	$44,100	$44,100
GA167 Fort Gaines		$43,670	$43,670	$43,670	$43,670
GA229 Shellman		$35,744	$35,744	$35,744	$35,744
CFP Funds Listed for 5-year planning					

Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : 2 FFY Grant: 2004 PHA FY: 1/1/04			Activities for Year: 3 FFY Grant: 2005 PHA FY: 1/1/05		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See						
Annual						
Statement	GA226 Cuthbert	Parking	$12,000	GA226 Cuthbert	Paint Units	$8,000
		Replace Countertops	$54,000		Soffit and Fascia Repl.	$53,000
		HVAC Upgrade	$37,000		Replace Counter Tops	$12,500
		Replacement Reserves	$116,509		Replacement Reserves	$146,009
	GA111 Arlington	Replace Windows	$15,000	GA111 Arlington	Replace Stoves	$6,000
		Paint Units	$8,000		Replace Refrig.	$10,840
		Replace Interior Doors	$15,000		Replace Kitchen Cab.	$27,260
		Replacement Reserves	$6,100			
	GA167 Ft Gaines	Retaining Wall	$20,000	GA167 Ft Gaines	Paint Units	$10,310
		Paint Units	$8,000		Replace Kitchen Cab.	$33,360
		Install Sidewalks	$6,000			
		Replacement Reserves	$9,670			
	GA229 Shellman	Paint Units	$8,000	GA229 Shellman	Replace Kitchen Cab.	35,744
		Install Sidewalks	$6,000			
		Replacement Reserves	11,744			
		Kitchen Cabinets	$10,000			

Total CFP Estimated Cost	**$343,023**			**$343,023**

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year :__3__ FFY Grant: 2006 PHA FY: 1/1/06			Activities for Year: _4__ FFY Grant: 2007 PHA FY: 1/1/07		
Development Name/Number	**Major Work Categories**	Estimated Cost	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
GA226 Cuthbert	Paint Units	$8,000	GA226 Cuthbert	Operations	$219,509
	Repair Maint. Bldg	$35,000			
	Replace HVAC	$75,000			
	Replacement Reserves	$101,509			
GA111 Arlington	Replace Stoves	$6,000	GA111 Arlington	Operations	$44,100
	Replace Refrig.	$8,000			
	Replace Kitchen Cab.	$30,100			
GA167 Ft Gaines	Paint Units	$8,000	GA167 Ft Gaines	Operations	$43,670
	Replace Refrig.	$16,000			
	Replacement Reserves	$19,670			
GA229 Shellman	Replace Stoves	$8,000	GA229 Shellman	Operations	$35,744
	Replace Refrig.	$8,200			
	Replacement Reserves	$19,544			
Total CFP Estimated Cost		**$343,023**			**$343,023**

PHA Public Housing Drug Elimination Program Plan

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

ALL ACTIVE PHDEP GRANT REPORTS FOR PERIOD ENDED 12/31/2001 HAVE BEEN COMPLETED. FUNDS WERE NOT RECEIVED FOR FY-2002 or FY-2003.

Section 1: General Information/History

A. Amount of PHDEP Grant $_____

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

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

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

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

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

12 Months_____ 18 Months_____ 24 Months_____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding

received. If previously funded programshave not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

FFY _____ PHDEP Budget Summary Original statement Revised statement dated:	
Budget Line Item	**Total Funding**
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any

column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement						**Total PHDEP Funding: $**	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							

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

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

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

9130 – Employment of Investigators					**Total PHDEP Funding: $**		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

1.							

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

9150 - Physical Improvements					**Total PHDEP Funding: $**		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					**Total PHDEP Funding: $**		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							

9170 - Drug Intervention		**Total PHDEP Funding: $**
Goal(s)		
Objectives		

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

9180 - Drug Treatment	**Total PHDEP Funding: $**
Goal(s)	
Objectives	

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

9190 - Other Program Costs	**Total PHDEP Funds: $**
Goal(s)	
Objectives	

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

Required Attachment __D__: Resident Member on the PHA Governing Board

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

C. Name of resident member(s) on the governing board:

Cuthbert – Angie West
Arlington – Mary Jane King
Fort Gaines – Annie Howard
Shellman – Mary Ann Blackmon

D. How was the resident board member selected: (select one)?
Elected
XAppointed

E. The term of appointment is (include the date term expires): 5 year appointment
Cuthbert – 10/01/04
Arlington - 10/01/05
Fort Gaines – 10/01/04
Shellman – 10/01/04

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: See Above

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

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.)

Cuthbert – Angie West
Arlington – Mary Jane King
Fort Gaines – Annie Howard
Shellman – Mary Ann Blackmon

ATTACHMENT F FINAL PERFORMANCE & EVALUATION REPORT FOR FY-2001 FOR THE WEST GEORGIA CONSORTIUM

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

PHA Name:	**Grant Type and Number**	**Federal FY of Grant:**
West Georgia Consortium	Capital Fund Program: X GA06P22650103 Capital Fund Program Replacement Housing Factor Grant No:	**FY-2002**

Original Annual Statement **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:)**
Performance and Evaluation Report for Period Ending: **XFinal 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	$23,000		$23,000	$23,000
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition	$75,000		$75,000	$75,000
9	1450 Site Improvement	$55,734		$55,734	$55,734
10	1460 Dwelling Structures	$93,437		$93,437	$93,437
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	$64,100		$64,100	$64,100
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	$26,131		$26,131	$26,131
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency	$23,000		$23,000	$23,000
20	Amount of Annual Grant: (sum of lines 2-19)	**$360,402**		**$360,402**	**$360,402**

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

PHA Name: West Georgia Consortium		**Grant Type and Number** Capital Fund Program #: GA06P22650103 Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant:** FY-2001		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
GA226 Cuthbert	Operations	1406		$23,000		$23,000	$23,000	
	Land Acquisition	1440		$45,000		$45,000	$45,000	
	Sidewalks & Landscaping	1450	40	$29,398		$29,398	$29,398	
	Paint Interiors	1460	40	$20,000		$20,000	$20,000	
	Renovate Office	1470		$64,100		$64,100	$64,100	
	Replacement Reserves	1490		$26,131		$26,131	$26,131	
	Contingency	1502		$23,000		$23,000	$23,000	
GA111 Arlington	Replace windows & Ext doors	1460	24	$40,000		$40,000	$40,000	
	Sidewalk repair	1450		$6,336		$6,336	$6,336	
GA167 Ft Gaines	Sidewalks & Landscaping	1450	24	$20,000		$20,000	$20,000	
	Interior Painting & door repairs	1460	24	$25,882		$25,882	$20,000	
GA229 Shellman	Land Acquisition	1440		$30,000		$30,000	$30,000	
	Interior Painting & door repair	1460	20	$7,555		$7,555	$7,555	

	WEST GEORGIA CONSORTIUM		**TOTAL**	**$360,402**		**$360,402**	**$360,402**	

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

PHA Name: West Georgia Consortium	**Grant Type and Number** Capital Fund Program #: GA06P22650103 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** FY-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	
GA226 Cuthbert	12/31/03			6/30/05			
GA111 Arlington	“			“			
GA167 Fort Gaines	“			“			
GA229 Shellman	“			“			
Consortium Wide	“			“			