

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: Opelousas Housing Authority PHA Code: LA055
 PHA Type: Small High Performing Standard HCV (Section 8)
 PHA Fiscal Year Beginning: (MM/YYYY): July 1, 2009

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)
 Number of PH units: 690 Number of HCV units: 0

3.0 Submission Type
 5-Year and Annual Plan 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.

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:
 Providing ways to help our resident's become self-sufficient by net working with local area business and other public sector entities.

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.

Providing ways to help our resident's become self-sufficient is our goal and mission at the Opelousas Housing Authority. Some of the ways that we plan to help our resident's are: The Merry Maids Program, Brossard's Grocery Store, Hotels & Motels, Trade School, State of Louisiana Extension Office and The Network Center. Providing these resources for our residents will give them more opportunities in gaining employment.

The Merry Maids Program covers all the preparations, procedures and systems necessary to develop manage and operate a home cleaning franchise. The residents will be provided with real-world hands-on help. Merry Maids teaches methods of hiring, training, marketing, selling, scheduling, and cleaning. This is a chance of owning you own business franchise. Applying for a small business loan, which will be part of the over all training for employment and ownership of their business.

Brossard's Grocery Store is offering training for the residents to come in and work part-time. They will learn managing skills, customer service, communication skills, math skills, stocking, organization, delivery service for the elderly, bakery and decorating cakes, and many more skills. They will offer the hotels and motels the names and information that they have taught the residents jobs learning to clean the rooms, customer service, communication skills, and people skills, dressing professional and delivering refreshments.

The Louisiana Technical College, H. Harris School provides a GED Program for our residents. Also they are offering computer classes, people skills, customer service, education, manners, learning to put together a resume and much more.

The State of Louisiana Extension Office provides our residents resume training. The Network Center provides tutoring for the residents needing their GED.

Providing these programs and training to our residents to help them become self-sufficient is our goal and mission at the Opelousas Housing Authority. Our residents will be reminded of all these services and training at our Resident Council Meetings and the site managers. The residents are encouraged to attend these programs so that they will be better qualified when they apply for jobs.

The last year resident on going programs was: Homeownership classes, Job Fairs, Resident workers that work for the PHA. Also, we held exercise classes, GED Classes and Health Wellness.

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: None</p> <p>(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. Opelousas Housing Authority Main Office, 906 Laurent Street, Opelousas, LA 70571</p>
7.0	<p>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> N/A</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>There are currently 195 people on the housing authority's waiting list.</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> <p>Since the Housing Authority is at 100 % occupancy, the only way to address the additional need is through the creation of more low income housing. Toward this end the Housing Authority is investigating the various tax credit programs with the intent to submit applications as soon as possible.</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. We have met with local business to pursue the furthering of employment enhancement opportunities as described in item 5.2. These meetings have resulted in agreements in principle to begin execution of these goals.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" We define a significant amendment or Substantial Deviation/Modification as a change which results in either a deletion of a plan item, the addition of a new plan item, or a budget revision which results in a 30 % or greater budget revision to an existing plan item.</p>

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.
- (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)

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning JULY 1, 2009, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

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13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

The Housing Authority of the City of Opelousas
PHA Name

LA055
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20__09__ - 20__14__

Annual PHA Plan for Fiscal Years 20__09__ - 20__14__

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Title

Joe Ann Tyler

Executive Director

Signature

Date

Joe Ann Tyler

12/7/09

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Opelousas Housing Authority

Program/Activity Receiving Federal Grant Funding

2009 Capital Fund Grant & 2009 Recovery Grant

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Joe Ann Tyler

Signature

X Joe Ann Tyler

Title

Executive Director

Date

12/7/09

**Certification of Payments
to Influence Federal Transactions**

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Opelousas Housing Authority

Program/Activity Receiving Federal Grant Funding

2009 Capital Fund Grant & 2009 Recovery Grant

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official <i>Joe Ann Tyler</i>	Title <i>Executive Director</i>
Signature <i>Joe Ann Tyler</i>	Date (mm/dd/yyyy) <i>12/7/09</i>

