

1.0	PHA Information PHA Name: <u>Oakdale Housing Authority</u> PHA Code: <u>LA033</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>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>156</u> Number of HCV units: <u>120</u>				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only (exempt) <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.)				
	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: <u>The Capital Fund 5-Year Action Plan 2009-2013 has been revised in order to comply with HUD requirements regarding Oakdale Housing Authority acceptance of 2009 Capital Fund Recovery Grants.</u> (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>The Main Administrative Office of the Oakdale Housing Authority</u>				
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. <u>Included at the end of this document</u>				
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. <u>Included at the end of this document</u>				
8.3	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. <u>NO</u>				
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.				

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> <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”</p>
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> <p>(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)</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. (None received) 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) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) Included at the end of this document</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) Included at the end of this document</p>

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: OAKDALE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: LA48P03350109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 1)
 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	\$0.00	\$19,000.00		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$0.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$0.00	\$24,000.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	\$0.00	\$20,000.00		
10	1460 Dwelling Structures	\$0.00	\$189,900.00		
11	1465.1 Dwelling Equipment—Nonexpendable	\$0.00	\$12,000.00		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$0.00	\$22,000.00		
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.

Part I: Summary					
PHA Name: OAKDALE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: LA48P03350109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/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	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)	\$0.00	\$0.00		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$0.00	\$286,900.00		
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00		
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00		
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00		
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00		
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00		
Signature of Executive Director		Date		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 II: Supporting Pages								
PHA Name: OAKDALE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: LA48P03350109 CFFP (Yes/ No): NO Replacement Housing Factor Grant No:				Federal FFY of Grant: 2009		
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	
PHA-WIDE	OPERATING FUND	1406	1	\$0.00	\$19,000.00			
PHA-WIDE	A/E FEES AND COSTS	1430	1	\$0.00	\$24,000.00			
PHA-WIDE	CONCRETE REPAIRS/PARKING	1450	1	\$0.00	\$20,000.00			
PHA-WIDE	ROOF REPLACEMENT	1460	25	\$0.00	\$55,000.00			
PHA-WIDE	EXTERIOR SCREENS	1460	20	\$0.00	\$11,900.00			
PHA-WIDE	REMOVE/REPLACE FLOORS	1460	20	\$0.00	\$26,000.00			
PHA-WIDE	RENOVATE KITCHENS	1460	20	\$0.00	\$50,000.00			
PHA-WIDE	SHEETROCK REPAIRS	1460	20	\$0.00	\$15,000.00			
PHA-WIDE	REPLACE INTERIOR DOORS	1460	20	\$0.00	\$8,000.00			
PHA-WIDE	REFURBISH BATHROOMS	1460	20	\$0.00	\$19,000.00			
PHA-WIDE	REPLACE HOT WATER HEATERS	1460	20	\$0.00	\$5,000.00			
PHA-WIDE	PURCHASE NEW RANGES & REFRIGERATORS	1465.1	20	\$0.00	\$12,000.00			
PHA-WIDE	PURCHASE COMPUTERS	1475	2	\$0.00	\$7,000.00			
PHA-WIDE	PURCHASE TRUCK	1475	1	\$0.00	\$15,000.00			

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/Number Oakdale Housing Authority LA033		Locality (City/County & State) Oakdale/Allen Parish, LA			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 3: 03-25-09	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year 2 FFY <u>2010</u>	Work Statement for Year 3 FFY <u>2011</u>	Work Statement for Year 4 FFY <u>2012</u>	Work Statement for Year 5 FFY <u>2013</u>
B.	Physical Improvements Subtotal	Annual Statement	\$221,900.00	\$245,850.00	\$198,500.00	\$196,500.00
C.	Management Improvements		\$0.00	\$0.00	\$0.00	\$0.00
D.	PHA-Wide Non-dwelling Structures and Equipment		\$35,000.00	\$32,000.00	\$37,500.00	\$14,000.00
E.	Administration		\$1,000.00	\$4,000.00	\$4,000.00	\$4,000.00
F.	Other		\$25,000.00 see next page	\$35,000.00 see next page	\$25,000.00 see next page	\$29,000.00 see next page
G.	Operations		\$25,000.00	\$25,000.00	\$26,500.00	\$21,500.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$307,900.00	\$341,850.00	\$291,500.00	\$265,000.00
L.	Total Non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
M.	Grand Total	\$286,900.00	\$307,900.00	\$341,850.00	\$291,500.00	\$265,000.00

PART I: SUMMARY (CONTINUATION)

PHA Name/Number Oakdale Housing Authority / LA033		Locality (City/county & State) Oakdale / Allen Parish, LA			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 3: 03-25-09	
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
		Annual Statement				
	Architect Fees		\$25,000.00	\$25,000.00	\$25,000.00	\$24,000.00
	Relocation Costs			\$10,000.00		\$5,000.00

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

Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010		Work Statement for Year: 3 FFY 2011	
	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				
	Subtotal of Estimated Cost	\$ 0.00	Subtotal of Estimated Cost	\$ 0.00

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

Work Statement for Year 1 FFY 2009	Work Statement for Year 4 FFY 2012		Work Statement for Year: 5 FFY 2013	
	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				
	Subtotal of Estimated Cost	\$ 0.00	Subtotal of Estimated Cost	\$ 0.00