

SmallPHAPlanUpdate  
AnnualPlanforFiscalYear: 2003

**TheHousingAuthorityoftheCityofClaxton,Georgia  
GA166v02**

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDINACCORDANCEWITH  
INSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHAPlan  
AgencyIdentification**

**PHAName: ClaxtonHousingAuthority**

**PHANumber: GA166**

**PHAFiscalYearBeginning: 07/2003**

**PHAPlanContactInformation:**

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Email(ifavailable): **worogers@hotmail.com**

**PublicAccessToInformation**

**Informationregardinganyactivitiesoutlinedinthisplancanbeobtainedbycontacting:**

**(selectallthatapply)**

- MainadministrativeofficeofthePHA
- PHAdevelopmentmanagementoffices

**DisplayLocationsForPHAPlansandSupportingDocuments**

ThePHAPlans(includingattachments)areavailableforpublicinspectionat:(selectallthatapply)

- MainadministrativeofficeofthePHA
- PHAdevelopmentmanagementoffices
- Main administrativeofficeofthelocal,countyorStategovernment
- Publiclibrary
- PHAwebsite
- Other(listbelow)

PHAPlanSupportingDocumentsareavailableforinspectionat:(selectallthatapply)

- MainbusinessofficeofthePHA
- PHAdevelopmentmanagementoffices
- Other(listbelow)

**PHAProgramsAdministered :**

- PublicHousingandSection8      Section8Only      PublicHousingOnly

**AnnualPHAPlan**  
**FiscalYear20 03**  
 [24CFRPart903.7]

**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 filename in parentheses in the space to the right of the title.

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## ii. Executive Summary

[24CFR Part 903.79(r)]

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

### Not Applicable

## 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 Housing Authority will continue to revise existing procedures & programs pursuant to HUD Final Rules. The Authority does not intend to otherwise revise any current policy or program. The Housing Authority will enforce its policy to provide for deconcentration of poverty and encourage income mixing by bringing in higher income families into lower income developments and lower income families into higher income developments.

## 2. Capital Improvement Needs

[24CFR Part 903.79(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? **\$347,894.00**

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.D Demolition and Disposition

[24CF RPart 903.79(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

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPEVI or Conversion Activities)</b>
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: (dd/mm/yy)
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**

[24CFR Part 903.79(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 24CFR 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).)

#### **5. 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 down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment 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**

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHA may skip to the next component PHA 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**

[24CFR Part 903.79(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 \_\_\_\_\_.

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 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: **State of Georgia/Department of Community Affairs**

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)

The Consolidated Plan supports the PHA Plan of the Claxton Housing Authority because the PHA Plan meets the priority outlined in the State of Georgia's Consolidated Plan to increase the number of Georgia's low and moderate income households who have obtained affordable, rental housing free of overcrowded and structurally substandard conditions.

## **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:**

Substantial deviations are defined as discretionary in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners or as may be required by HUD.

#### **B. Significant Amendment or Modification to the Annual Plan:**

Significant amendments or modifications are defined as discretionary in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners or as may be required by HUD.

**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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
✓	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) <b>For 2000</b>	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 jurisdiction to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
✓	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
✓	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
✓	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 <input type="checkbox"/> 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
✓	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
✓	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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
✓	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
✓	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
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
✓	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
✓	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
✓	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, PIH99 -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**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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 home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	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
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· 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.</li> </ul>	Annual Plan: Safety and Crime Prevention
✓	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
✓	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) <b>Voluntary Conversion</b> <b>Deconcentration &amp; Income Mixing</b> <b>Follow-Up Plan to Resident Survey Results</b>	(specify as needed) <b>Attachment I</b> <b>Attachment J</b> <b>On File at PHA</b>

**Attachment“B”CAPITALFUNDPROGRAMTABLESSTARTHERE**

<b>AnnualStatement/PerformanceandEv aluationReport</b>					
<b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary</b>					
<b>PHAName:</b> TheHousingAuthorityoftheCityofClaxton,GA		<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: <b>GA06P16650103</b> ReplacementHousingFactorGrantNo:			<b>FederalFYofGrant:</b> 2003
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:               ) <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	<b>\$43,494.00</b>			
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	<b>\$21,000.00</b>			
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	<b>\$279,400.00</b>			
11	1465.1DwellingEquipment —Nonexpendable	<b>\$4,000.00</b>			
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1501CollaterizationorDebtService				
20	1502Contingency				
21	AmountofAnnualGrant:(sumoflines2 –20)	<b>\$347,894.00</b>			
22	Amountoffline21RelatedtoLBPActivities				
23	Amountoffline21RelatedtoSection504compliance				