Civil Rights Certification

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Civil Rights Certification**Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Opelousas Housing Authority

LA055

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Joe Ann Tyler

Title

Executive Director

Signature

Joe Ann Tyler

Date

12/7/09

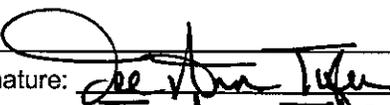
DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

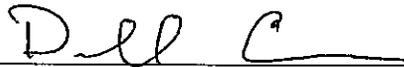
1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application b. initial award c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Housing Authority of the City of Opelousas Opelousas LA 70570 PO Box 689 Congressional District, if known: 7	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: U.S. Department of Housing and Urban Development	7. Federal Program Name/Description: CFDA Number, if applicable: 14.884	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>Be Ann Tyler</u> Title: <u>Executive Director</u> Telephone No.: <u>337-942-5693</u> Date: <u>12/7/09</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

**Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan**

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Donald Cravins Jr. the Mayor of the City of Opelousas certify that the Five Year and Annual PHA Plan of the Opelousas Housing Authority is consistent with the Consolidated Plan of Opelousas, Louisiana prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official

Elyria Quater

BENMORE all

CORAMORE all

Lynthe Adams

Sheryl Richard

Drene Durio

Russell Lynn King

Debra Nugent

RESIDENT COUNCIL MEETINGS

Development: 3 March 16, 2009 Monday 4:30 P.M.

Development: 1 April 6, 2009 Monday 4:30 P.M.

11.0:ITEM G:Challenged Elements

There have been no challenges to any elements of the PHA Plan.

Clerk 2

From: Clerk 2 [ohaclerk2@bellsouth.net]
Sent: Tuesday, April 07, 2009 6:49 PM
To: Katie
Cc: clerk2
Subject: ANSWERS TO RESIDENTS.

Suggestions from Residents:

1. Stardust Area: More outside lights for the protection of residents
THE PHA WILL PUT THIS IN THE REGULAR UPCOMING CFP APPLICATION.
2. Add 2 screen doors on Community Center for side & back door area.
WILL DO THIS IN HOUSE
3. More outside lights in all Developments.
WILL PUT IN THE 5-YEAR PLAN
4. For Beautification: Garbage Can Containers for all areas
IN THE RECOVERY CFP-
5. Cut all trees so that it does not touch any units.
WILL DO IN HOUSE
6. In all areas for emergency purposes: Identify units by numbers example: Units 1-45 on one block, & so on.
WILL REVISE BUDGET AND USE 08 FUNDS.
Example for Stardust especially- put unit numbers on all sides of units especially for emergency purposes.
WILL REVISE BUDGET AND USE 08 FUNDS
7. Plant flowering perennials bushes, example dwarf azaleas needing little attention.
WILL PUT IN UPCOMING CFP GRANT
8. Metal Park style benches in all Developments.
WILL PUT IN UPCOMING CFP GRANT

New Businesses:

1. Shuttle Service to & from Lafayette
2. Shuttle Service for Opelousas transportation

THE HOUSING AUTHORITY AND THE CITY OF OPELOUSAS ARE LOOKING INTO A GRANT WITH TRANSPORTATION TO HELP FIND SOME WAYS TO HELP OUR RESIDENTS AND THE COMMUNITY GET TRANSPORTATION AVAILABLE.

Suggestions from Residents:

1. Stardust Area: More outside lights for the protection of residents
2. Add 2 screen doors on Community Center for side & back area.
3. More lights in all other areas as well.
4. For Beautification: Garbage Can Containers for all areas –
5. Cut all trees so that it does not touch any units.
6. In all areas for emergency purposes: Identify units by numbers
example: Units 1-45 on one block, & so on.
Example for Stardust especially- put unit numbers on all sides of
units especially for emergency purposes.
7. Plant flowering perennials bushes, example dwarf azaleas needing
little attention.

