

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

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Small PHA Plan Update  
Agency Plan for Fiscal Year: 2003

# **Housing Authority of the City of Ellaville**

**PHA Plan**

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Small PHA Plan Update

form HUD-50075-Small PHA (03/2003)

## Agency Identification

**PHA Name:** Housing Authority of the City of Ellaville

**PHA Number:** GA214

**PHA Fiscal Year Beginning: (mm/yyyy)** 9/2003

### PHA Plan Contact Information:

Name: J. Len Williams

Phone: 706-571-2800

TDD: 706-571-2829

Email (if available): colgaha@mindspring.com

### Public Access to Information

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

- Main administrative office of the PHA
- PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

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

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

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

- Main business office of the PHA
- PHA development management offices
- Other (list below)
  - Public Library
  - Main administrative office of the local and county government

### PHA Programs Administered:

- Public Housing and Section 8       Section 8 Only       Public Housing Only

# Annual PHA Plan Fiscal Year 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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<input checked="" type="checkbox"/> Attachment B: Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment C: Capital Fund Program 5 Year Action Plan	
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Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
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<input checked="" type="checkbox"/> Attachment G: Membership of Resident Advisory Board or Boards	
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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment I: Deconcentration and Income Mixing	
Attachment J: Voluntary Conversion	

## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

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

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

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

### **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Authority has adopted flat rent, that is listed in the Admissions and Continued Occupancy Policy.

### **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 78,895

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

D. Capital Fund Program Grant Submissions

#### **(1) Capital Fund Program 5-Year Action Plan**

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

#### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

### **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

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

2. Activity Description

<b>Demolition/Disposition Activity Description</b> <b>(Not including Activities Associated with HOPE VI 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: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for     units <input type="checkbox"/> Public housing for     units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for     units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

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

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

**5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

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

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ N/A

C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component. N/A

D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

**6. Other Information**

[24 CFR Part 903.7 9 (r)]

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

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

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

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

- The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included
  - Yes  No: below or
  - Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_\_.

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_.

Other: (list below)

## **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

State of Georgia Five-Year Consolidated Plan

Schley County, City of Ellaville, Comprehensive Plan

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

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

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)

No changes were made to the Consolidated Plan.

## **C. Criteria for Substantial Deviation and Significant Amendments**

### **1. Amendment and Deviation Definitions**

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

**A. Substantial Deviation from the 5-year Plan:**

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

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

**Attachment A**  
**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input checked="" 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
X	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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input 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
X	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, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

### List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (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 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);</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
X	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
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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## CAPITAL FUND PROGRAM TABLES START HERE

### Attachment B

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Housing Authority of City of Ellaville, Georgia		Grant Type and Number Capital Fund Program Grant No: Ga. 06P21450103 Replacement Housing Factor Grant No:		Federal FY of Grant:  2003	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	3,500			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	3,000			
10	1460 Dwelling Structures	48,866			
11	1465.1 Dwelling Equipment—Nonexpendable	1,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	2,000			
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	66,366			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Housing Authority of City of Ellaville, Georgia		Grant Type and Number Capital Fund Program Grant No: Ga. 06P21450103 Replacement Housing Factor Grant No:		Federal FY of Grant:  2003	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: <b>Housing Authority of City of Ellaville, Georgia</b>		Grant Type and Number Capital Fund Program Grant No: Ga. 06P21450103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
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	
	Administration	1410		3,500				
	Fees & Cost	1430		8,000				
214-1A West Buena Rd.	Site Improvements	1450						
	Landscaping & Paving , Sidewalk repair			3,000				
214-1A West Buena Rd.	Dwelling Structures	1450						
	Re-roof 2 buildings		2 Units	0				
	Abate Tile & Mastic		2 Units	2,600				
	New VCT Flooring		2 Units	3,000				
	Up-grade Electrical		2 Units	4,050				
	Remodel kitchens and replace associated water lines.		2 Units	10,000				
	Remodel bathrooms & associated water lines and water heater		2 Units	10,000				
	Replace interior and exterior doors		2 Units	3,700				
	Replace windows and install heavy-duty screens.		2Units	5,600				
	Demo interior walls & replace		2 Units	4,000				
	Replace soffit and fascia		2 Units	2,900				







