

1.0	PHA Information PHA Name: <u>Decatur Housing Authority</u> PHA Code: <u>AL048</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>7/2009</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>604</u> Number of HCV units: <u>1,050</u>																										
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 35%;">Participating PHAs</th> <th rowspan="2" style="width: 8%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 19%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 8%;">PH</th> <th style="width: 11%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:																										
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. (a) <u>Decatur Housing Authority Plan Elements That Have Been Revised Since its Last Annual Plan Submission</u> Admissions and Continued Occupancy Policy Section 8 Administrative Plan Waiting List Statistics Financial Resources Section 8 Homeownership Plan FSS Action Plan Progress on Meeting the Goals Designated Housing Plan Updated Safety and Crime Prevention Intention to Project-base Vouchers within the City Limits of Decatur Added an Assistance Animal Policy Updated all open Capital Fund Program Budgets with Performance and Evaluation Reports Completed a projected Capital Funds budget for 2010, 2011, 2012, 2013 and 2014 Added Internet Usage Policy Added Satellite Installation Authorization Policy Added Satellite Dish Agreement Added Trespass and Ban Policy Added Confidentiality Policy Added EIV Policy Added Section 3 Policy Added Personnel Policy Added Preventative Maintenance Policy Updated Utility Allowance for both Section 8 and Public Housing Programs Updated Maintenance Charges for Public Housing Program Payment Standards																										

(b) Specific Locations Where the Public May Obtain Copies of the Annual Plan

**Decatur Housing Authority
Central Office
100 Wilson Street
Decatur, AL 35601**

**East Acres
Project Management Office
1701 Locust Street SE
Decatur, AL 35601**

**Sterrs Homes
Project Management Office
1330 Sunset NW
Decatur, AL 35601**

**Jordan/Neill Apartments
Project Management Office
100 Wilson Street
First Floor
Decatur, AL 35601**

**Section 8 Rental Assistance
907 10th Avenue NE
Decatur, AL 35601**

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. *Include statements related to these programs as applicable.*

PUBLIC HOUSING HOMEOWNERSHIP

The Decatur Housing Authority will construct thirty-six (36) single-family homes for families pursuant to the U.S. Housing Act of 1937, as amended. By providing the necessary counseling and training for the success of the Homeownership Program and encouraging self-sufficiency, not only will the affected residents' living conditions improve, but also the quality of their lives. This program will benefit the community by turning tax -exempt rental units into properties that become part of the tax base of the community and separate the homebuyers from the system of dependency. In addition, homeownership improves an individual's sense of self-worth, and provides families with a stake in their neighborhoods and increases their level of community involvement.

The Homeownership Program is designed to enable eligible families to purchase homes that are affordable so that they too can realize the American dream of owning one's own home.

SECTION 8 HOMEOWNERSHIP

The Decatur Housing Authority's homeownership option for the Section 8 program is designed to promote and support homeownership by a "first-time" homeowner. It allows one or more members of the family to purchase a home. Section 8 payments supplement the family's own income to facilitate the transition from rental to homeownership. The initial availability of these assistance payments helps the family pay the costs of homeownership, and may provide additional assurance for a lender, so that the family can finance purchase of the home. The Decatur Housing Authority will allow for 25 Section 8 Housing Choice Vouchers for this program.

Section 8 Homeownership Capacity Statement

A purchasing family must invest at least three percent of the purchase price of the home they are buying in the property. This can take the form of either a down payment, closing costs, or a combination of the two. Of this sum, at least one percent of the purchase price must come from the family's personal resources.

PROJECT-BASED VOUCHERS

It is the intent of the Decatur Housing Authority to project-base up to 20% of our current allocation. The general location for the use of project-base vouchers is the City limits of Decatur. This action is consistent with the Decatur Housing Authority 5 Year Plan because it expands the supply of assisted housing. Our intent is to project-base vouchers for disabled families.

8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																																																																
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>2005 (50105) Capital Fund Performance and Evaluation Report (al048a01) 2006 (50106) Capital Fund Performance and Evaluation Report (al048b01) 2007 (50107) Capital Fund Performance and Evaluation Report (al048c01) 2008 (50108) Capital Fund Performance and Evaluation Report (al048d01) 2009 (50109 Stimulus) Capital Fund Annual Statement (al048e01) 2009 (50109) Capital Fund Annual Statement (al048f01) 2010 (50110) Capital Fund Annual Statement (al048g01)</p> <p>2005 (50105) Replacement Housing Factor Performance and Evaluation Report (al048h01) 2005 (50205) Replacement Housing Factor Performance and Evaluation Report (al048i01) 2006 (50106) Replacement Housing Factor Performance and Evaluation Report (al048j01) 2006 (50206) Replacement Housing Factor Performance and Evaluation Report (al048k01) 2007 (50107) Replacement Housing Factor Performance and Evaluation Report (al048l01) 2007 (50207) Replacement Housing Factor Performance and Evaluation Report (al048m01) 2008 (50108) Replacement Housing Factor Performance and Evaluation Report (al048n01)</p>																																																																
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>2010 through 2014 Capital Fund 5 Year Action Plan (al048o01)</p>																																																																
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>																																																																
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>Statement of Housing Needs [24 CFR Part 903.7 9 (a)]</p> <p>A. Housing Needs of Families in the Jurisdiction/s Served by the PHA Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the “Overall” Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being “no impact” and 5 being “severe impact.” Use N/A to indicate that no information is available upon which the PHA can make this assessment.</p> <table border="1" data-bbox="235 1501 1510 1940"> <thead> <tr> <th colspan="8">Housing Needs of Families in the Jurisdiction by Family Type</th> </tr> <tr> <th>Family Type</th> <th>Overall</th> <th>Affordability</th> <th>Supply</th> <th>Quality</th> <th>Accessibility</th> <th>Size</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>Income <= 30% of AMI</td> <td>2,001</td> <td>5</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>3</td> </tr> <tr> <td>Income >30% but <=50% of AMI</td> <td>1,445</td> <td>5</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>3</td> </tr> <tr> <td>Income >50% but <80% of AMI</td> <td>1,698</td> <td>5</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>3</td> </tr> <tr> <td>Elderly</td> <td>1,113</td> <td>5</td> <td>5</td> <td>1</td> <td>1</td> <td>1</td> <td>3</td> </tr> <tr> <td>Families with Disabilities</td> <td>Unknown</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>White Non-Hispanic</td> <td>2,928</td> <td>5</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>3</td> </tr> </tbody> </table>	Housing Needs of Families in the Jurisdiction by Family Type								Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location	Income <= 30% of AMI	2,001	5	1	1	1	1	3	Income >30% but <=50% of AMI	1,445	5	1	1	1	1	3	Income >50% but <80% of AMI	1,698	5	1	1	1	1	3	Elderly	1,113	5	5	1	1	1	3	Families with Disabilities	Unknown							White Non-Hispanic	2,928	5	1	1	1	1	3
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Black Non-Hispanic	1,705	5	1	1	1	1	3
Hispanic	424	5	1	1	1	1	3
Native American Non-Hispanic	29	5	1	1	1	1	3
Asian Non-Hispanic	20	5	1	1	1	1	3

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s
Indicate year:
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.**

Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- Apply for additional section 8 units should they become available
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)
Continue to provide single family homes for the Homeownership Program

9.1

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- Seek designation of public housing for the elderly

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

Additional Information. Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.

The following table reflects the progress we have made in achieving our 5-year goals and objectives:

Goal One: Expand the supply of assisted housing	
Objective	Progress
Apply for additional rental vouchers	When ever an allocation becomes available the DHA always applies.
Reduce public housing vacancies	27 vacant 1/31/2008 3 vacant 1/31/2009

Goal Two: Improve the quality of assisted housing	
Objective	Progress
Improve public housing management (PHAS score).	Scores for FY 2006 – 77
Improve voucher management (SEMAP score).	The Decatur Housing Authority has been named troubled and is in the process of improving this score. The HUD Field Office performed a Technical Assistance Review on 2/23-24/2009 and expect to come off troubled list at the end of this fiscal year.
Renovate or modernize public housing units	Renovation of Summer Manor was completed in December 2005. A new roof has been installed at Jordan/Neill. Contract has been issued for new roofs at East Acres.

Goal Three: Increase assisted housing choices	
Objective	Progress
Implement voucher homeownership program.	The Decatur Housing Authority has fully implemented the Homeownership Program. Currently have 1 families participating, a previously participating family increased their income enough to not need assistance.
Implement public housing homeownership program.	The development plan has been approved. The homeownership plan was approved 4/2007. 3 houses have been completed and closed. Currently 1 is in the process of closing and we have 6 under construction.

Goal Four: Expand the supply of assisted housing	
Objective	Progress
Apply for additional vouchers	The Decatur Housing Authority has received vouchers from 3 opt outs. Increasing out total vouchers by 180.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissions.

10.0

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. <p>Resident Advisory Board Comments (al048s01)</p> <ul style="list-style-type: none"> (g) Challenged Elements Challenged Elements (al048t01) (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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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, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide 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 is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 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 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. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

(a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>

(b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm

Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.

(c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

(d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 **Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 **Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 **Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

Part I: Summary

PHA Name: **Decatur Housing Authority** Grant Type and Number: **AL09P048501-05** FFY of Grant: **2005**
 Capital Fund Program Grant No: **0** Replacement Housing Factor Grant No: **0** FFY of Grant Approval: **2005**
 Date of CFFP: **0**

Type of Grant: Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: **2/28/2009** Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	106,055.00		106,055.00	106,055.00
3	1408 Management Improvements	30,000.00		30,000.00	30,000.00
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000.00		40,000.00	40,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	46,110.00		46,110.00	26,110.00
10	1460 Dwelling Structures	325,000.00		325,000.00	0.00
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	43,000.00		43,000.00	33,174.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴	470,385.00		470,385.00	474,101.00
18a	1501 Collateralization of Debt Service paid by the PHA				
18ba	9000 Collateralization of Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of line 2 - 19)	1,060,550.00		1,060,550.00	709,440.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 Units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary

PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P048501-05 Date of CFFP: 0		Replacement Housing Factor Grant No: 0		FFY of Grant: 2005	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/28/2009		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		FFY of Grant Approval: 2005	
Line Summary by Development Account		Total Estimated Cost		Revised ¹		Total Actual Cost ¹	
Signature of Executive Director <i>William H. Long</i>		Date 3-17-09		Signature of Public Housing Director		Date	
		Original		Obligated		Expended	

Part II: Supporting Pages

PHA Name:
 Decatur Housing Authority

Grant Type and Number
 Capital Fund Program Grant No:
 Replacement Housing Factor Grant No:

AL09P048501-05
 0

CFFP (Yes/No):
 Yes

Federal FFY of Grant:
 2005

Development Number/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AL09P048001	Architectural Fees	1430		20,400		20,400	20,400	completed
EAST ACRES	Tree Removal	1450		20,000		20,000	0	ongoing
	Shingle Roofing	1460		325,000		325,000	0	ongoing
	Non-Dwelling Equipment	1475		2,007		2,007	2,007	completed
AL09P048002	Architectural Fees	1430		15,000		15,000	15,000	completed
CASHIN HOMES	Development	1499		470,385		470,385	474,101	completed
AL09P048003	Non-Dwelling Equipment	1475		15,959		15,959	15,959	completed
STERRS HOMES								
AL09P048009	Architectural Fees	1430		2,600		2,600	2,600	completed
DOC JORDAN	Site Improvement	1450		26,110		26,110	26,110	completed
	Non-Dwelling Equipment	1475		2,136		2,136	2,136	completed
ZZZZZZ	Operations	1406		106,055		106,055	106,055	completed
AGENCY WIDE	Management Improvements	1408		30,000		30,000	30,000	completed
	Architectural Fees	1430		2,000		2,000	2,000	completed
	Non-Dwelling Equipment	1475		22,898		22,898	13,072	ongoing
TOTAL				1,060,550	0	1,060,550	709,440	

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.

Part I: Summary

PHA Name: Decatur Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09P048501-06 Date of CFFP: 0	Replacement Housing Factor Grant No: 0	FFY of Grant: 2006
			FFY of Grant Approval: 2006

Type of Grant: Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 2/28/2009 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³		100,640.00		100,640.00		100,640.00
3	1408 Management Improvements		29,733.00		29,733.00		29,733.00
4	1410 Administration (may not exceed 10% of line 21)		50,000.00		50,000.00		37,518.00
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs		80,000.00		80,000.00		20,473.00
8	1440 Site Acquisition						
9	1450 Site Improvement		45,000.00		45,000.00		7,131.00
10	1460 Dwelling Structures		716,792.00		716,792.00		100,000.00
11	1465.1 Dwelling Equipment - Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment		12,000.00		12,000.00		11,014.00
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴		1,974.00		1,974.00		1,974.00
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of line 2 - 19)		1,036,139.00		1,036,139.00		308,483.00
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 Units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary

PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P048501-06 Date of CFFP: 0		Replacement Housing Factor Grant No: 0		FFY of Grant: 2006	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/28/2009		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		FFY of Grant Approval: 2006	
Line	Summary by Development Account	Date	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹
Signature of Executive Director <i>William H. Bellamy</i>		3-17-09					
					Signature of Public Housing Director		Date

Part I: Summary

PHA Name:

Decatur Housing Authority

Grant Type and Number

Capital Fund Program Grant No:
Date of CFP: 0

AL09P048501-07

Replacement Housing Factor Grant No:
0

FFY of Grant:

2007

FFY of Grant Approval:

2007

Type of Grant

Original Annual Statement

Reserve for Disasters/Emergencies

Performance and Evaluation Report for Period Ending:

2/28/2009

Revised Annual Statement (revision no:)

Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³		87,130.00		87,130.00		87,130.00
3	1408 Management Improvements		10,000.00		10,000.00		2,618.00
4	1410 Administration (may not exceed 10% of line 21)		25,000.00		25,000.00		0.00
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs		45,296.00		45,296.00		12,155.00
8	1440 Site Acquisition						
9	1450 Site Improvement		30,000.00		0.00		0.00
10	1460 Dwelling Structures		598,870.00		463,396.00		160,215.00
11	1465 1 Dwelling Equipment - Nonexpendable		75,000.00		75,000.00		66,657.00
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495 1 Relocation Costs						
17	1499 Development Activities ⁴						
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceeds 8% of line 20)						
20	Amount of Annual Grant: (sum of line 2 - 19)		871,296.00		705,822.00		328,775.00
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 Units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Summary

PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: Date of CFFP: 0		AL09P048501-07		Replacement Housing Factor Grant No: 0		FFY of Grant: 2007	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/28/2009		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report				FFY of Grant Approval: 2007	
Line Summary by Development Account		Original		Total Estimated Cost		Revised ²		Total Actual Cost ¹	
Signature of Executive Director <i>William H. Kelly</i>		Date 3-17-09		Signature of Public Housing Director		Obligated		Date Expended	

Part II: Supporting Pages

PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:		AL09P048501-07 0		CFPP (Yes/No): Yes		Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work				
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²			
TOTAL (page 3)				674,166		508,692	172,370			
ZZZZZZ	Operations	1406		87,130		87,130	87,130	completed		
AGENCY WIDE	Management Improvements	1408		10,000		10,000	2,618	ongoing		
	Clerk of Works	1410		25,000		25,000	0	pending		
	Dwelling Equipment	1465.1		75,000		75,000	66,657	ongoing		
GRANDTOTAL				871,296		705,822	328,775			

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.

Part I: Summary

PHA Name: Decatur Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09P048501-08 Date of CFP: 0	Replacement Housing Factor Grant No: 0	FFY of Grant: 2008 FFY of Grant Approval: 2008
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<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/28/2009	
<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Final Performance and Evaluation Report	

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Total Actual Cost ¹	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)		89,465.00		0.00		0.00
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs		110,000.00		0.00		0.00
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures		674,166.00		0.00		0.00
11	1465.1 Dwelling Equipment - Nonexpendable		21,018.00		0.00		0.00
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of line 2 - 19)		894,649.00		0.00		0.00
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hart Costs						
25	Amount of line 20 Related to Energy Conservation Measures						

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 Units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary

PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: Date of CFFP:		AL09PP048501-08 0	Replacement Housing Factor Grant No: 0		FFY of Grant: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies 2/28/2009		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended	Date
Signature of Executive Director <i>Willie H. Adams</i>		Date 3-17-09		Signature of Public Housing Director				

Part II: Supporting Pages

PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:		AL09P048501-08	CFPP (Yes/No): Yes	Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AL09P048001	Architectural Fees	1430		22,000		0	0	pending
EAST ACRES	Clerk of Works	1430		35,000		0	0	pending
	Convert 8 Units - Handicapped Access	1460		193,550		0	0	pending
	Appliances - Water Heaters	1465.1		11,518		0	0	pending
AL09P048003	Appliances - Water Heaters	1465.1		9,500		0	0	pending
STERRS HOMES								
AL09P048004	Architectural Fees	1430		23,000		0	0	pending
EAST ACRES	Shingle Roofing	1460		310,000		0	0	pending
ADDITION								
AL09P048006	Architectural Fees	1430		25,000		0	0	pending
WESTGATE	Replace Windows	1460		170,616		0	0	pending
GARDENS	Clerk of Works	1430		5,000		0	0	pending
COCC	Administration - Management Fee	1410		89,465		0	0	pending
TOTAL				894,649		0	0	pending

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.

Part I: Summary

PHA Name: **Decatur Housing Authority** Grant Type and Number: **AL09S048501-09** Capital Fund Program Grant No: **0** Date of CFPP: **0** Replacement Housing Factor Grant No: **0** FFY of Grant: **2009**
 FFY of Grant Approval: **2009**

Line	Type of Grant	Original Annual Statement <input checked="" type="checkbox"/> Original Annual Statement Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) Final Performance and Evaluation Report <input type="checkbox"/>	Total Estimated Cost		Total Actual Cost ¹	
					Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds							
2	1406 Operations (may not exceed 20% of line 21) ³							
3	1408 Management Improvements							
4	1410 Administration (may not exceed 10% of line 21)							
5	1411 Audit							
6	1415 Liquidated Damages							
7	1430 Fees and Costs							
8	1440 Site Acquisition							
9	1450 Site Improvement							
10	1460 Dwelling Structures							
11	1465.1 Dwelling Equipment - Nonexpendable							
12	1470 Non-dwelling Structures							
13	1475 Non-dwelling Equipment							
14	1485 Demolition							
15	1492 Moving to Work Demonstration							
16	1495.1 Relocation Costs							
17	1499 Development Activities ⁴							
18a	1501 Collateralization or Debt Service paid by the PHA							
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment							
19	1502 Contingency (may not exceed 8% of line 20)							
20	Amount of Annual Grant: (sum of line 2 - 19)							
21	Amount of line 20 Related to LBP Activities							
22	Amount of line 20 Related to Section 504 Activities							
23	Amount of line 20 Related to Security - Soft Costs							
24	Amount of line 20 Related to Security - Hard Costs							
25	Amount of line 20 Related to Energy Conservation Measures							

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 Units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Summary

PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: Date of CFPP: 0		AL09S048501-09	Replacement Housing Factor Grant No: 0	FFY of Grant: 2009	FFY of Grant Approval: 2009
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
Signature of Executive Director <i>Willie H. Hildreth</i>		Date 3-17-09	Signature of Public Housing Director				

Part I: Summary

PHA Name: Decatur Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09P048501-09 Date of CFFP: 0	Replacement Housing Factor Grant No: 0	FFY of Grant: 2009 FFY of Grant Approval: 2009
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Line	Summary by Development Account	Type of Grant		Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
		<input checked="" type="checkbox"/> Original Annual Statement Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies						
1	Total non-CFP Funds								
2	1406 Operations (may not exceed 20% of line 21) ³								
3	1408 Management Improvements								
4	1410 Administration (may not exceed 10% of line 21)			89,465.00				0.00	0.00
5	1411 Audit								
6	1415 Liquidated Damages								
7	1430 Fees and Costs			130,000.00				0.00	0.00
8	1440 Site Acquisition								
9	1450 Site Improvement			261,806.00				0.00	0.00
10	1460 Dwelling Structures			413,378.00				0.00	0.00
11	1465.1 Dwelling Equipment - Nonexpendable								
12	1470 Non-dwelling Structures								
13	1475 Non-dwelling Equipment								
14	1485 Demolition								
15	1492 Moving to Work Demonstration								
16	1495.1 Relocation Costs								
17	1499 Development Activities ⁴								
18a	1501 Collateralization or Debt Service paid by the PHA								
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment								
19	1502 Contingency (may not exceed 8% of line 20)								
20	Amount of Annual Grant (sum of line 2 - 19)			894,649.00		0.00		0.00	0.00
21	Amount of line 20 Related to LBP Activities								
22	Amount of line 20 Related to Section 504 Activities								
23	Amount of line 20 Related to Security - Soft Costs								
24	Amount of line 20 Related to Security - Hart Costs								
25	Amount of line 20 Related to Energy Conservation Measures								

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 Units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Summary

PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P048501-09 Date of CFFP: 0		Replacement Housing Factor Grant No: 0		FFY of Grant: 2009	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		FFY of Grant Approval: 2009	
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
Signature of Executive Director <i>William H. King</i>		Date	Signature of Public Housing Director		Date		
		3-17-09					

Part I: Summary

PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: Date of CFFP:		AL09P048501-10 0	Replacement Housing Factor Grant No: 0		FFY of Grant: 2010	FFY of Grant Approval: 2010
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report				
Line Summary by Development Account		Total Estimated Cost		Revised ¹		Total Actual Cost ¹		
Signature of Executive Director <i>William H. King</i>		Date 3-17-09		Signature of Public Housing Director		Obligated		Date

Part I: Summary

PHA Name: **Decatur Housing Authority** Grant Type and Number: Capital Fund Program Grant No: **0** Replacement Housing Factor Grant No: **AL09R048501-05** FFY of Grant: **2005**
 Date of CFPP: **0** Performance and Evaluation Report for Period Ending: **2/28/2009** Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of line 2 - 19)		33,386.00		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 Units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary

PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: Date of CFFP: 0		Replacement Housing Factor Grant No: AL09R048501-05		FFY of Grant: 2005	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/28/2009		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		FFY of Grant Approval: 2005	
Line Summary by Development Account		Original		Revised ²		Total Actual Cost ¹	
Signature of Executive Director <i>William H. Kelly</i>		Date 3-17-09		Signature of Public Housing Director		Date	
		Total Estimated Cost		Obligated		Expended	

Part I: Summary

PHA Name: Decatur Housing Authority
 Grant Type and Number: Capital Fund Program Grant No: 0
 Date of CFPP: 0
 Replacement Housing Factor Grant No: AL09R048502-05
 FFY of Grant: 2005
 FFY of Grant Approval: 2005

Type of Grant: Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: 2/28/2009 Revised Annual Statement (revision no:)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment - Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						
18a	1501 Collateralization or Debt Service paid by the PHA		25,965.00		25,965.00		0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of line 2 - 19)		25,965.00		25,965.00		0.00
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hart Costs						
25	Amount of line 20 Related to Energy Conservation Measures						

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 Units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Summary

PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: Date of CFFP: 0		Replacement Housing Factor Grant No: AL09R048502-05		FFY of Grant: 2005 FFY of Grant Approval: 2005	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/28/2009		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
Signature of Executive Director <i>William H. ...</i>		Date 3-17-09	Signature of Public Housing Director				

Part I: Summary

PHA Name: Decatur Housing Authority	Grant Type and Number Capital Fund Program Grant No: 0 Date of CFFP: 0	FFY of Grant: 2006 FFY of Grant Approval: 2006
	Replacement Housing Factor Grant No: AL09R048501-06	

Type of Grant: Original Annual Statement Reserve for Disasters/Emergencies

Performance and Evaluation Report for Period Ending: 2/28/2009

Revised Annual Statement (revision no:)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Total Actual Cost ¹	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment - Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						
18a	1501 Collateralization or Debt Service paid by the PHA		32,039.00			32,039.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of line 2 - 19)						
21	Amount of line 20 Related to LBP Activities		32,039.00				
22	Amount of line 20 Related to Section 504 Activities						0.00
23	Amount of line 20 Related to Security - Soft Costs					32,039.00	
24	Amount of line 20 Related to Security - Hart Costs						
25	Amount of line 20 Related to Energy Conservation Measures						

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 Units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary

PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: Date of CFFP: 0		0		Replacement Housing Factor Grant No: AL09R048501-06		FFY of Grant: 2006	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/28/2009		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report				FFY of Grant Approval: 2006	
Line Summary by Development Account		Original		Total Estimated Cost		Revised ¹		Total Actual Cost ¹	
Signature of Executive Director <i>Willithell King</i>		Date 3-17-09		Signature of Public Housing Director		Obligated		Date	
								Expended	

Part I: Summary

PHA Name: Decatur Housing Authority	Grant Type and Number Capital Fund Program Grant No: 0 Date of CFP: 0	FFY of Grant: 2006 FFY of Grant Approval: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/28/2009		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report
Replacement Housing Factor Grant No: AL09R048502-06		

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment - Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						
18a	1501 Collateralization or Debt Service paid by the PHA		25,560.00			25,560.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of line 2 - 19)		25,560.00			25,560.00	0.00
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hart Costs						
25	Amount of line 20 Related to Energy Conservation Measures						

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 Units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary

PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: Date of CFPP: 0		0		Replacement Housing Factor Grant No: AL09R048502-06		FFY of Grant: 2006	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/28/2009		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report				FFY of Grant Approval: 2006	
Line Summary by Development Account		Original		Total Estimated Cost		Revised ²		Total Actual Cost ¹	
Signature of Executive Director <i>Will Atchley</i>		Date 3-17-09		Signature of Public Housing Director		Obligated		Date Expended	

Part I: Summary

PHA Name: Decatur Housing Authority

Grant Type and Number
 Capital Fund Program Grant No: 0
 Date of CFFP: 0

Replacement Housing Factor Grant No:
 AL09R048501-07

FFY of Grant: 2007
 FFY of Grant Approval: 2007

Type of Grant

Original Annual Statement
 Performance and Evaluation Report for Period Ending: 2/28/2009

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465 1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA 9000 Collateralization or Debt Service paid Via System of Direct Payment	191,491.00		191,491.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of line 2 - 19)				
21	Amount of line 20 Related to LBP Activities	191,491.00			
22	Amount of line 20 Related to Section 504 Activities			191,491.00	0.00
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 Units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary

PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: Date of CFFP: 0		0		Replacement Housing Factor Grant No: AL09R048501-07		FFY of Grant: 2007	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/28/2009		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Estimated Cost		Total Actual Cost ¹	
Line Summary by Development Account		Original		Revised ²		Obligated		Date Expended	
Signature of Executive Director <i>Willie Allen</i>		Date 3-17-09		Signature of Public Housing Director				Date	

Part I: Summary

PHA Name: **Decatur Housing Authority** Grant Type and Number: Capital Fund Program Grant No: **0** Date of CFFP: **0** Replacement Housing Factor Grant No: **AL09R048502-07** FFY of Grant: **2007**
 FFY of Grant Approval: **2007**

Type of Grant: Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: **2/28/2009** Revised Annual Statement (revision no:)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment - Nonependable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						
18a	1501 Collateralization or Debt Service paid by the PHA		23,665.00		23,665.00		0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of line 2 - 19)		23,665.00		23,665.00		0.00
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 Units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary

PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: Date of CFPP: 0		0		Replacement Housing Factor Grant No: AL09R048502-07		FFY of Grant: 2007	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/28/2009		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report				FFY of Grant Approval: 2007	
Line Summary by Development Account		Original		Total Estimated Cost		Revised ²		Total Actual Cost ¹	
Signature of Executive Director <i>William A. Holman</i>		Date 3-17-09		Signature of Public Housing Director		Obligated		Date	
								Expended	

Part I: Summary

PHA Name:

Decatur Housing Authority

Grant Type and Number

Capital Fund Program Grant No:
 Date of CFFP:

0

Replacement Housing Factor Grant No:
 AL09R048501-08

FFY of Grant:
 2008

FFY of Grant Approval:
 2008

Type of Grant

Original Annual Statement

Performance and Evaluation Report for Period Ending:

2/28/2009

Reserve for Disasters/Emergencies

Revised Annual Statement (revision no: 1)

Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit		0.00	20,586.00		20,586.00	0.00
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment - Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						
18a	1501 Collateralization or Debt Service paid by the PHA		205,862.00	185,276.00		185,276.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of line 2 - 19)		205,862.00	205,862.00		205,862.00	0.00
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 Units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary

PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: Date of CFFP: 0	0	Replacement Housing Factor Grant No: AL09R048501-08	FFY of Grant: 2008 FFY of Grant Approval: 2008
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/28/2009		<input type="checkbox"/> Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹ Expended
Signature of Executive Director <i>Willie H. Williams</i>		Date 3-17-09	Signature of Public Housing Director		Date

Capital Fund Program - Five Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name/Number	Decatur Housing Authority/AL048	Work Statement for Year 1 FFY 2010	Locality (City/County & State) Decatur, AL			Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
			Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 1 FFY 2010		
A.	Development Number and Name AL048 Decatur Housing Authority						
B.	Physical Improvements Subtotal	Annual Statement	560,184	601,634	653,055	635,000	
C.	Management Improvements		50,000		15,000		
D.	Non-dwelling Structures and Equipment/Dwelling		50,000	58,550			30,000
E.	Administration		89,465	89,465	89,465	89,465	89,465
F.	Other		145,000	145,000	137,129	140,184	
G.	Operations						
H.	Demolition						
I.	Development						
J.	Capital Fund Financing - Debt Service						
K.	Total CFP Funds		894,649	894,649	894,649	894,649	894,649
L.	Total Non-CFP Funds		0	0	0	0	0
M.	Grand Total		894,649	894,649	894,649	894,649	894,649

Capital Fund Program - Five Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary (Continuation)

PHA Name/Number Development Number and Name AL048 Decatur Housing Authority	Work Statement for Year 1 FFY 2010	Locality (City/County & State) Decatur, AL			Work Statement for Year 1 FFY 2013	Work Statement for Year 5 FFY 2014
		Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013		
COCC	Annual Statement	89,465	89,465	89,465	89,465	89,465
AMP 1		398,184	303,488	380,950	790,534	
AMP 3		129,200	501,696	234,900	14,650	
AMP 9		277,800	0	189,334	0	
		894,649	894,649	894,649	894,649	894,649
		0	0	0	0	0
		894,649	894,649	894,649	894,649	894,649

Original 5-Year Plan

Revision No:

