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

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2004

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

PHA Plan Agency Identification

PHA Name: Mobile County Housing Authority

PHA Number: AL202

PHA Fiscal Year Beginning: (01/2004)

PHA Plan Contact Information:

Name: Frank C. Nelson

Phone: 251-866-9696

TDD: 251-866-9696

Email (if available): mhousing@bellsouth.net

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered:

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

**Annual PHA Plan
Fiscal Year 2004**

[24 CFR Part 903.7]

i. Table of Contents

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

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B. Statement of Consistency with Consolidated Plan	4.
C. Criteria for Substantial Deviations and Significant Amendments	5.
Attachments	
<input checked="" type="checkbox"/> Attachment A : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment B__: Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment B__: Capital Fund Program 5 Year Action Plan	
<input checked="" type="checkbox"/> Attachment B__: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
<input type="checkbox"/> Attachment __: Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment C__: Membership of Resident Advisory Board or Boards	

- Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

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

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

N/A

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

N/A

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? \$
92,233.00

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 B

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

N/A

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

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one)

<input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

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

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

- A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____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.
- D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
- The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
 Yes No: below or
 Yes No: at the end of the RAB Comments in Attachment _____.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment _____.
- Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (State of Alabama)

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

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

3. PHA Requests for support from the Consolidated Plan Agency

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

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

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

B. Significant Amendment or Modification to the Annual Plan:

Attachment A
Supporting Documents Available for Review

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

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	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
N/A	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
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	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
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	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
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	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
X	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Component 10 (B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments? **NONE**
- 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)?
- c. How many Assessments were conducted for the PHA's covered developments?
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name Number of Units

- d. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments

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

PHA Name: Mobile County Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09P202501-01 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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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
1	Total non-CFP Funds				
2	1406 Operations	11,700.00	61,115.78	61,115.78	61,115.78
3	1408 Management Improvements	4,000.00	3,884.00	3,884.00	3,884.00
4	1410 Administration	4,000.00	-0-	-0-	-0-
5	1411 Audit	2,500.00	-0-	-0-	-0-
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,000.00	-0-	-0-	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement	4,000.00	-0-	-0-	-0-
10	1460 Dwelling Structures	72,713.00	18,913.32	18,913.32	18,913.32
11	1465.1 Dwelling Equipment—Nonexpendable	6,000.00	30,000.00	30,000.00	30,000.00
12	1470 Nondwelling Structures	5,000.00	-0-	-0-	-0-
13	1475 Nondwelling Equipment	4,000.00	4,000.00	4,000.00	4,000.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

1	Total non-CFP Funds				
2	1406 Operations	11,700.00	61,115.78	61,115.78	61,115.78
3	1408 Management Improvements	4,000.00	3,884.00	3,884.00	3,884.00
4	1410 Administration	4,000.00	-0-	-0-	-0-
5	1411 Audit	2,500.00	-0-	-0-	-0-
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,000.00	-0-	-0-	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement	4,000.00	-0-	-0-	-0-
10	1460 Dwelling Structures	72,713.00	18,913.32	18,913.32	18,913.32
11	1465.1 Dwelling Equipment—Nonexpendable	6,000.00	30,000.00	30,000.00	30,000.00
12	1470 Nondwelling Structures	5,000.00	-0-	-0-	-0-
13	1475 Nondwelling Equipment	4,000.00	4,000.00	4,000.00	4,000.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

117,913.00

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

PHA Name: Mobile County Housing Authority		Grant Type and Number Capital Fund Program No: AL09P202501-01 Replacement Housing Factor No:				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	
AL202	Original	Revised	Actual	Original	Revised	Actual	

PHA Name: Mobile County Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P202501-02 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
AL202				Original	Revised	Funds Obligated	Funds Expended	
	Operations	1406		11,602.00	-0-	11,602.00	11,602.00	
	Management Imp.	1408		20,000.00	-0-	4,996.00	4,996.00	
	Administration	1410		5,000.00	-0-	-0-	-0-	
	Fees & Costs	1430		5,000.00	-0-	-0-	-0-	
	Site Imp.	1450		5,000.00	-0-	-0-	-0-	
	Dwelling Struct.	1460		45,604.00	8,160.00	8,160.00	8,160.00	
	Dwelling Equip.	1465		10,000.00	-0-	-0-	-0-	
	Non-dwelling Struct.	1470		10,000.00	-0-	-0-	-0-	
				112,206.00	-0-	24,758.00	24,758.00	