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

PHA Name <b>Housing Authority of City of Ellaville, Georgia</b>		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY:	Work Statement for Year 3 FFY Grant: 2005 PHA FY:	Work Statement for Year 4 FFY Grant: 2006 PHA FY:	Work Statement for Year 5 FFY Grant: 2007 PHA FY:
	Annual Statement				
Ga. 214-1A West Buena Rd. & Cedar Ct.		1410 Administration \$3,500	1410 Administration \$3,500	1410 Administration \$3,500	1410 Administration \$3,500
		1430 Fees & Cost \$8,000	1430 Fees & Cost \$8,000	1430 Fees & Cost \$8,000	1430 Fees & Cost \$8,000
		1450 Site Improvements \$3,000	1450 Site Improvements \$3,000	1450 Site Improvements \$3,000	1450 Site Improvements \$3,000
		1460 Dwelling Structures \$48,866	1460 Dwelling Structures \$48,866	1460 Dwelling Structures \$48,866	1460 Dwelling Structures \$48,866
		1465.1 Dwelling Equipment \$1,000	1465.1 Dwelling Equipment \$1,000	1465.1 Dwelling Equipment \$1,000	1465.1 Dwelling Equipment \$1,000
		1495.1 Relocation Cost \$2,000	1495.1 Relocation Cost \$2,000	1495.1 Relocation Cost \$2,000	1495.1 Relocation Cost \$2,000
		<b>Total \$66,366</b>	<b>Total \$66,366</b>	<b>Total \$66,366</b>	<b>Total \$66,366</b>
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 :_2004__ FFY Grant: PHA FY: 2004			Activities for Year: 2005__ FFY Grant: PHA FY: 2005		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<b>See</b>						
<b>Annual Statement</b>	Ga. 214-1A	1410 Administration	3,500	Ga. 214-1B	1410 Administration	3,500
		1430 Fees & Cost	8,000		1430 Fees & Cost	8,000
		1450 Site Improvements			1450 Site Improvements	
		Landscaping & Paving. Sidewalk Repair	3,000		Landscaping & Paving. Sidewalk Repair	3,000
		1450 Dwelling Structures			1450 Dwelling Structures	
		Re-roof 2 buildings			Re-roof 2 buildings	
		Abate tile & mastic 2 units	2,600		Abate tile & mastic 2 units	2,600
		New VCT Flooring 2 units	3,000		New VCT Flooring 2 units	3,000
		Up-Grade electrical 2 units	4,050		Up-Grade electrical 2 units	4,050
		Remodel kitchens and replace associated water lines. 2 units	10,000		Remodel kitchens and replace associated water lines. 2 units	10,000
		Remodel bathrooms & associated water line & water heater 2 units	10,000		Remodel bathrooms & associated water line & water heater 2 units	10,000
		Replace interior & exterior doors 2 units	3,700		Replace interior & exterior doors 2 units	3,700
		Demo interior walls & replace 2 units	4,000		Demo interior walls & replace 2 units	4,000
		Replace soffit & fascia 2 units	2,900		Replace soffit & fascia 2 units	2,900

	Replace windows and install heavy-duty screens 2 units	5,600		Replace windows and install heavy-duty screens 2 units	5,600
	Paint interior & exterior 2 units	3,016		Paint interior & exterior 2 units	3,016
	<b>Total 1450</b>	<b>48,866</b>		<b>Total 1450</b>	<b>48,866</b>
	1465.1 Dwelling Equipment 2 units	1,000		1465.1 Dwelling Equipment 2 units	1,000
	1495.1 Relocation cost 2 units	2,000		1495.1 Relocation cost 2 units	2,000
	<b>Total CFP Estimated Cost</b>	<b>66,366</b>			<b>66,366</b>

**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

Activities for Year :_2006__ FFY Grant: PHA FY: 2006			Activities for Year: __2007_ FFY Grant: PHA FY: 2007		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
Ga. 214-1B Cedar Ct.	1410 Administration	3,500	Ga. 214-1B Cedar Ct	1410 Administration	3,500
	1430 Fees & Cost	8,000		1430 Fees & Cost	8,000
	1450 Site Improvements			1450 Site Improvements	
	Landscaping & Paving. Sidewalk Repair	3,000		Landscaping & Paving. Sidewalk Repair	3,000
	1450 Dwelling Structures			1450 Dwelling Structures	
	Re-roof 2 buildings			Re-roof 2 buildings	
	Abate tile & mastic 2 units	2,600		Abate tile & mastic 2 units	2,600
	New VCT Flooring 2 units	3,000		New VCT Flooring 2 units	3,000
	Up-Grade electrical 2 units	4,050		Up-Grade electrical 2 units	4,050
	Remodel kitchens and replace associated water lines. 2 units	10,000		Remodel kitchens and replace associated water lines. 2 units	10,000
	Remodel bathrooms & associated water line & water heater 2 units	10,000		Remodel bathrooms & associated water line & water heater 2 units	10,000
	Replace interior & exterior doors 2 units	3,700		Replace interior & exterior doors 2 units	3,700
	Demo interior walls & replace 2 units	4,000		Demo interior walls & replace 2 units	4,000
	Replace soffit & fascia 2 units	2,900		Replace soffit & fascia 2 units	2,900