New Businesses:

1. Shuttle Service to & from Lafayette
2. Shuttle Service for Opelousas transportation

Opelousas Mission and Goals
March 30,2009

Providing ways to help our resident's become self-sufficient is our goal and mission at the Opelousas Housing Authority. Some of the ways that we plan to help our resident's are: The Merry Maids Program, Brossard's Grocery Store, Hotels & Motels, Trade School, State of Louisiana Extension Office and The Network Center. Providing these resources for our resident's will give them more opportunities in gaining employment

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Brossard's Grocery Store is offering training for the resident's to come in and work part-time. They will learn managing skills, customer service, communication skills, math skills, stocking, organization, delivery service for the elderly, bakery and decorating cakes, and many more skills. They will offer the hotels and motels the names and information that they have taught the resident's jobs learning to clean the rooms, customer service, communication skills, and people skills, dressing professional and delivering refreshments.

The T. H. Harris Trade School provides a GED program for our resident's. Also they are offering computer classes, people skills, customer service, education, manners, learning to put together a resume and much more.

The State of Louisiana Extension Office provides our resident's resume training. The Network Center provides tutoring for the resident's needing their GED.

Providing these programs and training to our resident's will help them become self-sufficient is our goal and mission at the Opelousas Housing Authority. Our resident's will be reminded of all these services and training at our Resident Council Meetings and the site managers. The resident's are encouraged to attend these programs so that they will be better qualified when they apply for jobs.

The last year resident on going programs was: Homeownership classes, Job Fairs, Resident workers that work for the PHA. Also, we held exercise classes

5-YEAR REPORT NUMBER (4) FOUR

1. **Move Out Inspection**
Prepare houses for residents to rent and charges of major repair to the old tenant.
2. **Move In Inspections**
Prepare houses for new renters. Inspections to verify the units are in order to rent.
3. **Housekeeping Inspections**
This is how the maintenance knows how the status of roaches, ants and ECT. problems. The Agreement for spraying of units is in place. The company also makes referrals to us about housekeeping and food being left in kitchen. He also discusses with the tenant good housekeeping practices.
4. **Preventive Maintenance Inspections**
Repairs that are ongoing that are not report.
5. **Housekeeping Inspections**
To provide a clean and safe environment for families.
Smoke alarms are maintained
Fire extinguishers are maintained
6. **Water and Energy Program**
To provide energy savings by installing new energy saving faucets throughout the unit that conserve water, now water heaters, sealing doors and window to conserve heating and cooling.
7. **Air Conditioners**
New ones installed monthly

RESIDENT ADVISORY BOARD COMMENTS

1. I have had an opportunity to review the five year budget. The committee and I are pleased that all information and suggestions like more outside lights for the protection of residents in the Stardust area and outside lights for all developments.

Wanda Shelvin

2. I am pleased to be part of the Advisory Board this year. I believe that the OHA's efforts to place metal park style benches for the elderly development is a great contribution in the community

Theresa Siverand

3. As a member of the resident advisory board. I would like to reiterate my interest towards shuttle service to and from Lafayette and a shuttle service for Opelousas transportation

Kimberly Sylvester

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary

PHA Name/Number Opelousas Housing Authority - LA48P055		Locality (City/County & State) Opelousas, Louisiana St. Landry Parish			<input checked="" type="checkbox"/> Original 5-Year Plan	<input checked="" type="checkbox"/> Revision No: 2
A. Development Number and Name Opelousas Housing Authority - LA48P055	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	1,982,808.00	1,320,808.00	209,580.00	2,095,808		
C. Management Improvements	194,000.00	194,000.00	214,000.00	214,000.00		
D. PHA-Wide Non-dwelling Structures and Equipment	156,000.00	253,000.00	265,000.00	236,000.00		
E. Administration	40,000.00	40,000.00	40,000.00	40,000.00		
F. Other	100,000.00	100,000.00	100,000.00	100,000.00		
G. Operations	249,000.00	249,000.00	249,000.00	249,000.00		
H. Demolition						
I. Development						
J. Capital Fund Financing - Debt Service						
K. Total CFP Funds						
L. Total Non-CFP Funds						
M. Grand Total	2,721,808.00	2,156,808.00	2,963,808.00	2,934,808.00		

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

Work Statement for Year I FFY 2009	Work Statement for Year 2010			Work Statement for Year 2011		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SSS	LA48P055-Dev.I Replace Roofs (1460)	5	\$145,000.00	LA48P055-Dev.I Replace Roofs (1460)	5	\$145,000.00
SSS	LA48P055-Dev.I Replace & Repair Roofs, Interior and Insulation, Duct work Electrical Panels, & Replace HVAC (1460)	8	\$36,936.00	LA48P055-Dev.I Replace & Repair Roofs, Interior and Insulation, Duct work Electrical Panels, & Replace HVAC (1460)	5	\$36,936.00
SSS	LA48P055-Dev.II Replace Roofs (1460)	5	\$145,000.00	LA48P055-Dev.II Replace Roofs (1460)	5	\$145,000.00
SSS	LA48P055-Dev.II Replace & Repair Roofs, Interior and Insulation, Duct work Electrical Panels, & Replace HVAC (1460)	8	\$36,936.00	LA48P055-Dev.II Replace & Repair Roofs, Interior and Insulation, Duct work Electrical Panels, & Replace HVAC (1460)	8	\$36,936.00
SSS	LA48P055-Dev.III Create a back entry to all units, add new floor tiles, & new sheetrock (1460)	3	\$120,000.00	LA48P055-Dev.III Create a back entry to all units, add new floor tiles, & new sheetrock (1460)	3	\$120,000.00
SSS	LA48P055-Dev.III Replace & Repair Roofs, Interior and Insulation, Duct work Electrical Panels, & Replace HVAC (1460)	8	\$36,936.00	LA48P055-Dev.III Replace & Repair Roofs, Interior and Insulation, Duct work Electrical Panels, & Replace HVAC (1460)	13	\$36,936.00
SSS	DEV I, Handicap Ramps (1460)	10	\$70,000.00	DEV I, Repair Sidewalks & Driveways (1450)	20	\$200,000.00

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

Work Statement for Year 1 FFY 2009	Work Statement for Year _____			Work Statement for Year _____		
	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	LA48P055-Dev.I Add utility rooms & replace kitchen cabinets as needed (1460)	30	\$145,000.00	LA48P055-Dev.I Add utility rooms & replace kitchen cabinets as needed (1460)	30	\$145,000.00
See	LA48P055-Dev.I Replace & Repair Roofs, Interior and Insulation, Duct work Electrical Panels, & Replace HVAC (1460)	8	\$36,936.00	LA48P055-Dev.I Replace & Repair Roofs, Interior and Insulation, Duct work Electrical Panels, & Replace HVAC (1460)	8	\$36,936.00
See	LA48P055-Dev.II Add utility rooms & replace kitchen cabinets as needed (1460)	30	\$145,000.00	LA48P055-Dev.II Add utility rooms & replace kitchen cabinets as needed (1460)	30	\$145,000.00
See	LA48P055-Dev.II Replace & Repair Roofs, Interior and Insulation, Duct work Electrical Panels, & Replace HVAC (1460)	8	\$36,936.00	LA48P055-Dev.II Replace & Repair Roofs, Interior and Insulation, Duct work Electrical Panels, & Replace HVAC (1460)	8	\$36,936.00
See	LA48P055-Dev.III Add utility rooms & replace kitchen cabinets as needed (1460)	30	\$145,000.00	LA48P055-Dev.III Add utility rooms & replace kitchen cabinets as needed (1460)	30	\$145,000.00
See	LA48P055-Dev.III Replace & Repair Roofs, Interior and Insulation, Duct work Electrical Panels, & Replace HVAC (1460)	8	\$36,936.00	LA48P055-Dev.III Replace & Repair Roofs, Interior and Insulation, Duct work Electrical Panels, & Replace HVAC (1460)	8	\$36,936.00

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

	DEV I. Repair Units (Interior & Termitic damage & roof leakage (1460))	8	\$320,000.00	DEV I. Repair Units (Interior & Termitic damage & roof leakage (1460))	8	\$320,000.00
	DEV II. Repair Units (Interior & Termitic damage & roof leakage (1460))	8	\$320,000.00	DEV II. Repair Units (Interior & Termitic damage & roof leakage (1460))	8	\$320,000.00
	DEV III. Repair Units (Interior & Termitic damage & roof leakage (1460))	8	\$320,000.00	DEV III. Repair Units (Interior & Termitic damage & roof leakage (1460))	8	\$320,000.00
	DEV I. Repair Sidewalks & Driveways (1450)	10	\$100,000.00	DEV I. Repair Sidewalks & Driveways (1450)	10	\$100,000.00
	DEV I. Repair Sidewalks & Driveways (1450)	10	\$100,000.00	DEV I. Repair Sidewalks & Driveways (1450)	10	\$100,000.00
	DEV I. Repair Sidewalks & Driveways (1450)	10	\$100,000.00	DEV I. Repair Sidewalks & Driveways (1450)	10	\$100,000.00
	PHA Wide Refrigerators/Stoves/Fire Extinguishers (1465)	1	\$29,000.00	PHA Wide Refrigerators/Stoves/Fire Extinguishers (1465)		\$29,000.00
	PHA Wide Insulated Energy Efficient Windows (1460)		\$200,000.00	PHA Wide Insulated Energy Efficient Windows (1460)		\$200,000.00
	PHA Wide Boilers (1475)		\$80,000.00	PHA Wide Boilers (1475)		\$80,000.00
	PHA Wide Fence Work (1450)		\$90,000.00	PHA Wide Fence Work (1450)		\$90,000.00
	PHA Wide Office Repairs (1470)		\$43,000.00	PHA Wide Office Repairs (1470)		\$43,000.00
	PHA Wide Buffers/Stripper/Generators (1475)		\$33,000.00	PHA Wide Buffers/Stripper/Generators (1475)		\$33,000.00
	Subtotal of Estimated Cost		\$2,360,808.00	Subtotal of Estimated Cost		\$2,331,808.00

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

Work Statement for Year 1 FFY 2009	Work Statement for Year _____		Work Statement for Year _____	
	Development Number/Name FFY 2010	Estimated Cost	Development Number/Name FFY 2011	Estimated Cost
	General Description of Major Work Categories		General Description of Major Work Categories	
	<i>Operation</i>		<i>Operation</i>	
	Insurance/part salary/Salary	\$80,000.00	Insurance/part salary/Salary	\$80,000.00
	Resident Coordinator	\$40,000.00	Resident Coordinator	\$40,000.00
	Consultant	\$55,000.00	Consultant	\$3,000.00
	Network Coordinator	\$40,000.00	Network Coordinator	\$40,000.00
	Part time labor	\$34,000.00	Part time labor	\$34,000.00
	TOTAL OPERATION	\$249,000.00	TOTAL OPERATION	\$249,000.00
	<i>Administration</i>		<i>Administration</i>	
	Security	\$165,000.00	Security	\$165,000.00
	Maintenance A/C Training	\$3,000.00	Maintenance A/C Training	\$3,000.00
	Security Cameras	\$10,000.00	Security Cameras	\$10,000.00
	Resident Workers	\$16,000.00	Resident Workers	\$16,000.00
	Administration Coordinator (FICA) part time student	\$40,000.00	Administration Coordinator (FICA) part time student	\$40,000.00
	A/E Costs	\$100,000.00	A/E Costs	\$100,000.00
	TOTAL ADMINISTRATION	\$334,000.00	TOTAL ADMINISTRATION	\$334,000.00
	Subtotal of Estimated Cost	\$ 583,000.00	Subtotal of Estimated Cost	\$ 583,000.00

