

*Rayne Housing Authority*  
*Rayne, Louisiana*  
*2009 Plan*

*Version 01*

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Rayne Housing Authority</u> PHA Code: <u>LA028</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2009</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>200</u> Number of HCV units: _____				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> 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:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update. <u>NOT REQUIRED FOR 2009 PLAN</u>				
<b>5.1</b>	<b>Mission.</b> 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:  <u>NOT REQUIRED FOR 2009 PLAN</u>				
<b>5.2</b>	<b>Goals and Objectives.</b> 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.  <u>NOT REQUIRED FOR 2009 PLAN</u>				
<b>6.0</b>	<b>PHA Plan Update</b>  (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.  <u>NOT REQUIRED FOR 2009 PLAN</u>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i> <u>NOT REQUIRED FOR 2009 PLAN</u>				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> 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.				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> 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.				
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <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. <u>NOT REQUIRED FOR 2009 PLAN</u>				
<b>9.0</b>	<b>Housing Needs.</b> 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.  <u>NOT REQUIRED FOR 2009 PLAN</u>				

9.1	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>  <b>NOT REQUIRED FOR 2009 PLAN</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(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.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"  <b>NOT REQUIRED FOR 2009 PLAN</b></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) <b>Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)</b></p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(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> <p>(g) Challenged Elements</p> <p>(h) <b>Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report</b> (PHAs receiving CFP grants only)</p> <p>(i) <b>Form HUD-50075.2, Capital Fund Program Five-Year Action Plan</b> (PHAs receiving CFP grants only)</p>

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

<b>Part I: Summary</b>					
PHA Name: <i>Rayne Housing Authority</i>		<b>Grant Type and Number</b>			<b>Federal FY of Grant:</b>
		Capital Fund Program Grant No.: <i>LA48P028501-09</i>			<i>2009</i>
		Replace Housing Factor Grant No.:			<b>FFY of Grant Approval</b>
		Date of CFFP:			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no.: 1 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Final <input type="checkbox"/> Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total Non-CFP Funds - Reserved Budget 0100	\$ 211,387.00			
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>			\$ -	\$ -
3	1408 Management Improvements Soft Costs	\$ 60,394.00			
4	1410 Administration (may not exceed 10% of line 20)	\$ 30,197.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs		\$ 25,000.00		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		\$ 276,978.00		
11	1465.1 Dwelling Equipment - Non Expendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup>To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>3</sup>PHAs with under 250 units in management may use 100% of CFP Grants for Operations

<sup>4</sup>RHF funds shall be included here

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Annual Statement/ Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: <i>Rayne Housing Authority</i>		Grant Type and Number Capital Fund Program Grant No.: <i>LA48P028501-09</i> Replace Housing Factor Grant No.: Date of CFFP:		FFY of Grant: 2009 FFY of Grant:	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disaster Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no. 1)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Amount	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization of Debt: Service paid by the PHA				
18b	8003 Collateralization of Debt: Service paid via System of Direct Payment				
19	1602 Contingency (May not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of Lines 2-19)	\$ 301,978.00	\$ 301,978.00	\$ -	\$ -
21	Amount of Line 20 Related to LEP Activities				
22	Amount of Line 20 Related to Section 804 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 Measures				
Signature of Executive Director <i>Chris Simpson</i>		Date		Signature of Public Housing Director	
				Date	

<sup>1</sup>To be completed for the Performance and Evaluation Report.

<sup>2</sup>To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>3</sup>PHAs with under 250 units in management may use 100% of CFP Grants for Operations

<sup>4</sup>RHF funds shall be included here

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
PHA Name: <i>Rayne Housing Authority</i>			Grant Type and Number Capital Fund Program Grant No.: <i>LA48P028501-09</i> CFFP: (Yes/ No): Replace Housing Factor Grant No.:			Federal FY of Grant:  <b>2009</b>		
Development Number Name/PHA Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
<i>PHA Wide</i>	<i>Reserved Budget</i>	<i>0110</i>		\$ 211,387.00				
<i>PHA Wide</i>	<i>Management Improvements</i>	<i>1408</i>		\$ 60,394.00				
<i>PHA Wide</i>	<i>Administration</i>	<i>1410</i>		\$ 30,197.00				
<i>PHA Wide</i>	<i>A&amp;E Fees &amp; Costs</i>	<i>1430</i>		\$ -	\$ 25,000.00			
<i>LA028-000001</i>	<i>Finish bathroom renovation which would include changing all of the toilets, add steele bathtubs and vanities with the lavatories. Install ceramic tile or man made marble on the follrs and around the tubs, replace plumbing hardware and accessories.</i>	<i>1460</i>			\$ 276,978.00			
				\$ 301,978.00	\$ 301,978.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report.