	Replace windows and install heavy-duty screens 2 units	5,600		Replace windows and install heavy-duty screens 2 units	5,600
	Paint interior & exterior 2 units	3,016		Paint interior & exterior 2 units	3,016
	Total 1450	48,866		Total 1450	48,866
	1465.1 Dwelling Equipment 2 units	1,000		1465.1 Dwelling Equipment 2 units	1,000
	1495.1 Relocation cost 2 units	2,000		1495.1 Relocation cost 2 units	2,000
	1502 Contingency			1502 Contingency	
	<b>Total CFP Estimated Cost</b>	<b>66,366</b>			<b>66,366</b>

# PHA Public Housing Drug Elimination Program Plan

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

**Section 1: General Information/History**

- A. Amount of PHDEP Grant \$** \_\_\_\_\_
- B. Eligibility type (Indicate with an “x”)**      N1\_\_\_\_\_ N2\_\_\_\_\_ R\_\_\_\_\_
- C. FFY in which funding is requested** \_\_\_\_\_
- D. Executive Summary of Annual PHDEP Plan**

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

**E. Target Areas**

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

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

**F. Duration of Program**

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

**12 Months**\_\_\_\_\_ **18 Months**\_\_\_\_\_ **24 Months**\_\_\_\_\_

**G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

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

**B. PHDEP Budget Summary**

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

<b>FFY _____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
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	
<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	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

<b>9115 - Special Initiative</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>9116 - Gun Buyback TA Match</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	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9130 – Employment of Investigators</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>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	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9160 - Drug Prevention</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>9170 - Drug Intervention</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>9180 - Drug Treatment</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>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$</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.							

## Required Attachment F: Resident Member on the PHA Governing Board

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

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

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

- Elected  
 Appointed

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

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

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

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

Mayor Palmer  
City Council

## **Required Attachment G: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Katie Ross  
Shirley Thornton  
Debra Hartage

## **Required Attachment H: Comments made by the RAB**

### **RAB Comments:**

There were no comments.

### **PHA's Response to RAB Comments:**

**ATTACHMENT I :**

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

- a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

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



## ATTACHMENT D

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of Ellaville, Georgia		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: GA06P21450102			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	7,889	7,889	0	0
3	1408 Management Improvements				
4	1410 Administration	3,500	0	0	0
5	1415 Liquidated Damages				
6	1430 Fees and Costs	7,500	7,500	0	0
7	1440 Site Acquisition				
8	1450 Site Improvement	3,000	0	0	0
9	1460 Dwelling Structures	50,509	53,009	50,009	0
10	1465.1 Dwelling Equipment—Nonexpendable	2,497	2,497	0	0
11	1470 Nondwelling Structures				
12	1475 Nondwelling Equipment				
13	1485 Demolition				
14	1495.1 Relocation Costs	4,000	8,000	4,126	2,745
15	1498 Mod used for development				
<b>16</b>	<b>Amount of Annual CIAP Grant:(sum of lines 2-14)</b>	<b>78,895</b>	<b>78,895</b>	<b>54,135</b>	<b>2,745</b>
17	Amount of line 16 Related to LBP Activities				
18	Amount of line 16 Related to Security				
19	Amount of line 16 Related to Section 504 compliance				
20	Amount of line 16 Related to Energy Conservation Measures				

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

PHA Name: Housing Authority of Ellaville, Georgia		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: GA06P21450102				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Operations	1406		7,889	7,889	0	0	
	Administration	1410		3,500	0	0	0	Moved to 1460 & 1495
	Fees & Costs	1430		7,500	7,500	0	0	
214-1	Site Improvements	1450						
Cedar Court	Landscaping & Paving ,sidewalk repair			3,000	0	0	0	Moved to 1460 & 1495
	Dwelling Structures	1460						
	Re-roof buildings		5	8,000	8,000	8,000		In Progress
	Remodel kitchens and replace associated water lines & water heaters		4	13,672	16,172	13,172		In Progress
	Remodel bathrooms & replace associated water lines & water heaters.		4	10,511	10,511	10,511		In Progress
	Replace windows and install heavy duty screens.		4	10,340	10,340	10,340		In Progress
	Replace metal bi-fold closet doors.		4	1,986	1,986	1,986		In Progress
	Replace rear exterior doors		4	4,000	4,000	4,000		In Progress
	Repair and paint interior walls		4	2,000	2,000	2,000		In Progress

