

1.0	PHA Information PHA Name: _____ POINSETT COUNTY HOUSING AUTHORITY _____ PHA Code: AR 023 _____ PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): _____																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: _____ 324 _____ Number of HCV units: _____																										
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">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>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:					
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.																										
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: N/A (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. <div style="text-align: center;"> Housing Authority of the County of Poinsett AR023 1104 Elm Street Marked Tree, Arkansas 72365 (870) 358-2990 </div>																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>																										
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 <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. <div style="text-align: center; color: red; font-weight: bold;"> SEE ATTACHED ar023a01 includes: 2008 CF Annual Statement 2009 CF Annual Statement 2009 Stimulus CF Annual Statement </div>																										
8.2	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. SEE BELOW																										

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>
9.1	<p>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.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <ul style="list-style-type: none"> (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. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”
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. (g) Challenged Elements (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)

PART I: SUMMARY						
PHA Name/Number POINSETT COUNTY HA		Locality (City/County & State) Gainesville, Alachua, FL			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No:	
A.	Development Number and Name AR 023 AMP 1	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	408000	408000	408000	408000
C.	Management Improvements		12000	12000	12000	12000
D.	PHA-Wide Non-dwelling Structures and Equipment		0	0	0	0
E.	Administration		40000	40000	40000	40000
F.	Other		0	0	0	0
G.	Operations		40000	40000	40000	40000
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		500000	500000	500000	500000
L.	Total Non-CFP Funds					
M.	Grand Total					

Part I: Summary					
PHA Name: POINSETT CO Housing Authority		Grant Type and Number AR037PO2350108 Capital Fund Program Grant No. Replacement Housing Factor Grant No Date of CFFP			FFY of Grant: 2008 FFY of Grant Approval
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (Revision No:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/28/2009 <input type="checkbox"/> 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				
3	1408 Management Improvements Soft Costs	\$ 12,000			
4	1410 Administration	\$ 49,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs	\$ 39,000			
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures	\$ 160,006			
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition	\$ 250,000			
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	\$ 501,006			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 compliance				
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 M				
Signature of Executive Director <i>Evelyn Jester</i>		Date 04 / 01 / 2009		Signature of Public Housing Director	
				Date	

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 III - Implementation Schedule for Capital Fund Financing Program					
PHA Name:	POINSETT COUNTY HOUSING AUTHORITY				FFY Grant 2008
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
ALL	7/1/2010		7/1/2011		

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

Part I: Summary					
PHA Name: POINSETT COUNTY HA		Grant Type and Number Capital Fund Program Grant No. Replacement Housing Factor Grant No Date of CFFP		FFY of Grant: 2009 FFY of Grant Approval	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (Revision No:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs	\$ 12,000.00			
4	1410 Administration	\$ 40,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs	\$ 39,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures	\$ 410,000.00			
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	\$ 501,000			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 compliance				
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 M				
Signature of Executive Director <i>Evelyn J. Miller</i>		Date 04 / 01 / 2009		Signature of Public Housing Director _____ Date _____	

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program and 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: POINSETT COUNTY Housing Authority		Grant Type and Number Capital Fund Program Grant No: _____ CFFP (Y / N) Replacement Housing Factor Grant No: _____				Federal FY of Grant: YEAR 2009		
Development No. 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	
AMP 1	Management Improvements	1408		\$	12,000			
	Security							
	Administration	1410		\$	40,000			
	Fees	1430		\$	39,000			
	General Unit Renovation Inc:	1460						
	Interior Doors		100 units	\$	175,000			
	Windows		210 units	\$	105,000			
	Interior Painting / Cable		54 units	\$	30,000			
	Conversions:	1460	8 > 4	\$	100,000			
	122/124 Mills Circle							
	148/152 Mills Circle							
	176/178 Mills Circle							
	298 / 300 Hwy 100							
	8 Units each 1 BR to:							
	4 Units each 2 BR							
	TOTALS			\$	501,000			

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² To be completed for the Performance and Evaluation Report

Part III - Implementation Schedule for Capital Fund Financing Program					
PHA Name:	POINSETT COUNTY HOUSING AUTHORITY				FFY Grant 2009
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
ALL	7/1/2011		7/1/2012		

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

Part I: Summary					
PHA Name: POINSETT HOUSING AUTHORITY		Grant Type and Number AR37S02350109 Capital Fund Program Grant No: AR37S02350109 Date of CFFP		FFY of Grant: Replacement Housing Factor Grant No: STIMULUS 2009 FFY of Grant Approval	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (Revision No:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs	30,000			
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures	604,174			
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	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)	634,174			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 compliance				
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 M				
Signature of Executive Director <i>Evelyn Justice</i>		Date 04 / 01 / 2009		Signature of Public Housing Director	
				Date	

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