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

PHA Name: Mobile County Housing Authority		Grant Type and Number Capital Fund Program No: AL09P202501-01 Replacement Housing Factor No:					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		
AL202								

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

PHA Name: Mobile County Housing Authority		Grant Type and Number Capital Fund Program No: A109P202501-02 Replacement Housing Factor No:					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		
AL202	5-31-02		5-31-02	5-30-04				

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

PHA Name: Mobile County Housing Authority		Grant Type and Number Capital Fund Program No: AI09P202501-02 Replacement Housing Factor No:				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	

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Mobile County Housing Authority			Grant Type and Number Capital Fund Program Grant No: AL09P202501-03 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002
<input 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	11,602.00	-0-	11,602.00	11,602.00
3	1408 Management Improvements	20,000.00	-0-	-0-	-0-
4	1410 Administration	5,000.00	-0-	4,996.00	4,996.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000.00	-0-	-0-	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000.00	-0-	-0-	-0-
10	1460 Dwelling Structures	45,604.00	-0-	8,160.00	8,160.00
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00	-0-	-0-	-0-
12	1470 Nondwelling Structures	10,000.00	-0-	-0-	-0-
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	112,206.00	-0-	24,758.00	24,758.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Mobile County Housing Authority			Grant Type and Number		Federal FY of Grant:
			Capital Fund Program Grant No: AL09P202501-03		2002
			Replacement Housing Factor Grant No:		
<input 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
	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:			Grant Type and Number			Federal FY of Grant:		
			Capital Fund Program Grant No:					
			Replacement Housing Factor Grant No:					
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	
AL202								
	Operations	1406		11,602.00	-0-	11,602.00	11,602.00	
	Management Imp.	1408		20,000.00	-0-	4,996.00	4,996.00	
	Administration	1410		5,000.00	-0-	-0-	-0-	
	Fees & Costs	1430		5,000.00	-0-	-0-	-0-	
	Site Imp.	1450		5,000.00	-0-	-0-	-0-	
	Dwelling Struct.	1460		45,604.00	8,160.00	8,160.00	8,160.00	
	Dwelling Equip.	1465		10,000.00	-0-	-0-	-0-	
	Non-dwelling Struct.	1470		10,000.00	-0-	-0-	-0-	
				112,206.00	-0-	24,758.00	24,758.00	

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant:			
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	
AL202				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name:		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:			Federal FY of Grant:		
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	
AL202	5-31-02		5-31-02	5-30-04			

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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

PHA Name:		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:				Federal FY of Grant:	
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	

5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs			5,000.00		-0-	-0-
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures			65,322.00		-0-	-0-
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Nondwelling Structures						
13	1475 Nondwelling Equipment						
14	1485 Demolition						
15	1490 Replacement Reserve						
16	1492 Moving to Work Demonstration						
17	1495.1 Relocation Costs						
18	1499 Development Activities						
19	1501 Collateralization or Debt Service						
20	1502 Contingency						
21	Amount of Annual Grant: (sum of lines 2 – 20)			92,322.00		-0-	-0-
22	Amount of line 21 Related to LBP Activities						
23	Amount of line 21 Related to Section 504 compliance						
24	Amount of line 21 Related to Security – Soft Costs						
25	Amount of Line 21 Related to Security – Hard Costs						
26	Amount of line 21 Related to Energy Conservation Measures						

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Mobile County Housing Authority			Grant Type and Number Capital Fund Program Grant No: AL09P202501-03 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	
AL202								
	Operations	1406		11,602.00	-0-	-0-	-0-	
	Management Imp.	1408		20,000.00	-0-	-0-	-0-	
	Administration	1410		5,000.00	-0-	-0-	-0-	
	Fees & Costs	1430		5,000.00	-0-	-0-	-0-	
	Dwelling Structure	1460		65,322.00	-0-	-0-	-0-	
				92,322.00	-0-	-0-	-0-	

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

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: Mobile County Housing Authority		Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 10/2003
<input 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
24	Amount of line 20 Related to Energy Conservation Measures			

TOTAL

92,322

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan			
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement			
Development Number	Development Name (or indicate PHA wide)		
AL202003	Northview Manor		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (PHA Fiscal Year)
1406 Operations		\$ 11,602	2004
1408 Management Improvements		15,000	
1410 Administration		7,000	
1430 Fees and Costs		7,000	
1450 Site Improvements		10,000	
1460 Dwelling Structures		41,298	
		92,322.00	