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

PHA Name: Housing Authority of Ellaville, Georgia		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: GA06P21450102				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<b>Total 1460</b>			<b>50,509</b>	<b>53,009</b>	<b>50,009</b>	<b>0</b>	
	Dwelling Equipment Nonexpendable	1465.1						
	Replace kitchen appliance		5	2,497	2,497	0	0	
	Relocation	1495.1		4,000	8,000	4,126	2,745	In Progress

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

PHA Name: Housing Authority of Ellaville , Georgia							Federal FY of Grant: 2002
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
214-1 Cedar Court	January 04	July 04		Sept 05	July 06		Per LOCCS

## ATTACHMENT E

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of Ellaville, Georgia		<b>Grant Type and Number</b> Capital Fund Program Grant No: GAO6P21450101 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	8,400	8,400	8,400	8,400
3	1408 Management Improvements				
4	1410 Administration	3,500	3,826	3,826	3,826
5	1415 Liquidated Damages				
6	1430 Fees and Costs	7,500	1,743	1,743	993
7	1440 Site Acquisition				
8	1450 Site Improvement	3,000	0	0	0
9	1460 Dwelling Structures	56,012	62,211	55,686	21,925
10	1465.1 Dwelling Equipment—Nonexpendable	2,497	2,885	0	0
11	1470 Nondwelling Structures				
12	1475 Nondwelling Equipment				
13	1485 Demolition				
14	1495.1 Relocation Costs	4,000	5,844	5,844	5,844
15	1498 Mod used for development				
16	<b>Amount of Annual CIAP Grant: (sum of lines 2 – 14)</b>	<b>84,909</b>	<b>84,909</b>	<b>75,499</b>	<b>40,988</b>
17	Amount of line 16 Related to LBP Activities				
18	Amount of line 16 Related to Security				
19	Amount of line 16 Related to Section 504 Compliance				
20	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Housing Authority of Ellaville, Georgia		Grant Type and Number Capital Fund Program Grant No: GA06P21450101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Operations	1406		8,400	8,400	8,400	8,400	
	Administration	1410		3,500	3,826	3,826	3,826	Complete
	Fees & Costs	1430		7,500	1,743	1,743	993	In Progress
214-1 Cedar Ct.	Site Improvements	1450						
	Landscaping & Paving, sidewalk repair			3,000	0	0		
	Dwelling Structures	1460						
	Re-roof buildings (5 units)		5	8,000	8,000	8,000	3,000	In Progress
	Remodel kitchens and replace associated water lines & water heaters (4 units)		4	15,672	19,371	16,172	9,805	In Progress
	Remodel bathrooms & associated water lines & water heaters (4 units)		4	12,000	15,000	12,000	1,200	In Progress
	Replace windows and install heavy duty screens (4 units)		4	12,340	12,340	12,340	7,920	In Progress
	Replace metal bi-fold closet doors (4 units)		4	2,000	2,000	2,000	0	In Progress
	Replace rear exterior doors (4 units)		4	4,000	1,000	1,000	0	In Progress
	Repair and paint interior walls (4 units)		4	2,000	4,500	4,174	0	In Progress
	<b>Total 1460</b>			<b>56,012</b>	<b>62,211</b>	<b>55,686</b>	<b>21,925</b>	
	Dwelling Equipment Nonexpendable	1465.1						
	Replace kitchen appliance (5 units)		5	2,497	2,885	0		In Progress

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

PHA Name: Housing Authority of Ellaville, Georgia		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P21450101 Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 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	
	Relocation	1495.1		4,000	5,844	5,844	5,844	Complete

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

PHA Name: Housing Authority of Ellaville , Georgia							Federal FY of Grant: 2001
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
214-1 Cedar Court	Sept 03			Sept 04	Sept 05		Per LOCCS

**ATTACHMENT J**

**Housing Authority of the City of Ellaville  
Voluntary Conversion of Public Housing Stock  
Initial Assessment**

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Line No.	Project	Test Criteria			Conversion Appropriate?
		1	2	3	
1.	214-1	<b>FALSE</b>	TRUE	<b>FALSE</b>	<b>NO</b>
2.	214-2	<b>FALSE</b>	TRUE	<b>FALSE</b>	<b>NO</b>

Criteria: Each of the following three test criteria must be evaluated as 'TRUE' for each listed development to be appropriate for conversion to Section 8 tenant-based assistance or market-rate rents:

1. To be evaluated as 'TRUE', **operating costs would not be more expensive than continuing to operate the development as public housing.** Conversion costs would be necessary to upgrade the project, to attain current private-sector standards for condition and amenities for marketability purposes. These costs would not allow for voluntary conversion.
2. **Conversion would principally benefit residents of public housing to be converted and the community.** Given the need to deconcentrate low income residents at all developments, the default evaluation of this criteria is 'TRUE'.
3. **Conversion would not adversely affect the availability of affordable housing in the community.** Until HUD allows PHAs to rent to its own Section 8 Voucher clients, our converted public housing developments could only be rented at market rate (that is, "unaffordable") rents to meet expenses. Current market rents have been determined to be greatly inadequate. Thus, the default evaluation of this criteria is 'FALSE'.

I certify that the above Initial Assessments were based upon a review of each development's operation as public housing, and the implications for converting each development to tenant-based assistance was given full consideration. I further certify that, based on this review, the conversion of each development as shown above is likely to be inappropriate.

---

J. Len Williams, Executive Director

---

Date

# Attachment K

<b>Annual Statement/Performance and Evaluation Report</b>						
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>						
PHA Name: Housing Authority of The City of Ellaville, Ga.		Grant Type and Number Capital Fund Program Grant No: GA0P21450100 Replacement Housing Factor Grant No:			Federal FY of Grant:  <b>2000</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		Remaining to Obligate
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	8,300	8,300	8,300	8,300	0
3	1408 Management Improvements					
4	1410 Administration					
5	1415 Liquidated Damages					
6	1430 Fees and Costs	11,000	7,425	7,425	5,845	3,575
7	1440 Site Acquisition					
8	1450 Site Improvement					
9	1460 Dwelling Structures	63,931	67,506	67,506	63,900	(3,575)
10	1465.1 Dwelling Equipment—Nonexpendable					
11	1470 Nondwelling Structures					
12	1475 Nondwelling Equipment					
13	1485 Demolition					
14	1495.1 Relocation Costs					
15	1498 Mod used for development					
16	<b>Amount of Annual CIAP Grant (sum of lines 2-14)</b>	<b>83,231</b>	<b>83,231</b>	<b>83,231</b>	<b>78,045</b>	<b>0</b>
17	Amount of line 16 Related to LBP Activities					
18	Amount of line 16 Related to Security					
19	Amount of line 16 Related to Section 504 Compliance					
20	Amount of line 21 Related to Energy Conservation Measures					

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

PHA Name: Housing Authority of The City of Ellaville, Ga. Ga. 214		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Transfer 100% of CIAP Grant to Operations for use in all eligible activities at the following sites:	1406		8,300	8,300	8,300	8,300	
	Fees & Cost	1430		11,000	7,425	7,425	5,845	Under contract
214-1	Cedar Court	1460	7 Units					
	Remove obsolete furnace & install new Central HVAC system			34,651	0	0	0	
	Re-roof Units			5,800	12,000	12,000	12,000	Contract award 7/10/02
	Remodel Kitchens and Replace Assoc. Water Lines			7,500	11,175	11,175	7,569	Contract award 7/10/02
	Remodel Bathrooms & Assoc. Water Lines & Replace Water Heaters			6,480	9,280	9,280	9,280	Contract award 7/10/02
	Replace Windows & Install Heavy Duty Screens			4,500	0	0		
	Replace Metal Bi-fold Closet Doors			1,000	0	0		
	Replace Rear Exterior Doors			4,000	400	400	400	Contract award 7/10/02
	<b>Total Cedar Court 1460</b>			<b>63,931</b>	<b>32,855</b>	<b>32,855</b>	<b>29,249</b>	
214-2	Felton Jones Court							
	Remove obsolete furnace & install new Central HVAC system	1460	14 Units	0	34,651	34,651	34,651	Project complete
	<b>Total Felton Jones 1460</b>			<b>0</b>	<b>34,651</b>	<b>34,651</b>	<b>34,651</b>	
	<b>Total 1460</b>			<b>63,931</b>	<b>67,506</b>	<b>67,506</b>	<b>63,900</b>	
	<b>Total FY00 Ellaville</b>			<b>83,231</b>	<b>83,231</b>	<b>83,231</b>	<b>78,045</b>	

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

PHA Name: Housing Authority of The City of Ellaville, Ga.		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:				Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
214-1	Sept 02			Sept 03			
214-2	Sept 02			Sept 03			