8.2 Capital Fund Program 5 Year Action Plan

PHA Name/ Number: <i>Rayne Housing Authority</i>		Locality (City/County & State)				<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number/Name/ HA-Wide	Workstatement Year 1	Work Statement For Year 2 FFY Grant: 2010	Work Statement For Year 2 FFY Grant: 2011	Work Statement For Year 2 FFY Grant: 2012	Work Statement For Year 2 FFY Grant: 2013	
B.	Physical Improvements	<b>Annual Statement</b>	\$ 280,978.00	\$ 280,978.00	\$ 280,978.00	\$ 280,978.00	
C.	Mgmt. Improvements		\$0.00	\$0.00	\$0.00	\$0.00	
D.	PHA Wide Non-dwelling Structure and Equipment		\$0.00	\$0.00	\$0.00	\$0.00	
E.	Administration						
F.	Other		\$21,000.00	\$21,000.00	\$21,000.00	\$21,000.00	
G.	Operations						
H.	Demolition						
I.	Development						
J.	Capital Fund Financing - Debt Service						
K.	Total CFP Funds						
L.	Total NON- CFP Funds						
M.	Grand Total		\$301,978.00	\$301,978.00	\$301,978.00	\$301,978.00	

8.2 Capital Fund Program 5 Year Action Plan

<b>Part II: Supporting Pages - Physical Needs Work Statement(s)</b>								
Activities for Year 1	Work Statement for Year: <b>2</b> FFY Grant: <b>2010</b> PHA FY:				Work Statement for Year: <b>3</b> FFY Grant: <b>2011</b> PHA FY:			
	Dev Name/Number	Major Work Categories	QTY.	Estimated Cost	Dev Name/Number	Major Work Categories	QTY.	Estimated Cost
See								
Annual Statement	LA028-000001	Bathroom renovations which would include changing all of the toilets, add steele bathtubs and vanities with the lavatroies. Install ceramic tile or man-made marble on the floors and around the tubs. Plumbing hardware and accessories at the former 001 and 002 developments.	50	\$280,978.00	LA028-000001	Bathroom renovations which would include changing all of the toilets, add steele bathtubs and vanities with the lavatroies. Install ceramic tile or man-made marble on the floors and around the tubs. Plumbing hardware and accessories at the former 001 and 002 developments.	50	\$280,978.00
<b>Total CFP Estimated Cost</b>				<b>\$280,978.00</b>				<b>\$280,978.00</b>

8.2 Capital Fund Program 5 Year Action Plan

<b>Part II: Supporting Pages - Physical Needs Work Statement(s)</b>								
Activities for Year 1	Work Statement for Year: <b>4</b> FFY Grant: <b>2012</b> PHA FY:				Work Statement for Year: <b>5</b> FFY Grant: <b>2013</b> PHA FY:			
	Dev Name/Number	Major Work Categories	QTY.	Estimated Cost	Dev Name/Number	Major Work Categories	QTY.	Estimated Cost
See								
Annual Statement	LA028-000001	Bathroom renovations which would include changing all of the toilets, add steele bathtubs and vanities with the lavatroies. Install ceramic tile or man-made marble on the floors and around the tubs. Plumbing hardware and accessories at the former 001 and 002 developments.	50	\$280,978.00	LA028-000001	Bathroom renovations which would include changing all of the toilets, add steele bathtubs and vanities with the lavatroies. Install ceramic tile or man-made marble on the floors and around the tubs. Plumbing hardware and accessories at the former 001 and 002 developments.	50	\$280,978.00
<b>Total CFP Estimated Cost</b>				<b>\$280,978.00</b>				<b>\$280,978.00</b>





8.2 – Performance and Evaluation Reports 2007, 2008, & 2009-S

<b>Part I: Summary</b>					
PHA Name: <i>Rayne Housing Authority</i>		<b>Grant Type and Number</b> Capital Fund Program Grant No.: <i>LA48P028501-07</i> Replace Housing Factor Grant No.: Date of CFFP:			<b>Federal FY of Grant:</b> <i>2007</i>
					<b>FFY of Grant Approval</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no.: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <i>3/31/09</i> <input type="checkbox"/> Local Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$ 143,693.00		\$ 143,693.00	\$ 143,693.00
3	1408 Management Improvements Soft Costs				
4	1410 Administration (may not exceed 10% of line 20)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs	\$ 21,000.00		\$ 21,000.00	\$ 21,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$ 122,340.00		\$ 122,340.00	\$ 122,340.00
11	1465.1 Dwelling Equipment - Non Expendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup>To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>3</sup>PHAs with under 250 units in management may use 100% of CFP Grants for Operations

<sup>4</sup>RHF funds shall be included here

8.2 – Performance and Evaluation Reports 2007, 2008, & 2009-S

<b>Part I: Summary</b>					
PHA Name: <i>Rayne Housing Authority</i>		<b>Grant Type and Number</b> Capital Fund Program Grant No.: <i>LA48P028501-07</i> Replace Housing Factor Grant No.: Date of CFFP:		<b>Federal FY of Grant:</b> <i>2007</i>	
				<b>FFY of Grant Approval</b>	
<b>Type of Grant</b> Original Annual Statement    Reserve for Disaster/ Emergencies    Revised Annual Statement (revision no.: ) P    Performance and Evaluation Report for Period Ending:    Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or debt service paid by the PHA				
18b	9000 Collateralization or debt service paid via a system of direct payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of Lines...)	\$ 287,033.00		\$ 287,033.00	\$ 287,033.00
21	Amount of Line XX Related to LBP Activities				
22	Amount of Line XX Related to Section 504 Compliance				
23	Amount of Line XX Related to Security - Soft Costs				
24	Amount of Line XX Related to Security - Hard Costs				
25	Amount of Line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director:</b>		<b>Date:</b>		<b>Signature of Public Housing Director:</b>	
				<b>Date:</b>	

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



8.2 – Performance and Evaluation Reports 2007, 2008, & 2009-S

<b>Part I: Summary</b>					
PHA Name: <i>Rayne Housing Authority</i>		<b>Grant Type and Number</b>		<b>Federal FY of</b>	
		Capital Fund Program Grant No.: <i>LA48P028501-08</i>		<i>2008</i>	
		Replace Housing Factor Grant No.:		<b>FFY of Grant Approval</b>	
		Date of CFFP:			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no.: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <i>3/31/09</i> <input type="checkbox"/> Final Performance and Evaluation Report : <i>5/27/09</i>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>			\$ -	\$ -
3	1408 Management Improvements Soft Costs				
4	1410 Administration (may not exceed 10% of line 20)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs	\$ 21,000.00	\$ 18,900.00	\$ 18,900.00	\$ 18,900.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$ 281,954.00	\$ 284,054.00	\$ 284,054.00	\$ 284,054.00
11	1465.1 Dwelling Equipment - Non Expendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup>To be completed for the Performance and Evaluation Report.

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<sup>4</sup>RHF funds shall be included here

8.2 – Performance and Evaluation Reports 2007, 2008, & 2009-S

<b>Part I: Summary</b>						
PHA Name: <i>Rayne Housing Authority</i>		<b>Grant Type and Number</b> Capital Fund Program Grant No.: <i>LA48P028501-08</i> Replace Housing Factor Grant No.: Date of CFFP:			<b>Federal FY of Grant:</b> <i>2008</i> <b>FFY of Grant Approval</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no.: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Final <input type="checkbox"/> Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or debt service paid by the PHA					
18b	direct payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant (Sum of Lines...)	\$ 302,954.00	\$ 302,954.00	\$ 302,954.00	\$ 302,954.00	
21	Amount of Line XX Related to LBP Activities					
22	Amount of Line XX Related to Section 504 Compliance					
23	Amount of Line XX Related to Security - Soft Costs					
24	Amount of Line XX Related to Security - Hard Costs					
25	Amount of Line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director:</b>		<b>Date:</b>		<b>Signature of Public Housing Director:</b>		
				<b>Date:</b>		

<sup>1</sup>To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
<sup>3</sup>PHAs with under 250 units in management may use 100% of CFP Grants for Operations  
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8.2 – Performance and Evaluation Reports 2007, 2008, & 2009-S

<b>Part I: Summary</b>					
PHA Name: <i>Rayne Housing Authority</i>		<b>Grant Type and Number</b> Capital Fund Program Grant No.: <i>LA48S028501-09</i> Replace Housing Factor Grant No.: Date of CFFP:		<b>Federal FY of Grant:</b> <i>2009-S</i> <b>FFY of Grant Approval</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no.: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <i>3/31/09</i> <input type="checkbox"/> Local Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>			\$ -	\$ -
3	1408 Management Improvements Soft Costs				
4	1410 Administration (may not exceed 10% of line 20)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs	\$ 30,000.00	\$ 29,962.00	\$ 29,962.00	
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$ 353,479.00	\$ 353,519.00	\$ 168,038.00	\$ 8,208.00
11	1465.1 Dwelling Equipment - Non Expendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup>To be completed for the Performance and Evaluation Report.

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8.2 – Performance and Evaluation Reports 2007, 2008, & 2009-S

<b>Part I: Summary</b>					
PHA Name: <i>Rayne Housing Authority</i>		<b>Grant Type and Number</b> Capital Fund Program Grant No.: <b>LA48S028501-09</b> Replace Housing Factor Grant No.: Date of CFFP:		<b>Federal FY of Grant:</b> <i>2009-S</i> <b>FFY of Grant Approval</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no.: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>3/31/09</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or debt service paid by the PHA				
18b	direct payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of Lines...)	\$ 383,479.00	\$ 383,479.00	\$ 198,000.00	\$ 8,208.00
21	Amount of Line XX Related to LBP Activities				
22	Amount of Line XX Related to Section 504 Compliance				
23	Amount of Line XX Related to Security - Soft Costs				
24	Amount of Line XX Related to Security - Hard Costs				
25	Amount of Line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director:</b>		<b>Date:</b>		<b>Signature of Public Housing Director:</b>	
				<b>Date:</b>	

<sup>1</sup>To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>3</sup>PHAs with under 250 units in management may use 100% of CFP Grants for Operations

<sup>4</sup>RHF funds shall be included here

8.2 – Performance and Evaluation Reports 2007, 2008, & 2009-S

<b>Part II: Supporting Pages</b>								
PHA Name: <i>Rayne Housing Authority</i>			<b>Grant Type and Number</b> Capital Fund Program Grant No.: <i>LA48S028501-09</i> CFFP (Yes/No): Replace Housing Factor Grant No.:				<b>Federal FY of Grant:</b>  <i>2009-S</i>	
Development Number Name/ HA Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
<i>PHA Wide</i>	<i>A&amp;E Fees &amp; costs</i>	<i>1430</i>		\$ 30,000.00	\$ 26,754.00	\$ 26,754.00		0%
<i>PHA Wide</i>	<i>Physical Needs Assessment</i>	<i>1430</i>		\$ -	\$ 3,208.00	\$ 3,208.00		0%
<i>LA028-000001</i>	<i>Begin bathroom renovations to include changing of all of the toilets, add steel bathtubs and vanities with the laboratories. Install ceramic tile or man made marble on the floors and around the tubs. Plumbing hardware and accessories. In the former 001, 002, 003, 004, and 005 developments</i>	<i>1460</i>		\$ -	\$ 259,217.00	\$ 73,738.00		0%
<i>LA028-000001</i>	<i>Window replacment in the former 001, 002</i>	<i>1460</i>		\$ 353,479.00	\$ 94,300.00	\$ 94,300.00	\$ 8,208.00	9%
				\$ 383,479.00	\$ 383,479.00	\$ 198,000.00	\$ 8,208.00	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report.

## **10 -B. Criteria for Substantial Deviations and Significant Amendments**

### **(1) Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

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

#### **a. Substantial Deviation from the 5-Year Plan**

- ✓ *Any change to Mission Statement such as:*
- ✓ *50% deletion from or addition to the goals and objectives as a whole.*
- ✓ *50% or more decrease in the quantifiable measurement of any individual goal or objective*

#### **b. Significant Amendment or Modification to the Annual Plan**

- ✓ *50% variance in the funds projected in the Capital Fund Program Annual Statement*
- ✓ *Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement*
- ✓ *Any change in a policy or procedure that requires a regulatory 30-day posting*
- ✓ *Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership Programs*
- ✓ *Any change inconsistent with the local, approved Consolidated Plan*

### **D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.