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

<b>PHAName:</b> The Housing Authority of the City of Claxton, GA	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06P16650103</b> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2003
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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	\$139,700.00			
26	Amount of line 21 Related to Energy Conservation Measures	\$139,700.00			

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

PHAName: TheHo using Authority of the City of Claxton, GA		Grant Type and Number Capital Fund Program Grant No: <b>GA06P16650103</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2003</b>			
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	
	<u>OPERATIONS</u>							
PHAWide	Operations	1406	204	\$43,494.00				
	<b>SUBTOTAL</b>			<b>\$43,494.00</b>				
	<u>FEES &amp; COSTS</u>							
GA166-1	a. Architects fee to prepare bid and	1430.1	44 Units	\$7,000.00				
GA166-2	contract documents, drawings,	1430.1	30 Units	\$4,000.00				
GA166-3	specifications and assist the PHA at	1430.1	10 Units	\$2,000.00				
GA166-4	bid opening, awarding the contract, and	1430.1	38 Units	\$0.00				
GA166-5	to supervise the construction work	1430.1	22 Units	\$2,000.00				
GA166-6	on a periodic basis. Fee to be negotiated	1430.1	16 Units	\$2,000.00				
GA166-7	Contract Labor	1430.1	30 Units	\$3,000.00				
GA166-11		1430.1	14 Units	\$0.00				
	<b>Subtotal</b>			<b>\$20,000.00</b>				
GA166-1	b. Consulting fees for Agency Plan	1430.2	44 Units	\$200.00				
GA166-2	preparation.	1430.2	30 Units	\$200.00				
GA166-3		1430.2	10 Units	\$100.00				
GA166-4		1430.2	38 Units	\$100.00				
GA166-5		1430.2	22 Units	\$100.00				
GA166-6		1430.2	16 Units	\$100.00				

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

PHAName: TheHo using Authority of the City of Claxton, GA		Grant Type and Number Capital Fund Program Grant No: <b>GA06P16650103</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2003</b>			
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	
GA166-7		1430.2	30 Units	\$100.00				
GA166-11		1430.2	14 Units	\$100.00				
	<b>Subtotal</b>			<b>\$1,000.00</b>				
	<b>SUBTOTAL</b>			<b>\$21,000.00</b>				
	<u>DWELLING STRUCTURES</u>							
GA166-1	a. Replace Windows	1460	44 Units	\$79,700.00				
GA166-2		1460	30 Units	\$60,000.00				
	<b>Subtotal</b>			<b>\$139,700.00</b>				
GA166-1	b. Install Security Screens	1460	44 Units	\$79,700.00				
GA166-2		1460	30 Units	\$60,000.00				
	<b>Subtotal</b>			<b>\$139,700.00</b>				
	<b>SUBTOTAL</b>			<b>\$279,400.00</b>				
	<u>DWELLING EQUIPMENT -</u>							
	<u>NONEXPENDABLE</u>							

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

<b>PHAName:</b> TheHo using Authority of the City of Claxton, GA		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06P16650103</b> Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 2003</b>		
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	
GA166-1	A. Replaceranges&refrigerators	1465.1	1 Unit	\$500.00				
GA166-2		1465.1	1 Unit	\$500.00				
GA166-3		1465.1	1 Unit	\$500.00				
GA166-4		1465.1	1 Unit	\$500.00				
GA166-5		1465.1	1 Unit	\$500.00				
GA166-6		1465.1	1 Unit	\$500.00				
GA166-7		1465.1	1 Unit	\$500.00				
GA166-11		1465.1	1 Unit	\$500.00				
<b>SUBTOTAL</b>				<b>\$4,000.00</b>				
<b>GRANDTOTAL</b>				<b>\$347,894.00</b>				

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

PHAName: The Housing Authority of the City of Calxton, GA		Grant Type and Number Capital Fund Program No: <b>GA06P16650103</b> Replacement Housing Factor No:				Federal FY of Grant: <b>2003</b>	
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	
PHAWide	12/31/04			6/30/06			
GA166-1	12/31/04			6/30/06			
GA166-2	12/31/04			6/30/06			
GA166-3	12/31/04			6/30/06			
GA166-4	12/31/04			6/30/06			
GA166-5	12/31/04			6/30/06			
GA166-6	12/31/04			6/30/06			
GA166-7	12/31/04			6/30/06			
GA166-11	12/31/04			6/30/06			

GA166-1=44Units      GA166-3=10Units      GA166-5=22Units      GA166-7=30Units  
GA166-2=30Units      GA166-4=38Units      GA166-6=16Units      GA166-11=14Units

Attachment“C”

<b>CapitalFundProgramFive -YearActionPlan</b>					
PartI:Summary					
PHAName:HousingAuthorityof theCityofClaxton,GA				<input checked="" type="checkbox"/> <b>Original5 -YearPlan</b> <input type="checkbox"/> <b>RevisionNo:</b>	
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2004 PHAFY:2004	WorkStatementforYear3 FFYGrant:2005 PHAFY:2005	WorkStatementforYear4 FFYGrant:2006 PHAFY:2006	WorkStatementforYear5 FFYGrant:2007 PHAFY:2007
	Annual Statement				
H.A.Wide		\$64,473.00	\$74,473.00	\$74,494.00	\$74,494.00
GA166-1			\$50,000.00	\$156,400.00	\$156,400.00
GA166-2			\$50,000.00	\$117,000.00	\$117,000.00
GA166-3		\$139,421.00			
GA166-4		\$108,000.00			
GA166-5		\$36,000.00	\$82,710.00		
GA166-6					
GA166-7			\$90,711.00		
GA166-11					
CFPFundsListedfor 5-yearplanning		<b>\$347,894.00</b>	<b>\$347,894.00</b>	<b>\$347,894.00</b>	<b>\$347,894.00</b>
ReplacementHousing FactorFunds					





# 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.

## Annual PHDEP Plan Table of Contents:

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

## 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 PHDEPTarget Area (development or site where activities will be conducted), the total number of units in each PHDEPTarget Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

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

6 Months \_\_\_\_\_ 12 Months \_\_\_\_\_ 18 Months \_\_\_\_\_ 24 Months \_\_\_\_\_ Other \_\_\_\_\_

**G. PHDEP Program History**

Indicate each FY that funding has been received under the PH DEPP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. 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	Anticipated Completion Date

**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.

<b>FY PHDEP Budget Summary</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 - Reimbursement of Law Enforcement	
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	
<b>TOTAL PHDEP FUNDING</b>	

**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.

<b>9110 -Reimbursement of Law Enforcement</b>						<b>Total PHDEP Funding:</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

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

<b>9130 - Employment of Investigators</b>					<b>Total PHD EP Funding:</b>		
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.							

<b>9140 - Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding:</b>		
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.							

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding:</b>		
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.							

<b>9160 -DrugPrevention</b>					<b>TotalPHDEPFunding:</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators

<b>9170 -DrugIntervention</b>					<b>TotalPHDEPFunding:</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9180 -DrugTreatment</b>					<b>TotalPHDEPFunding:</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9190 -OtherProgramCosts</b>					<b>TotalPHDEPFunds:</b>		
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Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding	PerformanceIndicators
1.							
3.							

**Section3:Expenditure/ObligationMilestones**

IndicatebyBudgetLineItemandtheProposedActivity(basedontheinformationcontainedinSection2PHDEPPlanBudgetandGoals),the%offundsthatwillbeexpended(at least25%ofthetotalgrant award)andobligated(atleast50%ofthetotalgrantaward)within12monthsofgrantexecution.

BudgetLine Item#	25%Expenditure ofTotalGrantFundsByActivity#	TotalPHDEP FundingExpended	50%ObligationofTotal GrantFundsbyActivity#	TotalPHDEPFunding Obligated
	<i>Activities1,3</i>		<i>Activity2</i>	
9110				
9120				
9130				
9140				
9150				
9160				
9170				
9180				
9190				
<b>TOTAL</b>				

**Section4:Certifications**

**Required Attachment D: Resident Member on the PHA Governing Board** **g**

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: **8/29/03**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **Mayor – Perry Lee DeLoach**

## **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 Members are:

Aline Womble  
Myrtle Smith  
Joyce Lynn  
Peggy Strickland

AttachmentF –FY2002P&EReport

**CAPITALFUNDPROGRAMTABLESSTARTHERE**

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary					
PHAName: TheHousingAuthorityoftheCityofClaxton,GA		GrantTypeandNumber CapitalFundProgramGrantNo: GA06P16650102 Replace mentHousingFactorGrantNo:		FederalFYofGrant: 2002	
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno: ) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 12/31/02 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	\$23,894.00		\$0.00	\$0.00
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	\$21,000.00		\$0.00	\$0.00
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	\$249,000.00		\$0.00	\$0.00
11	1465.1DwellingEquipment —Nonexpendable	\$4,000.00		\$0.00	\$0.00
12	1470NondwellingStructures	\$50,000.00		\$0.00	\$0.00
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1501CollaterizationorDebtService				
20	1502Contingency				
21	AmountofAnnualGrant:(sumoflines2 –20)	\$347,894.00		\$0.00	\$0.00
22	Amountoffline21RelatedtoLBPActivities				

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

<b>PHAName:</b> The Housing Authority of the City of Claxton, GA	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06P16650102</b> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2002
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Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no:    )  
 Performance and Evaluation Report for Period Ending: **12/31/02**  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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) 12/31/02**  
**Part II: Supporting Pages**

PHAName: The Housing Authority of the City of Claxton, GA		Grant Type and Number Capital Fund Program Grant No: <b>GA06P16650102</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2002</b>		
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	
	<u>OPERATIONS</u>							
PHAWide	Operations	1406	204	\$23,894.00		\$0.00	\$0.00	No Progress
	<b>SUBTOTAL</b>			<b>\$23,894.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	
	<u>FEES &amp; COSTS</u>							
GA166-1	a. Architects fee to prepare bid and	1430.1	44 Units	\$7,000.00		\$0.00	\$0.00	No Progress
GA166-2	contract documents, drawings,	1430.1	30 Units	\$4,000.00		\$0.00	\$0.00	No Progress
GA166-3	specifications and assist the PHA at	1430.1	10 Units	\$2,000.00		\$0.00	\$0.00	No Progress
GA166-4	bid opening, awarding the contract, and	1430.1	38 Units	\$0.00		\$0.00	\$0.00	
GA166-5	to supervise the construction work	1430.1	22 Units	\$2,000.00		\$0.00	\$0.00	No Progress
GA166-6	on a periodic basis. Fees to be negotiated	1430.1	16 Units	\$2,000.00		\$0.00	\$0.00	No Progress
GA166-7	Contract Labor	1430.1	30 Units	\$3,000.00		\$0.00	\$0.00	No Progress
GA166-11		1430.1	14 Units	\$0.00		\$0.00	\$0.00	
	<b>Subtotal</b>			<b>\$20,000.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	
GA166-1	b. Consulting fees for Agency Plan	1430.2	44 Units	\$200.00		\$0.00	\$0.00	No Progress
GA166-2	preparation.	1430.2	30 Units	\$200.00		\$0.00	\$0.00	No Progress
GA166-3		1430.2	10 Units	\$100.00		\$0.00	\$0.00	No Progress
GA166-4		1430.2	38 Units	\$100.00		\$0.00	\$0.00	No Progress
GA166-5		1430.2	22 Units	\$100.00		\$0.00	\$0.00	No Progress
GA166-6		1430.2	16 Units	\$100.00		\$0.00	\$0.00	No Progress

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/02**  
**Part II: Supporting Pages**

PHAName: The Housing Authority of the City of Claxton, GA		Grant Type and Number Capital Fund Program Grant No: <b>GA06P16650102</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2002</b>			
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	
GA166-7		1430.2	30 Units	\$100.00		\$0.00	\$0.00	No Progress
GA166-11		1430.2	14 Units	\$100.00		\$0.00	\$0.00	No Progress
	<b>Subtotal</b>			<b>\$1,000.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	
	<b>SUBTOTAL</b>			<b>\$21,000.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	
	<u>DWELLING STRUCTURES</u>							
GA166-3	Full modernization of 5 units	1460	5 Units	\$249,000.00		\$0.00	\$0.00	No Progress
	<b>SUBTOTAL</b>			<b>\$249,000.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	
	<u>NON-DWELLING STRUCTURES</u>							
PHA Wide	AMC Renovation	1470	1 Unit	\$50,000.00		\$0.00	\$0.00	No Progress
	<b>SUBTOTAL</b>			<b>\$50,000.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	
	<u>DWELLING EQUIPMENT - NONEXPENDABLE</u>							
GA166-1	A. Replaceranges & refrigerators	1475	1 Unit	\$500.00		\$0.00	\$0.00	No Progress
GA166-2		1475	1 Unit	\$500.00		\$0.00	\$0.00	No Progress
GA166-3		1475	1 Unit	\$500.00		\$0.00	\$0.00	No Progress
GA166-4		1475	1 Unit	\$500.00		\$0.00	\$0.00	No Progress
GA166-5		1475	1 Unit	\$500.00		\$0.00	\$0.00	No Progress
GA166-6		1475	1 Unit	\$500.00		\$0.00	\$0.00	No Progress

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/02**  
**Part II: Supporting Pages**

<b>PHAName:</b> The Housing Authority of the City of Claxton, GA		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06P16650102</b> Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2002</b>			
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	
GA166-7		1475	1 Unit	\$500.00		\$0.00	\$0.00	No Progress
GA166-11		1475	1 Unit	\$500.00		\$0.00	\$0.00	No Progress
	<b>SUBTOTAL</b>			<b>\$4,000.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	
	<b>GRANDTOTAL</b>			<b>\$347,894.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)** **12/31/02**  
**Part III: Implementation Schedule**

<b>PHAName: The Housing Authority of the City of Claxton, GA</b>	<b>Grant Type and Number</b> Capital Fund Program No: <b>GA06P16650102</b> Replacement Housing Factor No:	<b>Federal FY of Grant: 2002</b>
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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	
PHAWide	07/01/04	06/30/04		07/01/06	06/30/06		Maximum timeframe allowed by HUD for obligation & expenditure of funds per LOCC's Contract Dates.
GA166-1	07/01/04	06/30/04		07/01/06	06/30/06		
GA166-2	07/01/04	06/30/04		07/01/06	06/30/06		
GA166-3	07/01/04	06/30/04		07/01/06	06/30/06		
GA166-4	07/01/04	06/30/04		07/01/06	06/30/06		
GA166-5	07/01/04	06/30/04		07/01/06	06/30/06		
GA166-6	07/01/04	06/30/04		07/01/06	06/30/06		
GA166-7	07/01/04	06/30/04		07/01/06	06/30/06		
GA166-11	07/01/04	06/30/04		07/01/06	06/30/06		

GA166-1=44Units	GA166-3=10Units	GA166-5=22Units	GA166-7=30Units
GA166-2=30Units	GA166-4=38Units	GA166-6=16Units	GA166-11=14Units

AttachmentG –FY2001P&EReport

**CAPITALFUNDPROGRAMTABLESSTARTHERE**

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary					
PHAName: TheHousingAuthorityoftheCityofClaxton,GA		GrantTypeandNumber CapitalFundProgramGrantNo: GA06P16650101 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2001
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input checked="" type="checkbox"/> RevisedAnnualStatement(revisionno: 2) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 12/31/02 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	\$43,473.00	\$43,473.00	\$43,473.00	\$0.00
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	\$21,000.00	\$21,100.00	\$21,100.00	\$8,333.35
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	\$299,000.00	\$302,900.00	\$302,900.00	\$0.00
11	1465.1DwellingEquipment —Nonexpendable	\$4,000.00	\$0.00	\$0.00	\$0.00
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1501CollateralizationorDebtService				
20	1502Contingency				
21	AmountofAnnualGrant:(sumoflines2 –20)	\$367,473.00	\$367,473.00	\$367,473.00	\$8,333.35
22	Amountoffline21RelatedtoLBPActivities				

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

<b>PHAName:</b> The Housing Authority of the City of Claxton, GA	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06P16650101</b> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2001
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Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: 2)  
 Performance and Evaluation Report for Period Ending: 12/31/02     Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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 Budget Revision #2**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/02**  
**Part II: Supporting Pages**

PHA Name: The Housing Authority of the City of Claxton, GA		Grant Type and Number Capital Fund Program Grant No: <b>GA06P16650101</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2001</b>			
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	
	<u>OPERATIONS</u>							
PHAWide	Operations	1406	204	\$43,473.00	\$43,473.00	\$43,473.00	\$0.00	Obligated
	<b>SUBTOTAL</b>			<b>\$43,473.00</b>	<b>\$43,473.00</b>	<b>\$43,473.00</b>	<b>\$0.00</b>	
	<u>FEES &amp; COSTS</u>							
GA166-1	a. Architects fee to prepare bid and	1430.1	42 Units	\$0.00	\$0.00	\$0.00	\$0.00	Deleted
GA166-2	contract documents, drawings,	1430.1	32 Units	\$0.00	\$0.00	\$0.00	\$0.00	Deleted
GA166-3	specifications and assist the PHA at	1430.1	10 Units	\$7,600.00	\$7,752.00	\$7,752.00	\$3,166.67	In Progress
GA166-5	bid opening, awarding the contract, and	1430.1	22 Units	\$0.00	\$0.00	\$0.00	\$0.00	Deleted
GA166-6	to supervise the construction work	1430.1	16 Units	\$12,400.00	\$12,648.00	\$12,648.00	\$5,166.68	In Progress
GA166-7	on a periodic basis. Fee to be negotiated	1430.1	30 Units	\$0.00	\$0.00	\$0.00	\$0.00	Deleted
	Contract Labor							
	<b>Subtotal</b>			<b>\$20,000.00</b>	<b>\$20,400.00</b>	<b>\$20,400.00</b>	<b>\$8,333.35</b>	
GA166-1	b. Consulting fees for Agency Plan	1430.2	42 Units	\$200.00	\$140.00	\$140.00	\$0.00	Obligated
GA166-2	preparation.	1430.2	32 Units	\$200.00	\$105.00	\$105.00	\$0.00	Obligated
GA166-3		1430.2	10 Units	\$100.00	\$35.00	\$35.00	\$0.00	Obligated
GA166-4		1430.2	38 Units	\$100.00	\$133.00	\$133.00	\$0.00	Obligated
GA166-5		1430.2	22 Units	\$100.00	\$77.00	\$77.00	\$0.00	Obligated
GA166-6		1430.2	16 Units	\$100.00	\$56.00	\$56.00	\$0.00	Obligated