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan			
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement			
Development Number	Development Name (or indicate PHA wide)		
AL202003	Northview Manor		
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (PHA Fiscal Year)	
1406 Operations	\$ 11,602	2005	
1410 Administration	10,000		
1450 Site Improvements	5,000		
1460 Dwelling Structures	40,000		
1465.1 Dwelling Equipment-nonexpendable	25,720		
	92,322.00		

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan			
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement			
Development Number	Development Name (or indicate PHA wide)		
AL202003	Northview Manor		
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)	
1406 Operations	\$ 11,602	2006	
1410 Administration	10,000		
1450 Site Improvements	5,000		
1460 Dwelling Structures	40,000		
1465.1 Dwelling Equipment-nonexpendable	25,720		
	92,322.00		

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan			
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement			
Development Number	Development Name (or indicate PHA wide)		
AL202003	Northview Manor		
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)	

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

1406 Operations 1408 Management Improvements 1410 Administration 1430 Fees and Costs 1450 Site Improvements 1460 Dwelling Structures	\$ 11,602 15,000 7,000 7,000 10,000 41,720	2007
	92,322.00	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan

Original statement Revised statement

Development Number	Development Name (or indicate PHA wide)	Estimated Cost	Planned Start D (HA Fiscal Year)
AL202003	Northview Manor		
Description of Needed Physical Improvements or Management Improvements			
1406 Operations 1408 Management Improvements 1410 Administration 1430 Fees and Costs 1450 Site Improvements 1460 Dwelling Structures 1465.1 Dwelling Equipment-nonexpendable 1475 Non Dwelling Equipment		\$ 11,602 15,000 5,000 5,000 5,000 30,720 10,000 10,000	2004 - 2008
		92,322.00	

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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.

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

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	
1.							
2.							
3.							

9115 - Special Initiative						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	
1.							
2.							
3.							

9116 - Gun Buyback TA Match						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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

9130 – Employment of Investigators						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

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

9150 - Physical Improvements						Total PHDEP Funding: \$	
Goal(s)							
Objectives							

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)
1.						
2.						
3.						

9160 - Drug Prevention						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

9170 - Drug Intervention						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

9180 - Drug Treatment						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

9190 - Other Program Costs						Total PHDEP Funds: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

REQUIRED ATTACHMENT A

Definition of “Substantial Deviation” and “Significant Amendment or Modification” [903.7(r)]:

HUD’s Interim Rule sought public comment on how the regulation should define “substantial deviation” of Annual Plans from the 5 Year Plan and “significant amendment or modification” of the Annual Plan. The statute requires that PHAs explain “substantial deviations” from the 5-Year Plan in their Annual Plans. The statute also provides that, while PHAs may change or modify their plans or policies described in them, any “significant amendment or modification” to the plan would require PHAs to submit a revised PHA Plan that has met full public process requirements.

In response to the range of comments received, the Final Rule provides that PHAs must define the terms “Substantial Deviation” and “Significant Amendment or Modification” for themselves, by stating the basic criteria for such definition in an annual plan that has met full public process requirements, including Resident Advisory Board review (see Final Rule 903.7(r)(2)). ***Neither January nor April PHAs will be required to include these descriptions in their first PHA Plans; however, they may wish to do so.*** (Until a January or April PHA has met the requirement to define “significant amendment or modification,” in the PHA Plan, HUD will consider the following to be significant amendments or modifications:

- changes to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund;
- additions of new activities not included in the current PHDEP Plan;
- and any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD. The PHA Plan template issued pursuant to the Interim Rule does not include a space for the required definitions. Therefore, PHAs choosing to do so must submit these definitions as an attachment to the PHA Plan.

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

- additions of new activities not included in the current PHDEP Plan;
- and any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD. The PHA Plan template issued pursuant to the Interim Rule does not include a space for the required definitions. Therefore, PHAs choosing to do so must submit these definitions as an attachment to the PHA Plan.

Required Attachment ____: 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):

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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): Mobile County Commission

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Required Attachment __C____: 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.)

1. Regina Law
2. Mysonia Hawthorne
3. Monica Wright
4. Andreta Shepard
5. Linda Adams
6. Annette Holcombe

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

REQUIRED ATTACHMENT D Component 10 (B) Voluntary Conversion Initial Assessments

Component 10 (B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments? **NONE**
- 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)?
- c. How many Assessments were conducted for the PHA's covered developments?
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name Number of Units

- d. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments