PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011

1.0 PHA Information

PHA Name: __ **The Regional Housing Authority of Lawrence, Cullman and Morgan Co, Alabama**

PHA Code: __AL 187_____

PHA Type: ☐ Small X High Performing ☐ Standard ☐ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): ____07/09_____Amended 9/09/09_____ Amended 3/18/10

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: ___156_____ Number of HCV units: _____

3.0 Submission Type

☐ 5-Year and Annual Plan X Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

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:					

5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.
N/A

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:

N/A

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.

N/A

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. PHA's main administrative office

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. N/A*

8.0 Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing. Attachments are located at the end of this PDF document

8.2 Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* 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. ***Attachment***

8.3 Capital Fund Financing Program (CFFP).
☐ 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. N/A

9.0	**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. N/A

9.1	**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.** N/A

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 PHA continues to meet its mission and goal of providing decent and affordable housing for low income families

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

A. Substantial Deviation from the 5-year Plan: shall mean any action taken by the PHA that changes or modifies:

1 Rent or admission policies or organization of the waiting list;

2 The Capital Fund Program plan either through the addition or deletion of items or projects from the list of planned activities or change in use of replacement reserves funds under capital Funds; and

3 Panned demolition or disposition, designation, homeownership programs or conversion activities.

<u>Exceptions.</u> Exceptions to this definition will be made for any for the above actions that are made to reflect a change in HUD regulatory requirements.

10.0

b. Significant Amendment or Modification to the Annual Plan

A. B. Significant Amendment or Modification to the Annual Plan: shall mean any action taken by the PHA that changes or modifies:

1 Rent or admission policies or organization of the waiting list;

2 The Capital Fund Program plan either through the addition or deletion of items or projects from the list o planned activities or change in use of replacement reserves funds under capital Funds; and

3 Panned demolition or disposition, designation, homeownership programs or conversion activities.

<u>Exceptions.</u> Exceptions to this definition will be made for any for the above actions that are made to reflect a change in HUD regulatory requirements.

General. For the purposes of the 5 Year and Annual Public Housing Agency Plan any substantial deviation or significant amendment or modification to the plans will be subject to the review of the Resident Advisory Board and Full public hearing process requirements.

11.0	**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. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (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. 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. **No comments were received** (g) Challenged Elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

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:	Grant Type and Number	FFY of Grant: 2009
Regional HA of Lawrence, Cullman, & Morgan Counties	Capital Fund Program Grant No: AL09S18750109 Replacement Housing Factor Grant No: Date of CFFP: 3/5/2009	**FFY of Grant Approval: 2009**

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

Line	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	22,200			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	319,280			
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]				

[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.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

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: Regional HA of Lawrence, Cullman, & Morgan Counties	**Grant Type and Number** Capital Fund Program Grant No: AL09S18750109 Replacement Housing Factor Grant No: Date of CFFP: 3/5/2009	**FFY of Grant:2009** **FFY of Grant Approval: 2009**

Type of Grant

☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
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 lines 2 - 19)	341,480			
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	319,280			

Signature of Executive Director	**Signature of Public Housing Director**
Date	**Date**
Janet Byron	

[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.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

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

Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FFY of Grant: 2009
Regional HA of Lawrence, Cullman, & Morgan Counties	Capital Fund Program Grant No: AL09S18750109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	

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]	
AL187-00002								
Holly Pond Apts	Replace HVAC with 13 SEER units.	1460	19 apts	60,648				
AL187-00002								
Almond Rige Apts	Replace HVAC with 13 SEER units.	1460	30 apts	95,760				
AL187-00002								
Fairview Apts	Replace HVAC with 13 SEER units.	1460	21 apts	67,112				
AL187-00002								
Homestead Apts	Replace HVAC with 13 SEER units.	1460	30 apts	95,760				
PHA Wide	1430 Fees & Costs	1430	LS	22,200				

[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 II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FFY of Grant: 2009
Regional HA of Lawrence, Cullman, & Morgan Counties	Capital Fund Program Grant No: AL09S18750109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	

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]	

[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.

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Regional HA of Lawrence, Cullman, & Morgan Counties

Federal FFY of Grant: 2009

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AL187-00002					
Holly Pond Apts	3/1/2010		3/1/2012		
AL187-00002					
Almond Rige Apts	3/1/2010		3/1/2012		
AL187-00002					
Fairview Apts	3/1/2010		3/1/2012		
AL187-00002					
Homestead Apts	3/1/2010		3/1/2012		
PHA Wide					
1430 Fees & Costs	3/1/2010		3/1/2012		

[1] Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement /Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing factor (CFP/CFPRHF) Part 1: Summary

PHA Name	Grant Type and Number	Federal FY of Grant:
Regional Housing Authority of Lawrence, Cullman & Morgan Counties	Capital Fund Program : AL09P187501-09 Replacement Housing Factor Grant No:	2009

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Satement (revision no:
☐ Performance and Evaluation Report for Perikod Endi: ☐ Final Performance and Evaluation Report

	Summary by Development Account	Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	0			
3	1408 Management Improvements				
4	1410 Administration	5,000			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	5,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvements	10,000			
10	1460 Dwelling Structures	208,905			
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures	25,000			
13	1475 Nondwelling Equipment	15,000			
14	1485 Demolotion				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 MOD Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant	268,905			
21	Amount of Line 20 Related to LBP Activities	5,000			
22	Amount of Line 20 Related to Section 504 Compliance				
23	Amount of Line 20 Related to Sectrity				

Signature of Executive Director and Date	Signature of Field Office Manager: (or Regional Administrator in co-located office) and Date
9/8/2009	

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Regional Housing Authority of Lawrence, Cullman & Morgan Counties	Capital Fund Prc AL09P187501-09 Replacement Housing Factor Grant No:	2009

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Dev Acct No	Quantity	Total Estimated Costs		Total Actual Costs		Status of Proposed Work(2)
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	**Administration**	1410		5,000				
AL187-000002	**Architect** - Plans & specifications	1430		5,000				
Fairview	supervision of work/inspections							
AL187-000002		1450		10,000				
Fairview								
AL187-000002	**Modifications of Outside of Units**	1460		208,905				
Fairview	Enlarge front porches, New Shutters							
	Replace porch supports, fascia/soffit							
	Replace front/back/storage room doors							
	Install new front/back security storm doors							
	New Sidewalks, Mailbox Station							
	Floor Tile							
187-000002/5	**Storm Shelters**	1470		25,000				
Fairview/JC								
PHA Wide	**Playground Equipment**	1475		15,000				
				268,905				

Signature of Executive Director and Date

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

Annual Statement/Performante and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFPCFPRHF)
Part III: Implementation Schedule

PHA Name:	Grant Type and Number	Federal FY
Regional Housing Authority of Lawrence, Cullman & Morgan Counties	Capital Fund Program : AL09P187501-9 Replacement Housing Factor Grant No:	200

Development Number/Name HA_Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reaso
	Original	Revised	Actual	Original	Revised	Actual	
AL 187-000002	9/15/2009			9/14/2013			
Fairview							

(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.

Signature of Executive Director and Date: 9/8/2009

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

of Grant:

g

ıs for Revised Target Dates (2)

Annual Statement /Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing factor (CFP/CFPRHF) Part 1: Summary

PHA Name	Grant Type and Number	Federal FY of Grant:
Regional Housing Authority of Lawrence, Cullman & Morgan Counties	Capital Fund Program : AL09P187501-08 Replacement Housing Factor Grant No:	2008

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no: 1)
☐ Performance and Evaluation Report for Perikod Ending : March 31, 2003 ☐ Final Performance and Evaluation Report

	Summary by Development Account	Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	5,000			
3	1408 Management Improvements				
4	1410 Administration	5,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvements	7,000			
10	1460 Dwelling Structures	142,774			
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures	35,000			
13	1475 Nondwelling Equipment	75,000			
14	1485 Demolotion				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 MOD Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant	269,774			
21	Amount of Line 20 Related to LBP Activities				
22	Amount of Line 20 Related to Section 504 Compliance	5,000			
23	Amount of Line 20 Related to Security				

Signature of Executive Director and Date

16-May-08

Signature of Field Office Manager: (or Regional Administrator in co-located office) and Date

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Regional Housing Authority of Lawrence, Cullman & Morgan Counties	Capital Fund Prc AL09P187501-08 Replacement Housing Factor Grant No:	2008

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Dev Acct No	Quantity	Total Estimated Costs		Total Actual Costs		Status of Proposed Work(2)
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	**Operations**	1406		5,000				
PHA Wide	**Administration**	1410		5,000				
PHA Wide	**Site Improvements**	1450		7,000				
187-000002	**Upgrade Exterior of Units**	1460		142,774				
Holly Pond	Enlarge Front Porches							
	Install New Porch Columns							
	Replace Front & Back Entrance Doors							
	Install New Storm Doors							
	Install New Front Porch Lighting							
	Enlarge Back Porches							
	Install New Shutters							
PHA Wide	**Non Dwelling Structure**	1470		35,000				
	Storm Shelter							
	Shelter for Mailboxes							
PHA Wide	**Non Dwelling Equipment**	1475		75,000				
	New Mailboxes							
	Playground Equipment							
				269,774	0	0	0	

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

Annual Statement/Performante and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFPCFPRHF)
Part III: Implementation Schedule

PHA Name:	Grant Type and Number	Federal FY of Grant:
Fairfield Al Housing Authority	Capital Fund Program : ALO9P187501-8 Capital Fund Program : ALO901050100 Replacement Housing Factor Grant No:	2008

Development Number/Name HA_Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)		
	Original	Revised	Actual	Original	Revised	Actual			
PHA Wide	6/13/2008			6/12/2012					
Al 187-000002	6/13/2008			6/12/2012					
Holly Pond									

(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.

Signature of Executive Director and Date

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

Annual Statement /Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing factor (CFP/CFPRHF) Part 1: Summary

PHA Name	Grant Type and Number	Federal FY of Grant:
Regional Housing Authority of Lawrence, Cullman & Morgan Counties	Capital Fund Program : AL09P187501-07 Replacement Housing Factor Grant No:	2007

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Satement (revision no: 1

☐ Performance and Evaluation Report for Perikod Endii ☐ Final Performance and Evaluation Report

	Summary by Development Account	Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	0	0	0	
3	1408 Management Improvements				
4	1410 Administration	5,000	0	0	
5	1411 Audit	0	0	0	
6	1415 Liquidated Damages	0	0	0	
7	1430 Fees and Costs	5,000	7,500	7,500	6,065
8	1440 Site Acquisition	0	0	0	
9	1450 Site Improvements	7,000	9,500	9,500	950
10	1460 Dwelling Structures	153,597	153,597	153,597	131,432
11	1465.1 Dwelling Equipment-Nonexpendable	0	0	0	
12	1470 Nondwelling Structures	35,000	35,000	35,000	
13	1475 Nondwelling Equipment	50,000	50,000	50,000	11,994
14	1485 Demolotion	0	0	0	
15	1490 Replacement Reserve	0	0	0	
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 MOD Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant	255,597	255,597	255,597	150,441
21	Amount of Line 20 Related to LBP Activities	5,000			
22	Amount of Line 20 Related to Section 504 Compliance				
23	Amount of Line 20 Related to Sectrity				

Signature of Executive Director and Date	Signature of Field Office Manager: (or Regional Administrator in co-located office) and Date
4/1/2009	

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Regional Housing Authority of Lawrence, Cullman & Morgan Counties	Capital Fund Prc AL09P187501-07 Replacement Housing Factor Grant No:	2007

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Dev Acct No	Quantity	Total Estimated Costs		Total Actual Costs		Status of Proposed Work(2)
				Original	Revised	Funds Obligated	Funds Expended	
AL187-002	**Operations**-needed to maintenance and	1406		5,000	0	0	0	
PHA Wide	**Architect/Fees & Costs**	1430		5,000	7,500	7,500	6,065	
AL 187-002	**Fencing/Landscaping/Lighting**	1450		7,000	9,500	9,500	950	
Moulton								
AL 187-002	**Modifications of Outside of Units**	1460		153,597	153,597	153,597	131,432	
Moulton	Replace porch supports, fascia and soffit.							
	Install new porch light fixtures							
	Install new front and back entrance doors							
	and new security storm doors							
	Install new shutters							
	Floor Tile							
187-002/005/006	**Storm Shelters**	1470		35,000	35,000	35,000	0	
PHA Wide								
187-001/003	**Playground Equipment/Truck**	1475		50,000	50,000	50,000	11,994	
PHA Wide								
				255,597	255,597	255,597	150,441	

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
4/1/2009	

Annual Statement/Performante and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFPCFPRHF)
Part III: Implementation Schedule

PHA Name:	Grant Type and Number	Federal FY of Grant:
Regional Housing Authority of Lawrence, Cullman & Morgan Counties	Capital Fund Program : AL09P187501-7 Replacement Housing Factor Grant No:	2007

Development Number/Name HA_Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)		
	Original	Revised	Actual	Original	Revised	Actual			
AL 187-002	9/13/2007			9/1/2011					
PHA Wide	9/13/2007			9/1/2011					

(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.

Signature of Executive Director and Date: 4/1/2009

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

Part I: Summary

PHA Name/Number AL 187			Locality (Lawrence, Cullman and Morgan County & Alabama)		**X Original 5-Year Plan** ☐ **Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 FFY ___2009____	Work Statement for Year 2 FFY _____2010_____	Work Statement for Year 3 FFY _____2011_____	Work Statement for Year 4 FFY _____2012_____	Work Statement for Year 5 FFY _____2013_____
B.	Physical Improvements Subtotal	Annual Statement	$333,0000	$333,0000	$333,0000	$333,0000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		$5000	$5000	$5000	$5000
F.	Other		$5000	$5000	$5000	$5000
G.	Operations		$7000	$7000	$7000	$7000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		$350,000	$350,000	$350,000	$350,000
L.	Total Non-CFP Funds		$341,480			
M.	Grand Total		$691,480	$350,000	$350,000	$350,000

Part I: Summary (Continuation)

PHA Name/Number AL 187			Locality (City/county & State)		☐ **Original 5-Year Plan**	☐ **Revision No:**
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____
		Annual Statement				

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year ____2010_____ FFY ___07/010_____			Work Statement for Year: ___2012_____ FFY ____7/11_____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Al 187-02 / Jones Chapel			Al 187-02 / Somerville		
Annual	Replace front/back/storage room doors			Replace front/back/storage room doors		
Statement	Replace front & back storm doors			Replace front & back storm doors		
	New mail station- boxes and canopy			New mail station- boxes and canopy		
	Landscaping/fencing/ entrance sign			Landscaping/fencing/ entrance sign		
	Storm Shelter					
	Replace stoves and refrigerators			Replace stoves and refrigerators		
	Additional outside lighting		$350,000	Additional outside lighting		$350,000
	Replace 100 HVAC Units in 4 Developments		$341,480			
	Subtotal of Estimated Cost		$691,480	Subtotal of Estimated Cost		$350,000

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year __2013_____ FFY _____7/13_____			Work Statement for Year: ____2014_____ FFY ___7/14_____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Al 187-02 / Hartselle			Al 187-02 / Moulton		
	Repave streets			Repave streets		
	Repave parking bays			Repave driveways		
	Additional Outside Lighting			Additional Fencing		
	Replace Stoves and Refrigerators		$350,000	Additional Lighting		$350,000
	Subtotal of Estimated Cost		$350,000	Subtotal of Estimated Cost		$350,000

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year ___2010_____ FFY ___7/10_____		Work Statement for Year: _2011_____ FFY __7/10_____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	Al 187-02 / Jones Chapel		Al 187-02 / Somerville	
	Replace front/back/storage room doors		Replace front/back/storage room doors	
	Replace front & back storm doors		Replace front & back storm doors	
	New mail station- boxes and canopy		New mail station- boxes and canopy	
	Landscaping/fencing/ entrance sign		Landscaping/fencing/ entrance sign	
	Storm Shelter			
	Replace stoves and refrigerators		Replace stoves and refrigerators	
	Additional outside lighting	$350,000	Additional outside lighting	$350,000
	Replace HVAC in 100 units	$341,480		
	Subtotal of Estimated Cost	$691,480	Subtotal of Estimated Cost	$350,000

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year ____2012_____ FFY ___7/12_____		Work Statement for Year: ____2013_____ FFY ____7/13_____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	Al 187-02 / Hartselle		Al 187-02 / Moulton	
	Repave streets		Repave streets	
	Repave parking bays		Repave driveways	
	Additional Outside Lighting		Additional Fencing	
	Replace Stoves and Refrigerators	$350,000	Additional Lighting	$350,000
	Subtotal of Estimated Cost	$350,000	Subtotal of Estimated Cost	$350,000

Attachment F

No comments were received by the resident advisory board or the residents.