

# PHA Plans

## Streamlined Annual Version

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

OMB No. 2577-0226  
(exp. 06/30/2006)

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

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# Streamlined Annual PHA Plan

## for Fiscal Year: 2006

### PHA Name: Llano Housing Authority

**NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.**

## Streamlined Annual PHA Plan Agency Identification

**PHA Name:** Llano Housing Authority

**PHA Number:** TX328

**PHA Fiscal Year Beginning:** (mm/yyyy) 10/2006

**PHA Programs Administered:**

**Public Housing and Section 8**

Number of public housing units:  
Number of S8 units:

**Section 8 Only**

Number of S8 units:

**Public Housing Only**

Number of public housing units:

**PHA Consortia:** (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

**PHA Plan Contact Information:**

Name: Tiffany Saylor  
TDD:

Phone: 325-247-4931

Email (if available): coflha@moment.net

**Public Access to Information**

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

PHA's main administrative office     PHA's development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection.     Yes     No.

If yes, 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)

## Streamlined Annual PHA Plan

Fiscal Year 20 06

[24 CFR Part 903.12(c)]

### Table of Contents

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

#### A. PHA PLAN COMPONENTS

- |                                     |   |       |
|-------------------------------------|---|-------|
| <input type="checkbox"/>            | 1. Site-Based Waiting List Policies   |       |
|                                     | <b>903.7(b)(2) Policies on Eligibility, Selection, and Admissions</b>   |       |
| <input checked="" type="checkbox"/> | 2. Capital Improvement Needs  | 5-6   |
|                                     | <b>903.7(g) Statement of Capital Improvements Needed</b>  |       |
| <input type="checkbox"/>            | 3. Section 8(y) Homeownership   | n/a   |
|                                     | <b>903.7(k)(1)(i) Statement of Homeownership Programs</b>   |       |
| <input type="checkbox"/>            | 4. Project-Based Voucher Programs   | n/a   |
| <input type="checkbox"/>            | 5. PHA Statement of Consistency with Consolidated Plan.   | 7-8   |
|                                     | Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.                          |       |
| <input checked="" type="checkbox"/> | 6. Supporting Documents Available for Review  | 9-10  |
| <input checked="" type="checkbox"/> | 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report | 11-13 |
| <input checked="" type="checkbox"/> | 8. Capital Fund Program 5-Year Action Plan  | 14-16 |

#### ATTACHMENTS

- |    |                  |                                  |
|----|------------------|----------------------------------|
| 1. | <b>tx328a06</b>  | <b>2005 CFP</b>                  |
| 2. | <b>tx328b06</b>  | <b>2004 CFP</b>                  |
| 3. | <b>tx328c06</b>  | <b>2003 CFP</b>                  |
| 4. | <b>tx328d06</b>  | <b>2003-B CFP</b>                |
| 5. | <b>tx328e06</b>  | <b>2002 CFP</b>                  |
| 6. | <b>tx328f06</b>  | <b>2002-E CFP</b>                |
| 7. | <b>tx328er06</b> | <b>2006 Environmental Review</b> |

#### B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

**Form HUD-50076, *PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan*** identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office; **PHA has NOT changed any policies, programs, or plan components from its last Annual Plan.**

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

**Form HUD-50070, *Certification for a Drug-Free Workplace*;**  
**Form HUD-50071, *Certification of Payments to Influence Federal Transactions*;** and  
**Form SF-LLL & SF-LLL a, *Disclosure of Lobbying Activities*.**

**1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)**

[24 CFR Part 903.12(c), 903.7(b)(2)]

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

**A. Site-Based Waiting Lists-Previous Year**

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

<b>Site-Based Waiting Lists</b>				
<b>Development Information:</b> (Name, number, location)	<b>Date Initiated</b>	<b>Initial mix of Racial, Ethnic or Disability Demographics</b>	<b>Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL</b>	<b>Percent change between initial and current mix of Racial, Ethnic, or Disability demographics</b>

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4.  Yes  No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

## B. Site-Based Waiting Lists – Coming Year

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year?
2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?
3.  Yes  No: May families be on more than one list simultaneously?  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
  - PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site-based waiting lists
  - At the development to which they would like to apply
  - Other (list below)

## 2. Capital Improvement Needs

[24 CFR Part 903.12 (c), 903.7 (g)]

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

### A. Capital Fund Program

1.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2.  Yes  No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

### B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

**Applicability:** All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1.  Yes  No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).

2. Status of HOPE VI revitalization grant(s):

<b>HOPE VI Revitalization Grant Status</b>	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
<input type="checkbox"/>	Revitalization Plan under development
<input type="checkbox"/>	Revitalization Plan submitted, pending approval
<input type="checkbox"/>	Revitalization Plan approved
<input type="checkbox"/>	Activities pursuant to an approved Revitalization Plan underway

3.  Yes  No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:

4.  Yes  No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:

5.  Yes  No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

**3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**  
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1.  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 the next component; if “yes”, complete each program description below (copy and complete questions for each program identified.)

2. Program Description:

a. Size of Program

Yes  No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA-established eligibility criteria

Yes  No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria:

c. What actions will the PHA undertake to implement the program this year (list)?

3. 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 of purchase price and requiring that at least 1 percent of the purchase price 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.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):

#### **4. Use of the Project-Based Voucher Program**

##### **Intent to Use Project-Based Assistance**

Yes  No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1.  Yes  No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
  - low utilization rate for vouchers due to lack of suitable rental units
  - access to neighborhoods outside of high poverty areas
  - other (describe below:)

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

### **5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: Texas

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 on its waiting lists 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 the initiatives contained in the Consolidated Plan. (list below)
- Other: (list below)

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: Increase and preserve the availability of safe, decent, and affordable housing for very low, low, and moderate income persons and families. To improve quality of assisted housing.

## **6. Supporting Documents Available for Review for Streamlined Annual PHA Plans**

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	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
x	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
x	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
x	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
x	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	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] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Any policy governing occupancy of Police Officers and Over-Income Tenants 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	Annual Plan: Rent

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	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
	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 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 Public Housing Assessment System (PHAS) Assessment (or other applicable 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 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 Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report 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
x	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
x	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
x	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
x	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary 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	Public Housing Community Service Policy/Programs <input type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative 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 for public	Annual Plan: Community

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	housing.	Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
x	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
x	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

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

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Llano Housing Authority			Grant Type and Number Capital Fund Program Grant No: TX59P328501-06 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
<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	6270			
3	1408 Management Improvements	11200			
4	1410 Administration	9008			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	36231			
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)	62709			
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**

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part II: Supporting Pages</b>								
PHA Name: Llano Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TX59P328501-06 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
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	
TX328 HA-Wide	Operations	1406		6270				Incomplete
TX328 HA-Wide	Employee Benefits	1408		11200				Incomplete
TX328 HA-Wide	Adminstrative	1410		9008				Incomplete
TX328 HA-Wide	Replace Cabinets	1460		36231				Incomplete



## 8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name Llano Housing Authority				<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
		FFY Grant: 2007 PHA FY: 2007	FFY Grant: 2008 PHA FY: 2008	FFY Grant: 2009 PHA FY: 2009	FFY Grant: 2010 PHA FY: 2010
	Annual Statement				
TX328 HA-Wide		Replace Cabinets	Replace Cabinets	Replace Cabinets	Replace Cabinets
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					



## 8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities					
Activities for Year : <u>2009</u> FFY Grant: PHA FY: 2009			Activities for Year: <u>2010</u> FFY Grant: PHA FY: 2010		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
TX328 HA-Wide	<i>Replace Cabinets in 10 units</i>	40,000	TX328 HA-Wide	<i>Replace Cabinets</i>	40,000
Total CFP Estimated Cost		\$40000			\$40000

**CAPITAL FUND PROGRAM (CFP) Part 1: Summary**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Office of Public and Indian Housing

H A Name <b>Llano Housing Authority</b>				Capital Fund Program Number <b>TX59P328501-05</b>	FFY of Grant Approval <b>2004</b>
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserved for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement/Revision Number _____	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending <u>09/30/06</u>				<input type="checkbox"/> Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 20% of line19)	6568		6,568.00	
3	1408 Management Improvements	10000		1000	
4	1410 Administration	7672		7672	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Sites Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	39447		39447	
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment	2000		2000	
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1501 Collateralization or Debt Service				
20	1502 Contingency (may not exceed 8% of line 19)				
21	<b>Amount of Annual Grant (Sum of Lines 2 - 18)</b>	<b>65,687.00</b>		<b>0.00</b>	<b>0.00</b>
22	Amount of Line 19 Related to LBP Activities				
23	Amount of Line 19 Related to Section 504 Compliance				
	Amount of Line 19 Related to Security				
	Amount of Line 19 Related to Energy Conservation Measures				
Signature of Executive Director and Date Tiffany Saylor, Executive Director				Signature of Public Housing Director/Office of Native American Programs Administrator and Date	

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

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

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

Llano Housing Authority  
501 CFP Submission

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Estimated Cost		Total Actual Cost		Status of Proposed Work (2)	
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)		
<b>HA-Wide Activities</b>	<b>Operations</b>	1406.10		<b>6,568.00</b>		<b>6,568.00</b>	<b>0.00</b>	ongoing	
<b>HA-Wide Activities</b>	Site Acquisition for Replacement of PHA Units	1440.10							
<b>Management Improvements</b>	A. Technical Assistance for PHAS Improvement	1408.10							
	B. Updating of Policies and Procedures	1408.11							
	C. Training for staff and commissioners	1408.12							
	D. Computer Upgrade Network	1408.13							
	E. Resident Initiatives Coordinator (Prorated Salary)	1408.14							
	F. Homeownership Program Coordinator (Prorated Salary)	1408.15							
	G. Employee Benefits	1408.16			10,000.00		10,000.00		On going
	H. Training to Ensure Internal Control Fiscal Purposes	1408.17							
	I. Internal/External Audit Preparation Plan	1408.18							
	J. Upgrade/Expand Economic Development/Self Suff.	1408.19							
	K. Provide Training for Key Personnel in Loan Underwriting & Creative Financing for Homeownership	1408.20							
	L. Provide Training to Resident Council Members	1408.21							
	M. Training for Maintenance Personnel	1408.22							
	N. Training/Develop New Formant for Admissions	1408.23							
	O. Upgrade and/or Modify Waiting List Process	1408.24							
P. Provide Computer Upgrade as Needed	1408.25								
Q. Computer Software for Capital Fund Program	1408.26								
	<b>Total for Management Improvements</b>			<b>10,000.00</b>		<b>10,000.00</b>	<b>0.00</b>		
<b>Administration Expenses</b>	A. Capital Fund Prog. Coordinator (Prorated Salary)	1410.10		4,497.00		4,497.00		ongoing	
	B. Clerical & Administrative Cost (Prorated Salaries)	1410.11		3,175.00		3,175.00		ongoing	
	C. Prorated Benefits	1410.12							
	D. Sundry - CGP Office Expense	1410.13							
	<b>Total for Administration Expenses</b>			<b>7,672.00</b>		<b>7,672.00</b>	<b>0.00</b>		
	<b>Sub-Total Page 1</b>			<b>24,240.00</b>		<b>24,240.00</b>	<b>0.00</b>		

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement

2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date      Tiffany Saylor, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administration and Date

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

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

Llano Housing Authority  
501 CFP Submission

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>HA-Wide Activities Fees &amp; Cost</b>	A. A/E Services B. In-House Inspection Costs (Salary/Benefits) C. Printing Costs D. Consultant Fees/Update Agency Plan <b>Total for Fees &amp; Cost</b>	1430.10 1430.11 1430.12 1430.13		<b>0.00</b>		<b>0.00</b>	<b>0.00</b>	
<b>Non Dwelling Equipment</b>	A. Purchase tools/Equip./Office Furn. CFP Program B. <b>Total for Non Dwelling Equipment</b>	1475.10		2,000.00		2,000.00		ongoing
<b>Dwelling Structures</b>	A. Replace Cabinets in 10 units  <b>Total for Dwelling Structures</b>	1460.10		39,447.00		39,447.00		on going
<b>Dwelling Equipment Non Dwell. Struc. Site Improvements</b>		1465.10 1470.10 1450.10						
	<b>Total Grant Amount</b>			<b>39,447.00</b>		<b>39,447.00</b>	<b>0.00</b>	

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement

2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date      Tiffany Saylor, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administration and Date

**Annual Statement/Performance  
and Evaluation Report**

**Part III: Implementation Schedule  
Capital Fund Program (CFP)**

Page 3 of 4  
**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

ref Handbook 7485-3  
**Llano Housing Authority**  
**501 CFP Submission**

Development Number/Name	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
<b>Agency Wide:</b> TX-328	8/17/2007			8/17/2009			
1) To be completed for Performance and Evaluation Report or a Revised Annual Statement				2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date Tiffany Saylor, Executive Director				Signature of Public Housing Director/Office of Native American Programs Administration and Date			



**CAPITAL FUND PROGRAM (CFP) Part 1: Summary**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Office of Public and Indian Housing

H A Name <b>Llano Housing Authority</b>			Capital Fund Program Number <b>TX59P328501-04</b>		FFY of Grant Approval <b>2004</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserved for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement/Revision Number _____						
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending <u>09/30/06</u>			<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)		
		Original	Revised (2)	Obligated	Expended	
1	Total Non-CFP Funds					
2	1406 Operations (May not exceed 20% of line19)	7,772.00		7,772.00	7,772.00	
3	1408 Management Improvements	4,000.00		4,000.00		
4	1410 Administration	7,672.00		7,672.00	7,672.00	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Sites Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	58,285.00		58,285.00		
11	1465.1 Dwelling Equipment-Nonexpendable					
12	1470 Non dwelling Structures					
13	1475 Non dwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1501 Collateralization or Debt Service					
20	1502 Contingency (may not exceed 8% of line 19)					
21	<b>Amount of Annual Grant (Sum of Lines 2 - 18)</b>	<b>77,729.00</b>		<b>77,729.00</b>	<b>15,444.00</b>	
22	Amount of Line 19 Related to LBP Activities					
23	Amount of Line 19 Related to Section 504 Compliance					
	Amount of Line 19 Related to Security					
	Amount of Line 19 Related to Energy Conservation Measures					
Signature of Executive Director and Date Tiffany Saylor, Executive Director			Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

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

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

Llano Housing Authority  
501 CFP Submission

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>HA-Wide Activities</b>	<b>Operations</b>	1406.10		<b>7,772.00</b>		<b>7,772.00</b>	<b>7,772.00</b>	complete
<b>HA-Wide Activities</b>	Site Acquisition for Replacement of PHA Units	1440.10						
<b>Management Improvements</b>	A. Technical Assistance for PHAS Improvement	1408.10						
	B. Updating of Policies and Procedures	1408.11						
	C. Training for staff and commissioners	1408.12						
	D. Computer Upgrade Network	1408.13						
	E. Resident Initiatives Coordinator (Prorated Salary)	1408.14						
	F. Homeownership Program Coordinator (Prorated Salary)	1408.15						
	G. Employee Benefits	1408.16		4,000.00		4,000.00		On going
	H. Training to Ensure Internal Control Fiscal Purposes	1408.17						
	I. Internal/External Audit Preparation Plan	1408.18						
	J. Upgrade/Expand Economic Development/Self Suff.	1408.19						
	K. Provide Training for Key Personnel in Loan Under- writing & Creative Financing for Homeownership	1408.20						
	L. Provide Training to Resident Council Members	1408.21						
	M. Training for Maintenance Personnel	1408.22						
	N. Training/Develop New Formant for Admissions	1408.23						
	O. Upgrade and/or Modify Waiting List Process	1408.24						
	P. Provide Computer Upgrade as Needed	1408.25						
	Q. Computer Software for Capital Fund Program	1408.26						
	<b>Total for Management Improvements</b>			<b>4,000.00</b>		<b>4,000.00</b>	<b>0.00</b>	
<b>Administration Expenses</b>	A. Capital Fund Prog. Coordinator (Prorated Salary)	1410.10		4,497.00		4,497.00	4,497.00	complete
	B. Clerical & Administrative Cost (Prorated Salaries)	1410.11		3,175.00		3,175.00	3,175.00	complete
	C. Prorated Benefits	1410.12						
	D. Sundry - CGP Office Expense	1410.13						
	<b>Total for Administration Expenses</b>			<b>7,672.00</b>		<b>7,672.00</b>	<b>7,672.00</b>	
	<b>Sub-Total Page 1</b>			<b>19,444.00</b>		<b>19,444.00</b>	<b>15,444.00</b>	

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement

2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date      Tiffany Saylor, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administration and Date

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

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

Llano Housing Authority  
501 CFP Submission

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>HA-Wide Activities Fees &amp; Cost</b>	A. A/E Services B. In-House Inspection Costs (Salary/Benefits) C. Printing Costs D. Consultant Fees/Update Agency Plan <b>Total for Fees &amp; Cost</b>	1430.10 1430.11 1430.12 1430.13		<b>0.00</b>		<b>0.00</b>	<b>0.00</b>	
<b>Non Dwelling Equipment</b>	A. Purchase tools/Equip./Office Furn. CFP Program B. <b>Total for Non Dwelling Equipment</b>	1475.10				<b>0.00</b>	<b>0.00</b>	
<b>Dwelling Structures</b>	A. Replace Cabinets in 15 units       <b>Total for Dwelling Structures</b>	1460.10		58,285.00		58,285.00		on going
<b>Dwelling Equipment Non Dwell. Struc. Site Improvements</b>		1465.10 1470.10 1450.10		<b>58,285.00</b>		<b>58,285.00</b>	<b>0.00</b>	
<b>Total Grant Amount</b>								

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement

2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date      Tiffany Saylor, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administration and Date

**Annual Statement/Performance  
and Evaluation Report**

**Part III: Implementation Schedule  
Capital Fund Program (CFP)**

Page 3 of 4  
**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

ref Handbook 7485-3  
**Llano Housing Authority**  
**501 CFP Submission**

Development Number/Name	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
<b>Agency Wide:</b> TX-328	9/14/2006			9/14/2008			
1) To be completed for Performance and Evaluation Report or a Revised Annual Statement				2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date Tiffany Saylor, Executive Director				Signature of Public Housing Director/Office of Native American Programs Administration and Date			



**CAPITAL FUND PROGRAM (CFP) Part 1: Summary**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Office of Public and Indian Housing

H A Name <b>Llano Housing Authority</b>			Capital Fund Program Number <b>TX59P328501-03</b>		FFY of Grant Approval <b>2003</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserved for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement/Revision Number _____						
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending <u>09/30/06</u>			<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)		
		Original	Revised (2)	Obligated	Expended	
1	Total Non-CFP Funds					
2	1406 Operations (May not exceed 20% of line19)	5,000.00		5,000.00	5,000.00	
3	1408 Management Improvements	8,285.00		8,285.00	2,584.78	
4	1410 Administration	6,643.00	7542.96	7,542.96	7,542.96	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Sites Acquisition					
9	1450 Site Improvement	46,497.00	0.00			
10	1460 Dwelling Structures	0.00	45,597.04	45,597.04		
11	1465.1 Dwelling Equipment-Nonexpendable					
12	1470 Non dwelling Structures					
13	1475 Non dwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1501 Collateralization or Debt Service					
20	1502 Contingency (may not exceed 8% of line 19)					
21	<b>Amount of Annual Grant (Sum of Lines 2 - 18)</b>	<b>66,425.00</b>		<b>66,425.00</b>	<b>15,127.74</b>	
22	Amount of Line 19 Related to LBP Activities					
23	Amount of Line 19 Related to Section 504 Compliance					
	Amount of Line 19 Related to Security					
	Amount of Line 19 Related to Energy Conservation Measures					
Signature of Executive Director and Date Tiffany Saylor, Executive Director			Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

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

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

Llano Housing Authority  
501 CFP Submission

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Estimated Cost		Total Actual Cost		Status of Proposed Work (2)	
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)		
<b>HA-Wide Activities</b>	<b>Operations</b>	1406.10		<b>5,000.00</b>		<b>5,000.00</b>	<b>5,000.00</b>	complete	
<b>HA-Wide Activities</b>	Site Acquisition for Replacement of PHA Units	1440.10							
<b>Management Improvements</b>	A. Technical Assistance for PHAS Improvement	1408.10							
	B. Updating of Policies and Procedures	1408.11							
	C. Training for staff and commissioners	1408.12							
	D. Computer Upgrade Network	1408.13							
	E. Resident Initiatives Coordinator (Prorated Salary)	1408.14							
	F. Homeownership Program Coordinator (Prorated Salary)	1408.15							
	G. Employee Benefits	1408.16			8,285.00		8,285.00	2,584.78	On going
	H. Training to Ensure Internal Control Fiscal Purposes	1408.17							
	I. Internal/External Audit Preparation Plan	1408.18							
	J. Upgrade/Expand Economic Development/Self Suff.	1408.19							
	K. Provide Training for Key Personnel in Loan Underwriting & Creative Financing for Homeownership	1408.20							
	L. Provide Training to Resident Council Members	1408.21							
	M. Training for Maintenance Personnel	1408.22							
	N. Training/Develop New Formant for Admissions	1408.23							
O. Upgrade and/or Modify Waiting List Process	1408.24								
P. Provide Computer Upgrade as Needed	1408.25								
Q. Computer Software for Capital Fund Program	1408.26								
	<b>Total for Management Improvements</b>			<b>8,285.00</b>		<b>8,285.00</b>	<b>2,584.78</b>		
<b>Administration Expenses</b>	A. Capital Fund Prog. Coordinator (Prorated Salary)	1410.10		4,497.00		4,497.00	4,497.00	complete	
	B. Clerical & Administrative Cost (Prorated Salaries)	1410.11		3,045.69		3,045.69	3,045.69	complete	
	C. Prorated Benefits	1410.12							
	D. Sundry - CGP Office Expense	1410.13							
	<b>Total for Administration Expenses</b>			<b>7,542.69</b>		<b>7,542.69</b>	<b>7,542.69</b>		
	<b>Sub-Total Page 1</b>			<b>20,827.69</b>		<b>20,827.69</b>	<b>15,127.47</b>		

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement

2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date      Tiffany Saylor, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administration and Date

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

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

Llano Housing Authority  
501 CFP Submission

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>HA-Wide Activities Fees &amp; Cost</b>	A. A/E Services B. In-House Inspection Costs (Salary/Benefits) C. Printing Costs D. Consultant Fees/Update Agency Plan <b>Total for Fees &amp; Cost</b>	1430.10 1430.11 1430.12 1430.13		<b>0.00</b>		<b>0.00</b>	<b>0.00</b>	
<b>Non Dwelling Equipment</b>	A. Purchase tools/Equip./Office Furn. CFP Program B. <b>Total for Non Dwelling Equipment</b>	1475.10				<b>0.00</b>	<b>0.00</b>	
<b>Dwelling Structures</b>	A. Replace Cabinets in 12 units       <b>Total for Dwelling Structures</b>	1460.10		46,497.00	45,597.04	45,597.04		on going
<b>Dwelling Equipment Non Dwell. Struc. Site Improvements</b>		1465.10 1470.10 1450.10		<b>46,497.00</b>		<b>45,597.04</b>	<b>0.00</b>	
<b>Total Grant Amount</b>				<b>66,425.00</b>		<b>66,425.00</b>	<b>14,227.78</b>	

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement

2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date      Tiffany Saylor, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administration and Date

**Annual Statement/Performance  
and Evaluation Report**

**Part III: Implementation Schedule  
Capital Fund Program (CFP)**

Page 3 of 4  
**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

ref Handbook 7485-3  
**Llano Housing Authority**  
**501 CFP Submission**

Development Number/Name	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
<b>Agency Wide:</b> TX-328	9/16/2005			9/16/2007			
1) To be completed for Performance and Evaluation Report or a Revised Annual Statement				2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date Tiffany Saylor, Executive Director				Signature of Public Housing Director/Office of Native American Programs Administration and Date			



**CAPITAL FUND PROGRAM (CFP) Part 1: Summary**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Office of Public and Indian Housing

H A Name <b>Llano Housing Authority</b>			Capital Fund Program Number <b>TX59P328502-03</b>		FFY of Grant Approval <b>2003-B</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserved for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement/Revision Number _____						
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending <u>09/30/06</u>			<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)		
		Original	Revised (2)	Obligated	Expended	
1	Total Non-CFP Funds					
2	1406 Operations (May not exceed 20% of line19)					
3	1408 Management Improvements		3,431.40	3,431.40		
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Sites Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	14,029.00	10597.60	14029	10,597.60	
11	1465.1 Dwelling Equipment-Nonexpendable					
12	1470 Non dwelling Structures					
13	1475 Non dwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1501 Collateralization or Debt Service					
20	1502 Contingency (may not exceed 8% of line 19)					
21	<b>Amount of Annual Grant (Sum of Lines 2 - 18)</b>	<b>14,029.00</b>		<b>14,029.00</b>	<b>10,597.60</b>	
22	Amount of Line 19 Related to LBP Activities					
23	Amount of Line 19 Related to Section 504 Compliance					
	Amount of Line 19 Related to Security					
	Amount of Line 19 Related to Energy Conservation Measures	14,029.00		14,029.00		
Signature of Executive Director and Date      Tiffany Saylor, Executive Director			Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

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

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

Llano Housing Authority  
501 CFP Submission

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>HA-Wide Activities</b>	<b>Operations</b>	1406.10						
<b>HA-Wide Activities</b>	Site Acquisition for Replacement of PHA Units	1440.10						
<b>Management Improvements</b>	A. Technical Assistance for PHAS Improvement	1408.10						
	B. Updating of Policies and Procedures	1408.11						
	C. Training for staff and commissioners	1408.12						
	D. Computer Upgrade Network	1408.13						
	E. Resident Initiatives Coordinator (Prorated Salary)	1408.14						
	F. Homeownership Program Coordinator (Prorated Salary)	1408.15						
	G. Employee Benefits	1408.16			3,431.40	3,431.40		on going
	H. Training to Ensure Internal Control Fiscal Purposes	1408.17						
	I. Internal/External Audit Preparation Plan	1408.18						
	J. Upgrade/Expand Economic Development/Self Suff.	1408.19						
	K. Provide Training for Key Personnel in Loan Underwriting & Creative Financing for Homeownership	1408.20						
	L. Provide Training to Resident Council Members	1408.21						
	M. Training for Maintenance Personnel	1408.22						
	N. Training/Develop New Formant for Admissions	1408.23						
O. Upgrade and/or Modify Waiting List Process	1408.24							
P. Provide Computer Upgrade as Needed	1408.25							
Q. Computer Software for Capital Fund Program	1408.26							
	<b>Total for Management Improvements</b>			-		<b>3,431.40</b>	<b>0.00</b>	
<b>Administration Expenses</b>	A. Capital Fund Prog. Coordinator (Prorated Salary)	1410.10						
	B. Clerical & Administrative Cost (Prorated Salaries)	1410.11						
	C. Prorated Benefits	1410.12						
	D. Sundry - CGP Office Expense	1410.13						
	<b>Total for Administration Expenses</b>			-		-	<b>0.00</b>	
	<b>Sub-Total Page 1</b>			<b>0.00</b>		<b>3,431.40</b>	<b>0.00</b>	

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement

2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date      Tiffany Saylor, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administration and Date

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

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

Llano Housing Authority  
501 CFP Submission

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>HA-Wide Activities Fees &amp; Cost</b>	A. A/E Services B. In-House Inspection Costs (Salary/Benefits) C. Printing Costs D. Consultant Fees/Update Agency Plan <b>Total for Fees &amp; Cost</b>	1430.10 1430.11 1430.12 1430.13		<b>0.00</b>		<b>0.00</b>	<b>0.00</b>	
<b>Non Dwelling Equipment</b>	A. Purchase tools/Equip./Office Furn. CFP Program B. <b>Total for Non Dwelling Equipment</b>	1475.10				<b>0.00</b>	<b>0.00</b>	
<b>Dwelling Structures</b>	A. Purchase and install 118 Ceiling Fans       <b>Total for Dwelling Structures</b>	1460.10		14,029.00	10,597.60	14,029.00	10,597.60	complete
<b>Dwelling Equipment Non Dwell. Struc. Site Improvements</b>		1465.10 1470.10 1450.10		<b>14,029.00</b>		<b>14,029.00</b>	<b>10,597.60</b>	
	<b>Total Grant Amount</b>			<b>14,029.00</b>		<b>14,029.00</b>	-	

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement

2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date      Tiffany Saylor, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administration and Date

**Annual Statement/Performance  
and Evaluation Report**

**Part III: Implementation Schedule  
Capital Fund Program (CFP)**

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**U.S. Department of Housing  
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**Llano Housing Authority**  
**501 CFP Submission**

Development Number/Name	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
<b>Agency Wide:</b> TX-328	2/12/2006			2/12/2008			
1) To be completed for Performance and Evaluation Report or a Revised Annual Statement				2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date Tiffany Saylor, Executive Director				Signature of Public Housing Director/Office of Native American Programs Administration and Date			



**CAPITAL FUND PROGRAM (CFP) Part 1: Summary**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Office of Public and Indian Housing

H A Name <b>Llano Housing Authority</b>			Capital Fund Program Number <b>TX59P328501-02</b>		FFY of Grant Approval <b>2002</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserved for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement/Revision Number _____						
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending <u>09/30/06</u>			<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)		
		Original	Revised (2)	Obligated	Expended	
1	Total Non-CFP Funds					
2	1406 Operations (May not exceed 20% of line19)	8,368.00		8,368.00	8,368.00	
3	1408 Management Improvements	4,500.00		4,500.00	4,500.00	
4	1410 Administration	7,672.00		7,672.00	7,672.00	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Sites Acquisition					
9	1450 Site Improvement	5,000.00	6492	6,492.00	6,492.00	
10	1460 Dwelling Structures	41,945.00	39924.7	39,924.70	14,100.59	
11	1465.1 Dwelling Equipment-Nonexpendable	14,000.00	14528.3	14,000.00	14,528.30	
12	1470 Non dwelling Structures					
13	1475 Non dwelling Equipment	2,200.00		2,200.00	2,200.00	
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1501 Collateralization or Debt Service					
20	1502 Contingency (may not exceed 8% of line 19)					
21	<b>Amount of Annual Grant (Sum of Lines 2 - 18)</b>	<b>83,685.00</b>		<b>83,156.70</b>	<b>57,860.89</b>	
22	Amount of Line 19 Related to LBP Activities					
23	Amount of Line 19 Related to Section 504 Compliance					
	Amount of Line 19 Related to Security	5,000.00	20592.59	20,592.59	20,592.59	
	Amount of Line 19 Related to Energy Conservation Measures	50,293.88		50,293.88	28,628.89	
Signature of Executive Director and Date      Tiffany Saylor, Executive Director			Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

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

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

Llano Housing Authority  
501 CFP Submission

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>HA-Wide Activities</b>	<b>Operations</b>	1406.10		<b>8,368.00</b>		<b>8,368.00</b>	<b>8,368.00</b>	complete
<b>HA-Wide Activities</b>	Site Acquisition for Replacement of PHA Units	1440.10						
<b>Management Improvements</b>	A. Technical Assistance for PHAS Improvement	1408.10						
	B. Updating of Policies and Procedures	1408.11						
	C. Training for staff and commissioners	1408.12						
	D. Computer Upgrade Network	1408.13						
	E. Resident Initiatives Coordinator (Prorated Salary)	1408.14						
	F. Homeownership Program Coordinator (Prorated Salary)	1408.15						
	G. Employee Benefits	1408.16		4,500.00		4,500.00	4,500.00	complete
	H. Training to Ensure Internal Control Fiscal Purposes	1408.17						
	I. Internal/External Audit Preparation Plan	1408.18						
	J. Upgrade/Expand Economic Development/Self Suff.	1408.19						
	K. Provide Training for Key Personnel in Loan Under- writing & Creative Financing for Homeownership	1408.20						
	L. Provide Training to Resident Council Members	1408.21						
	M. Training for Maintenance Personnel	1408.22						
	N. Training/Develop New Formant for Admissions	1408.23						
	O. Upgrade and/or Modify Waiting List Process	1408.24						
	P. Provide Computer Upgrade as Needed	1408.25						
	Q. Computer Software for Capital Fund Program	1408.26						
	<b>Total for Management Improvements</b>			<b>4,500.00</b>		<b>4,500.00</b>	<b>4,500.00</b>	complete
<b>Administration Expenses</b>	A. Capital Fund Prog. Coordinator (Prorated Salary)	1410.10		4,497.00		4,497.00	4,497.00	complete
	B. Clerical & Administrative Cost (Prorated Salaries)	1410.11		3,175.00		3,175.00	3,175.00	complete
	C. Prorated Benefits	1410.12						
	D. Sundry - CGP Office Expense	1410.13						
	<b>Total for Administration Expenses</b>			<b>7,672.00</b>		<b>7,672.00</b>	<b>7,672.00</b>	
	<b>Sub-Total Page 1</b>			<b>20,540.00</b>		<b>20,540.00</b>	<b>20,540.00</b>	

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement

2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date Tiffany Saylor, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administration and Date

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

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

Llano Housing Authority  
501 CFP Submission

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>HA-Wide Activities Fees &amp; Cost</b>	A. A/E Services B. In-House Inspection Costs (Salary/Benefits) C. Printing Costs D. Consultant Fees/Update Agency Plan <b>Total for Fees &amp; Cost</b>	1430.10 1430.11 1430.12 1430.13				<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Non Dwelling Equipment</b>	A. Purchase riding lawn mower B. <b>Total for Non Dwelling Equipment</b>	1475.10		2,200.00		2,200.00	2,200.00	complete
<b>Dwelling Structures</b>	A. Purchase and install 101 doors B. Replace roofs <b>Total for Dwelling Structures</b>	1460.10	5	12,233.63 27,844.41	14,100.59 25,824.11	14,100.59 25,824.11	14,100.59 0.00	complete on going
<b>Site Improvement</b>	A. Install Chain Link Fence on west side of SouthSide Complex	1450.10		5,000.00	6,492.00	6,492.00	6,492.00	complete
<b>Dwelling Equipment Non Dwell. Struc.</b>	B. replace heaters and a/c's	1465.10 1470.10		14,000.00	14528.3	14,528.30	14,528.30	on going
<b>Total Grant Amount</b>				<b>83,685.00</b>		<b>83,685.00</b>	<b>57,860.89</b>	

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement

2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date      Tiffany Saylor, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administration and Date

**Annual Statement/Performance  
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**Part III: Implementation Schedule  
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Development Number/Name	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
<b>Agency Wide:</b> TX-328	9/30/2004			9/30/2006			
1) To be completed for Performance and Evaluation Report or a Revised Annual Statement				2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date Tiffany Saylor, Executive Director				Signature of Public Housing Director/Office of Native American Programs Administration and Date			



**CAPITAL FUND PROGRAM (CFP) Part 1: Summary**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Office of Public and Indian Housing

H A Name <b>Llano Housing Authority</b>			Capital Fund Program Number <b>TX59P328502-02</b>	FFY of Grant Approval <b>2002-E</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserved for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement/Revision Number _____					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending <u>09/30/06</u>			<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 20% of line19)				
3	1408 Management Improvements				
4	1410 Administration	10,000.00		10,000.00	10,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	68,003.00		68,003.00	49,688.70
8	1440 Sites Acquisition				
9	1450 Site Improvement	5,380.00		5,380.00	
10	1460 Dwelling Structures	105,606.00		105,606.00	105,606.00
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	49,000.00		49,000.00	46,684.65
18	1498 Mod Used for Development				
19	1501 Collateralization or Debt Service				
20	1502 Contingency (may not exceed 8% of line 19)				
21	<b>Amount of Annual Grant (Sum of Lines 2 - 18)</b>	<b>237,989.00</b>		<b>237,989.00</b>	<b>211,979.35</b>
22	Amount of Line 19 Related to LBP Activities				
23	Amount of Line 19 Related to Section 504 Compliance				
	Amount of Line 19 Related to Security				
	Amount of Line 19 Related to Energy Conservation Measures				
Signature of Executive Director and Date      Tiffany Saylor, Executive Director			Signature of Public Housing Director/Office of Native American Programs Administrator and Date		

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

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

**U.S. Department of Housing  
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Office of Public and Indian Housing

Llano Housing Authority  
501 CFP Submission

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>HA-Wide Activities</b>	<b>Operations</b>	1406.10						
<b>HA-Wide Activities</b>	Site Acquisition for Replacement of PHA Units	1440.10						
<b>Management Improvements</b>	A. Technical Assistance for PHAS Improvement	1408.10						
	B. Updating of Policies and Procedures	1408.11						
	C. Training for staff and commissioners	1408.12						
	D. Computer Upgrade Network	1408.13						
	E. Resident Initiatives Coordinator (Prorated Salary)	1408.14						
	F. Homeownership Program Coordinator (Prorated Salary)	1408.15						
	G. Employee Benefits	1408.16						
	H. Training to Ensure Internal Control Fiscal Purposes	1408.17						
	I. Internal/External Audit Preparation Plan	1408.18						
	J. Upgrade/Expand Economic Development/Self Suff.	1408.19						
	K. Provide Training for Key Personnel in Loan Underwriting & Creative Financing for Homeownership	1408.20						
	L. Provide Training to Resident Council Members	1408.21						
	M. Training for Maintenance Personnel	1408.22						
	N. Training/Develop New Formant for Admissions	1408.23						
O. Upgrade and/or Modify Waiting List Process	1408.24							
P. Provide Computer Upgrade as Needed	1408.25							
Q. Computer Software for Capital Fund Program	1408.26							
	<b>Total for Management Improvements</b>			-		-	<b>0.00</b>	
<b>Administration Expenses</b>	A. Capital Fund Prog. Coordinator (Prorated Salary)	1410.10		10,000.00		10,000.00	10,000.00	complete
	B. Clerical & Administrative Cost (Prorated Salaries)	1410.11						
	C. Prorated Benefits	1410.12						
	D. Sundry - CGP Office Expense	1410.13						
	<b>Total for Administration Expenses</b>			<b>10,000.00</b>		<b>10,000.00</b>	<b>10,000.00</b>	
	<b>Sub-Total Page 1</b>			<b>10,000.00</b>		<b>10,000.00</b>	<b>10,000.00</b>	

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Signature of Executive Director and Date      Tiffany Saylor, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administration and Date

**Annual Statement/Performance  
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**U.S. Department of Housing  
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Llano Housing Authority  
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Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>HA-Wide Activities Fees &amp; Cost</b>	A. A/E Services	1430.10						
	B. In-House Inspection Costs (Salary/Benefits)	1430.11						
	C. Printing Costs	1430.12						
	D. Consultant Fees/Air Monitoring/ Asbestos Abatement	1430.13		68,003.00		68,003.00	49,688.70	on going
	<b>Total for Fees &amp; Cost</b>			<b>68,003.00</b>		<b>68,003.00</b>	<b>49,688.70</b>	
<b>Non Dwelling Equipment</b>	A. Purchase riding lawn mower	1475.10						
	B.							
	<b>Total for Non Dwelling Equipment</b>					<b>0.00</b>	<b>0.00</b>	
<b>Dwelling Structures</b>	A. Asbestos Abatement 49 units/office	1460.10		105,606.00		105,606.00	105,606.00	complete
	<b>Total for Dwelling Structures</b>			<b>105,606.00</b>		<b>105,606.00</b>	<b>105,606.00</b>	
<b>Site Improvement</b>	A. replace playground equipment from 1967	1450.10		5,380.00		5,380.00		on going
<b>Dwelling Equipment Non Dwell. Struc. Relocation Costs</b>	B. replace heaters and a/c's	1465.10						
		1470.10						
	A. relocated 31 tenants to abate asbestos from units	1495.10		49,000.00		46,684.65	46,684.65	complete
	<b>Total Grant Amount</b>			<b>237,989.00</b>		<b>237,989.00</b>	<b>211,979.35</b>	

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement

2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date      Tiffany Saylor, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administration and Date

**Annual Statement/Performance  
and Evaluation Report**

**Part III: Implementation Schedule  
Capital Fund Program (CFP)**

Page 3 of 4  
**U.S. Department of Housing  
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ref Handbook 7485-3  
**Llano Housing Authority**  
**501 CFP Submission**

Development Number/Name	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
<b>Agency Wide:</b> TX-328	8/30/2004			8/30/2006			
1) To be completed for Performance and Evaluation Report or a Revised Annual Statement				2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date Tiffany Saylor, Executive Director				Signature of Public Housing Director/Office of Native American Programs Administration and Date			





# STATUTORY WORKSHEET

Use this worksheet only for projects which are Categorically Excluded per 24 CFR Section 58.35(a).

## 24 CFR §58.5 STATUTES, EXECUTIVE ORDERS & REGULATIONS

**PROJECT NAME and DESCRIPTION** - Include all contemplated actions which logically are either geographically or functionally part of the project:

Funding Source: HUD Capital Funds Program

Funding Amount: \$62,709.00

Grant Number: TX59P328501-06

This project is determined to be **Categorically Excluded** according to: [Cite section(s)] 24 CFR 58.35(a) (1) and (3)

**DIRECTIONS** - Write "A" in the Status Column when the project, by its nature, does not affect the resources under consideration; OR write "B" if the project triggers formal compliance consultation procedures with the oversight agency, or requires mitigation (see Statutory Worksheet Instructions). Compliance documentation must contain verifiable source documents and relevant base data.

### Compliance Factors:

Statutes, Executive Orders, and Regulations listed at 24 CFR §58.5	Status A/B	Compliance Documentation
Historic Preservation [36 CFR Part 800]	A	The Texas Historical Commission's Internet Map of Llano indicates the nearest Historical Site is 2 blocks away. None of our activities will impact site. ( <a href="http://atlas.thc.state.tx.us">http://atlas.thc.state.tx.us</a> )
Floodplain Management [24 CFR 55, Executive Order 11988]	A	FEMA Floodplain Map for Llano, dated 05/04/1982, indicates that our property is located in a Zone C, which means that there is minimal chance for flooding. Map ID 4804510005B
Wetland Protection [Executive Order 11990]	A	EPA EnviroMapper ( <a href="http://maps.epa.gov">http://maps.epa.gov</a> ) shows no Wetlands within the area
Coastal Zone Management Act [Sections 307(c), (d)]	A	EPA EnviroMapper ( <a href="http://maps.epa.gov">http://maps.epa.gov</a> ) shows no Coastal Zones within the area.
Sole Source Aquifers [40 CFR 149]	A	EPA EnviroMapper ( <a href="http://maps.epa.gov">http://maps.epa.gov</a> ) shows no Sole Source Aquifers within the area
Endangered Species Act [50 CFR 402]	A	Texas Parks and Wildlife shows there to be 2 endangered species in our region, one being a water snake and one being a fish, none of our CFP activities will affect either species. <a href="http://www.tpwd.state.tx.us">www.tpwd.state.tx.us</a>
Wild and Scenic Rivers Act [Sections 7(b), and (c)]	A	According to the National Wild and Scenic System there are no wild and scenic rivers in the area. ( <a href="http://www.nps.gov/rivers/wildriverslist.html">http://www.nps.gov/rivers/wildriverslist.html</a> )

Clean Air Act - [Sections 176(c), (d), and 40 CFR 6, 51, 93]	A	US EPA Clean Air Act ( <a href="http://www.epa.gov/oar.caa/">http://www.epa.gov/oar.caa/</a> ) None of the planned CFP activities will have no effect on air quality.
Farmland Protection Policy Act [7 CFR 658]	A	USDA-NRCS Farmland Protection Policy Act. ( <a href="http://www.info.usda.gov/nrcs/fpcp/fppa.htm">http://www.info.usda.gov/nrcs/fpcp/fppa.htm</a> ) There are no plans to include or convert use of any farmland.
Environmental Justice [Executive Order 12898]	A	N/A
<b>HUD ENVIRONMENTAL STANDARDS</b> Noise Abatement and Control [24 CFR 51B]	A	HUD Noise Assessment Guidelines, The property is located in an acceptable noise zone (under 75 decibels). The CFP activities will not create any lasting noise,
Explosive and Flammable Operations [24 CFR 51C]	A	US EPA Envirofacts ( <a href="http://oaspub.epa.gov">http://oaspub.epa.gov</a> ) shows no Explosive or Flammable Operations near the area. We will not be implimenting Explosive or Flammable activities
Toxic Chemicals and Radioactive Materials [24CFR Part 58.5(i)(2)]	A	EPA EnviroMapper ( <a href="http://maps.epa.gov">http://maps.epa.gov</a> ) shows no Toxic Chemical or Radioactive Sites within the area. We will not be disposing of Toxic Chemicals in our CFP Activities.
Airport Clear Zones and Accident Potential Zones [24 CFR 51D]	A	Texas Dept of Transportation Texas Airport Directory shows that the nearest Airport is 3 miles from the site. ( <a href="http://www.dot.state.tx.us/">http://www.dot.state.tx.us/</a> ) Activities planned on CFP will not affect the Airport.

**DETERMINATION:**

- ( X ) This project converts to Exempt, per Section 58.34(a)(12), because it does not require any mitigation for compliance with any listed statutes or authorities, nor requires any formal permit or license (Status "A" has been determined in the status column for all authorities); **Funds may be drawn down** for this (now) EXEMPT project; OR
- ( ) This project cannot convert to Exempt because one or more statutes/authorities require consultation or mitigation. Complete consultation/mitigation requirements, publish NOI/RROF and obtain Authority to Use Grant Funds (HUD 7015.16) per Section 58.70 and 58.71 before drawing down funds; OR
- ( ) The unusual circumstances of this project may result in a significant environmental impact. This project requires preparation of an Environmental Assessment (EA). Prepare the EA according to 24 CFR Part 58 Subpart E.

PREPARER SIGNATURE:  DATE: 7/24/06  
 PREPARER NAME & TITLE (please print): Tiffany D. Saylor, Executive Director, Llano Housing Authority

RESPONSIBLE ENTITY CERTIFYING OFFICIAL SIGNATURE:   
 NAME & TITLE (please print): Roger Pinckney, Mayor DATE: 7-24-06

# Certification of Exemption for HUD funded projects

Determination of activities listed at 24 CFR 58.34(a)  
May be subject to provisions of Sec 58.6, as applicable

Project Name: Llano Housing Authority

Project Description (Include all actions which are either geographically or functionally related):

Administrative Costs, Health Insurance Costs, Maintenance Tools

Location: 1110 Berry Street, Llano, Texas

Funding Source: CDBG HOME ESG HOPWA EDI Capital Fund Operating Subsidy Hope VI Other

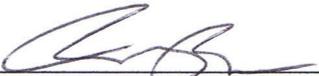
Funding Amount: \$20,208.00 Grant Number: TX59P328501-06

**I hereby certify that the abovementioned project has been reviewed and determined an Exempt activity per 24 CFR 58.34(a) as follows:**

	1. Environmental & other studies, resource identification & the development of plans & strategies;
	2. Information and financial services;
X	3. Administrative and management activities;
	4. Public services that will not have a physical impact or result in any physical changes, including but not limited to services concerned with employment, crime prevention, child care, health, drug abuse, education, counseling, energy conservation and welfare or recreational needs;
	5. Inspections and testing of properties for hazards or defects;
X	6. Purchase of insurance;
	7. Purchase of tools;
	8. Engineering or design costs;
	9. Technical assistance and training;
	10. Assistance for temporary or permanent improvements that do not alter environmental conditions and are limited to protection, repair, or restoration activities necessary only to control or arrest the effects from disasters or imminent threats to public safety including those resulting from physical deterioration;
	11. Payment of principal and interest on loans made or obligations guaranteed by HUD;
	12. Any of the categorical exclusions listed in Sec. 58.35(a) provided that there are no circumstances that require compliance with any other Federal laws and authorities cited in Sec. 58.5.

If your project falls into any of the above categories, no Request for Release of Funds (RROF) is required, and no further environmental approval from HUD will be needed by the recipient for the draw-down of funds to carry out exempt activities and projects. The responsible entity must maintain this document as a written record of the environmental review undertaken under this part for each project.

By signing below the Responsible Entity certifies in writing that each activity or project is exempt and meets the conditions specified for such exemption under section 24 CFR 58.34(a). Please keep a copy of this determination in your project files.

  
Responsible Entity Certifying Official Name

Roger Pinckney  
Responsible Entity Certifying Official Signature

MAYOR  
Title (please print)

7-24-06  
Date

24 CFR 58.34(a) - ERR Document  
09/04 HUD Region VI

Atch #1

# Certification of Categorical Exclusion (subject to 58.5)

Determination of activities listed at 24 CFR 58.35(a)  
May be subject to provisions of Sec 58.6, as applicable

Project Name: Llano Housing Authority

Project Description (Include all actions which are either geographically or functionally related):  
Replacement of cabinets

Location: 1110 Berry Street, Llano, Texas

Funding Source: CDBG HOME ESG HOPWA EDI Capital Fund Operating Subsidy Hope VI Other

Funding Amount: \$36231 Grant Number: TX59P328501-06

**I hereby certify that the abovementioned project has been reviewed and determined to be a Categorically Excluded activity (subject to 58.5) per 24 CFR 58.35(a) as follows:**

	1. Acquisition, repair, improvement, reconstruction, or rehabilitation of public facilities and improvements (other than buildings) when the facilities and improvements are in place and will be retained in the same use without change in size or capacity of more than 20 percent (e.g., replacement of water or sewer lines, reconstruction of curbs and sidewalks, repaving of streets);
	2. Special projects directed to the removal of material and architectural barriers that restrict the mobility of and accessibility to elderly and handicapped persons;
X	3. Rehabilitation of buildings and improvements when the following conditions are met: i. In the case of a building for residential use (with one to four units), the density is not increased beyond four units, the land use is not changed, and the footprint of the building is not increased in a floodplain or in a wetland; ii. In the case of multifamily residential buildings: (A) Unit density is not changed more than 20 percent; (B) The project does not involve changes in land use from residential to non-residential; and (C) The estimated cost of rehabilitation is less than 75 percent of the total estimated cost of replacement after rehabilitation. iii. In the case of non-residential structures, including commercial, industrial, and public buildings: (A) The facilities and improvements are in place and will not be changed in size or capacity by more than 20 percent; and (B) The activity does not involve a change in land use, such as from non-residential to residential, commercial to industrial, or from one industrial use to another.
	4. (i) An individual action on up to four dwelling units where there is a maximum of four units on any one site. The units can be four one-unit buildings or one four-unit building or any combination in between; or (ii) An individual action on a project of five or more housing units developed on scattered sites when the sites are more than 2,000 feet apart and there are not more than four housing units on any one site. (iii) Paragraphs (a)(4)(i) and (ii) of this section do not apply to rehabilitation of a building for residential use (with one to four units) (see paragraph (a)(3)(i) of this section).
	5. Acquisition (including leasing) or disposition of, or equity loans on an existing structure, or acquisition (including leasing) of vacant land provided that the structure or land acquired, financed, or disposed of will be retained for the same use.
	6. Combinations of the above activities.

The responsible entity must also complete and attach a **Statutory Checklist**. By signing below the Responsible Entity certifies in writing that each activity or project is Categorically Excluded (subject to 58.5) and meets the conditions specified for such exemption under section 24 CFR 58.35(a). Please keep a copy of this determination in your project files.

  
Responsible Entity Certifying Official Name

MAYOR  
Title (please print)

Roger Pinckney  
Responsible Entity Certifying Official Signature

7-24-06  
Date