**Annual Statement/Performance and Evaluation Report Budget Revision #2**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/02**  
**Part II: Supporting Pages**

PHAName: The Housing Authority of the City of Claxton, GA		Grant Type and Number Capital Fund Program Grant No: <b>GA06P16650101</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2001</b>		
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	
GA166-7		1430.2	30 Units	\$100.00	\$105.00	\$105.00	\$0.00	Obligated
GA166-11		1430.2	14 Units	\$100.00	\$49.00	\$49.00	\$0.00	Obligated
	<b>Subtotal</b>			<b>\$1,000.00</b>	<b>\$700.00</b>	<b>\$700.00</b>	<b>\$0.00</b>	
	<b>SUBTOTAL</b>			<b>\$21,000.00</b>	<b>\$21,100.00</b>	<b>\$21,100.00</b>	<b>\$8,333.35</b>	
	<u>DWELLING STRUCTURES</u>							
GA166-1	a. Install vandal resistant screens &	1460	42 Units	\$0.00	\$0.00	\$0.00	\$0.00	Deleted
GA166-2	windows.	1460	32 Units	\$0.00	\$0.00	\$0.00	\$0.00	Deleted
GA166-3		1460	10 Units	\$0.00	\$0.00	\$0.00	\$0.00	Deleted
GA166-5		1460	22 Units	\$0.00	\$0.00	\$0.00	\$0.00	Deleted
GA166-6		1460	16 Units	\$0.00	\$0.00	\$0.00	\$0.00	Deleted
GA166-7		1460	30 Units	\$0.00	\$0.00	\$0.00	\$0.00	Deleted
	<b>Subtotal</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
GA166-3	b. Complete all modernization needs.	1460	5 Units	\$98,670.00	\$76,696.00	\$76,696.00	\$0.00	Obligated 6
GA166-6	Bathrooms -\$60,580.00	1460	16 Units	\$200,330.00	\$230,204.00	\$230,204.00	\$0.00	More units

**Annual Statement/Performance and Evaluation Report Budget Revision #2**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/02**  
**Part II: Supporting Pages**

PHAName: The Housing Authority of the City of Claxton, GA		Grant Type and Number Capital Fund Program Grant No: <b>GA06P16650101</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2001</b>		
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	
	Kitchens -\$60,580.00							In006w/
	Ceilings -\$24,232.00							Deferred
	Flooring -\$66,638.00							Work from
	Interior Doors -\$54,522.00							FFY-2000.
	Interior Walls -\$36,348.00							
	<b>Subtotal</b>			<b>\$299,000.00</b>	<b>\$302,900.00</b>	<b>\$302,900.00</b>	<b>\$0.00</b>	
	<b>SUBTOTAL</b>			<b>\$299,000.00</b>	<b>\$302,900.00</b>	<b>\$302,900.00</b>	<b>\$0.00</b>	
	<u>DWELLING EQUIPMENT -</u>							
	<u>NONEXPENDABLE</u>							
GA166-1	A.Replac ranges & refrigerators	1475	1 Unit	\$500.00	\$0.00	\$0.00	\$0.00	Deleted
GA166-2		1475	1 Unit	\$500.00	\$0.00	\$0.00	\$0.00	Deleted
GA166-3		1475	1 Unit	\$500.00	\$0.00	\$0.00	\$0.00	Deleted
GA166-4		1475	1 Unit	\$500.00	\$0.00	\$0.00	\$0.00	Deleted
GA166-5		1475	1 Unit	\$500.00	\$0.00	\$0.00	\$0.00	Deleted
GA166-6		1475	1 Unit	\$500.00	\$0.00	\$0.00	\$0.00	Deleted
GA166-7		1475	1 Unit	\$500.00	\$0.00	\$0.00	\$0.00	Deleted
GA166-11		1475	1 Unit	\$500.00	\$0.00	\$0.00	\$0.00	Deleted
	<b>SUBTOTAL</b>			<b>\$4,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
	<b>GRAND TOTAL</b>			<b>\$367,473.00</b>	<b>\$367,473.00</b>	<b>\$367,473.00</b>	<b>\$8,333.35</b>	

**Annual Statement/Performance and Evaluation Report Budget Revision #2**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/02**  
**Part II I: Implementation Schedule**

<b>PHAN Name: The Housing Authority of the City of Claxton, GA</b>		<b>Grant Type and Number</b> Capital Fund Program No: <b>GA06P16650101</b> Replacement Housing Factor No:				<b>Federal FY of Grant: 2001</b>	
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	
GA166-1	03/30/03	06/30/03		06/30/04	06/30/05		Need maximum time frame allowed by HUD for Obligation & Expenditure of funds per LOCC's Contract Dates. “ “ “ “ “
GA166-2	03/30/03	06/30/03		06/30/04	06/30/05		
GA166-3	03/30/03	06/30/03		06/30/04	06/30/05		
GA166-4	03/30/03	06/30/03		06/30/04	06/30/05		
GA166-5	03/30/03	06/30/03		06/30/04	06/30/05		
GA166-6	03/30/03	06/30/03		06/30/04	06/30/05		
GA166-7	03/30/03	06/30/03		06/30/04	06/30/05		
GA166-11	03/30/03	06/30/03		06/30/04	06/30/05		

GA166-1=42Units      GA166-3=10Units      GA166-5=22Units      GA166-7=30Units  
GA166-2=32Units      GA166-4=38Units      GA166-6=16Units      GA166-11=14Units

**AttachmentH –FY2000P&EReport**  
**CAPITALFUNDPROGRAMTABLESSTARTHERE**

<b>AnnualStatement/PerformanceandEvaluationReport</b>						
<b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary</b>						
PHAName: TheHousingAuthorityoftheCityofClaxton,GA		GrantTypeandNumber CapitalFundProgramGrantNo: <b>GA06P16650100</b> ReplacementHousingFactorGrantNo:			FederalFYofGrant: <b>2000</b>	
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input checked="" type="checkbox"/> RevisedAnnualStatement(revisionno: 2) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 12/31/02 <input type="checkbox"/> FinalPerformanceandEvaluationReport						
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost		
		Original	Revised	Obligated	Expended	
1	Totalnon -CFPFunds					
2	1406Operations	<b>\$36,000.00</b>	<b>\$36,000.00</b>	<b>\$36,000.00</b>	<b>\$0.00</b>	
3	1408ManagementImprovements					
4	1410Administration					
5	1411Audit					
6	1415LiquidatedDamages					
7	1430FeesandCosts	<b>\$20,000.00</b>	<b>\$20,000.00</b>	<b>\$20,000.00</b>	<b>\$17,688.88</b>	
8	1440SiteAcquisition					
9	1450SiteImprovement					
10	1460DwellingStructures	<b>\$304,204.00</b>	<b>\$304,204.00</b>	<b>\$304,204.00</b>	<b>\$218,762.26</b>	
11	1465.1DwellingEquipment —Nonexpendable					
12	1470NondwellingStructures					
13	1475NondwellingEquipment					
14	1485Demolition					
15	1490ReplacementReserve					
16	1492MovingtoWorkDemonstration					
17	1495.1RelocationCosts					
18	1499DevelopmentActivities					
19	1501CollateralizationorDebtService					
20	1502Contingency					
21	AmountofAnnualGrant:(sumoflines2 –20)	<b>\$360,204.00</b>	<b>\$360,204.00</b>	<b>\$360,204.00</b>	<b>\$236,451.14</b>	
22	Amountoffline21RelatedtoLBPActivities					

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

PHAName: The Housing Authority of the City of Claxton, GA	Grant Type and Number Capital Fund Program Grant No: <b>GA06P16650100</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2000</b>
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Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: 2)  
 Performance and Evaluation Report for Period Ending: **12/31/02**  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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	<b>\$204,204.00</b>	<b>\$304,204.00</b>	<b>\$304,204.00</b>	<b>\$218,762.26</b>

**Annual Statement/Performance and Evaluation Report Budget Revision #2**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/02**  
**Part II: Supporting Pages**

PHAName: The Housing Authority of the City of Claxton, GA		Grant Type and Number Capital Fund Program Grant No: <b>GA06P16650100</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2000</b>			
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	
	<u>OPERATIONS</u>							
PHA Wide	Subsidy	1406	204 Units	\$36,000.00	\$36,000.00	\$36,000.00	\$0.00	Obligated
	<b>SUBTOTAL</b>			<b>\$36,000.00</b>	<b>\$36,000.00</b>	<b>\$36,000.00</b>	<b>\$0.00</b>	
	<u>FEES &amp; COSTS</u>							
GA166-1	a. Architects fees to prepare bid and	1430.1	42 Units	\$0.00	\$0.00	\$0.00	\$0.00	Deleted
GA166-2	contract documents, drawings,	1430.1	32 Units	\$6,800.00	\$7,600.00	\$7,600.00	\$6,721.77	In Progress
GA166-4	specifications and assist the PHA at	1430.1	38 Units	\$0.00	\$0.00	\$0.00	\$0.00	Deleted
GA166-5	bid opening, awarding the contract, and	1430.1	22 Units	\$5,000.00	\$5,200.00	\$5,200.00	\$4,599.11	In Progress
GA166-6	to supervise the construction work	1430.1	6 Units	\$1,400.00	\$0.00	\$0.00	\$0.00	Deferred
GA166-7	on a periodic basis. Fees to be negotiated	1430.1	30 Units	\$6,800.00	\$7,200.00	\$7,200.00	\$6,368.00	In Progress
	Contract Labor							
	<b>SUBTOTAL</b>			<b>\$20,000.00</b>	<b>\$20,000.00</b>	<b>\$20,000.00</b>	<b>\$17,688.88</b>	
	<u>DWELLING STRUCTURES</u>							
GA166-1	a. Cover all exposed wood	1460	42 Units	\$0.00	\$0.00	\$0.00	\$0.00	Deleted
	<b>Subtotal</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
GA166-4	b. Complete all modernization needs.	1460	38 Units	\$0.00	\$0.00	\$0.00	\$0.00	Deleted

**Annual Statement/Performance and Evaluation Report Budget Revision #2**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/02**  
**Part II: Supporting Pages**

PHAName: The Housing Authority of the City of Claxton, GA		Grant Type and Number Capital Fund Program Grant No: <b>GA06P16650100</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2000</b>			
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	
	Bathrooms -\$38,000.00							
	Kitchens -\$38,000.00							
	Ceilings -\$19,000.00							
	Flooring -\$45,000.00							
	Interior Doors -\$34,424.00							
	Interior Walls -\$29,780.00							
	<b>Subtotal</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
GA166-6	c. Do full modernization work at GA166-6 @ 16 units.	1460	16 Units	\$100,000.00	\$0.00	\$0.00	\$0.00	Deferred to FFY-2001
	<b>Subtotal</b>			<b>\$100,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
GA166-2	d. Install HVAC at GA166 -2, GA166 -5,	1460	32	\$75,555.48	\$115,597.52	\$115,597.52	\$83,129.66	In Progress
GA166-5	and GA166 -7.	1460	22	\$55,135.08	\$79,093.04	\$79,093.04	\$56,878.19	In Progress
GA166-7		1460	30	\$73,513.44	\$109,513.44	\$109,513.44	\$78,754.41	In Progress
	<b>Subtotal</b>			<b>\$204,204.00</b>	<b>\$304,204.00</b>	<b>\$304,204.00</b>	<b>\$218,762.26</b>	
	<b>SUBTOTAL</b>			<b>\$304,204.00</b>	<b>\$304,204.00</b>	<b>\$304,204.00</b>	<b>\$218,762.26</b>	
	<b>GRAND TOTAL</b>			<b>\$360,204.00</b>	<b>\$360,204.00</b>	<b>\$360,204.00</b>	<b>\$236,451.14</b>	

**Annual Statement/Performance and Evaluation Report Budget Revision #2**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/02**  
**Part III: Implementation Schedule**

<b>PHAName: The Housing Authority of the City of Claxton, GA</b>		<b>Grant Type and Number</b> Capital Fund Program No: <b>GA06P16650100</b> Replacement Housing Factor No:				<b>Federal FY of Grant: 2000</b>	
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	
GA166-1	N/A		N/A	N/A	N/A		
GA166-2	9/30/02		9/30/02	9/30/03	9/30/04		Change expenditure end date to comply w/LOCC's Contract Dates.
GA166-3	N/A		N/A	N/A	N/A		
GA166-4	N/A		N/A	N/A	N/A		
GA166-5	9/30/02		9/30/02	9/30/03	9/30/04		
GA166-6	9/30/02	N/A	N/A	9/30/03	N/A		Deferred work till FFY -2001.
GA166-7	9/30/02		9/30/02	9/30/03	9/30/04		Change expenditure end date to comply w/LOCC's Contract Dates.
GA166-11	N/A		N/A	N/A	N/A		

GA166-1=42Units      GA166-3=10Units      GA166-5=22Units      GA166-7=30Units  
GA166-2=32Units      GA166-4=38Units      GA166-6=16Units      GA166-11=14Units

# Attachment I: Voluntary Conversion

## Component 10(B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments? **All except GA166 -5**
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? **ONE-GA166-5**
- c. How many Assessments were conducted for the PHA's covered developments? **One for each project except for GA166 -5.**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: **N/A**

Development Name	Number of Units

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: **N/A**

## Attachment J: Deconcentration & Income Mixing

### (6) Deconcentration and Income Mixing

- 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)]