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

Work Statement for Year 1 FFY 2009	Work Statement for Year _____ FFY 2012		Work Statement for Year _____ FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
	<i>Operation</i>		<i>Operation</i>	
	Insurance/part salary/Salary	\$80,000.00	Insurance/part salary/Salary	\$80,000.00
	Resident Coordinator	\$40,000.00	Resident Coordinator	\$40,000.00
	Consultant	\$55,000.00	Consultant	\$55,000.00
	Network Coordinator	\$40,000.00	Network Coordinator	\$40,000.00
	Part time labor	\$34,000.00	Part time labor	\$34,000.00
	TOTAL OPERATION	\$249,000.00	TOTAL OPERATION	\$249,000.00
	Security	\$165,000.00	Security	\$165,000.00
	Maintenance A/C Training	\$8,000.00	Maintenance A/C Training	\$8,000.00
	Upgrade Computers & Programs	\$20,000.00	Upgrade Computers & Programs	\$20,000.00
	Resident Workers	\$21,000.00	Resident Workers	\$21,000.00
	Administration Coordinator (FICA) part time student	\$40,000.00	Administration Coordinator (FICA) part time student	\$40,000.00
	A/E Costs	\$100,000.00	A/E Costs	\$100,000.00
	TOTAL ADMINISTRATION	\$426,000.00	TOTAL ADMINISTRATION	\$426,000.00
	Subtotal of Estimated Cost	\$ 675,000.00	Subtotal of Estimated Cost	\$ 675,000.00

Annual Statement - Performance and Evaluation Report

Capital Fund Program (CFP)

Part I: Summary

Attachment "B"

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

HA Name: **OPELOUSAS HOUSING AUTHORITY**

Capital Fund Grant Number: **LA48P 005 50106**

FFY of Grant Approval: **2006**

Original Annual Statement Reserve for Disasters/Emergencies

Performance & Evaluation Report for Program Year Ending ___/___/___

Revised Annual Statement (Revision Number ___3___)

Final Performance and Evaluation Report

HUD #228/03

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	181,125.00	181,125.00	181,125.00	181,125.00
3	1408 Management Improvements Soft Costs	213,745.00	213,745.00	213,745.00	213,745.00
	Management Improvements Hard Costs	0.00	0.00	0.00	0.00
4	1410 Administration	58,755.00	58,755.00	58,755.00	58,755.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	40,000.00	30,424.00	30,424.00	30,424.00
8	1440 Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	198,602.00	198,602.00	198,602.00	198,602.00
10	1460 Dwelling Structures	359,700.00	359,700.00	359,700.00	359,700.00
11	1465.1 Dwelling Equipment - Nonexpendable	19,300.00	28,876.00	28,876.00	28,876.00
12	1470 Nondwelling Structures	31,959.00	31,959.00	31,959.00	31,959.00
13	1475 Nondwelling Equipment	10,000.00	10,000.00	10,000.00	10,000.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	500.00	500.00	500.00	500.00
18	1498 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization Expenses or debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency (May not exceed 8% of line 20)	0.00	0.00	0.00	0.00
21	Amount of Annual Grant (Sum of Lines 2 - 19)	1,113,686.00	1,113,686.00	1,113,686.00	1,113,686.00
22	Amount of Line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of Line 21 related to Section 504 Compliance	0.00	0.00	0.00	0.00
24	Amount of Line 21 Related to Security Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security Hard Costs	0.00	0.00	0.00	0.00
26	Amount of Line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00

Signature of Executive Director and Date:  12/17/09

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

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Annual Statement - Performance and Evaluation Report

Capital Fund Program (CFP)

Part II: Supporting Pages

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OPELOUSAS HA 2005 CFP

HA Name:

OPELOUSAS HOUSING AUTHORITY

Capital Fund Grant Number
LA48P 005 50106

FFY of Grant Approval
2006

Number/Name	General Description of Major Work Categories	Development Acct. Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Propose Work
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
1406 OPERATIONS	A. INSURANCE /OPERATING	1406		107,125	107,125	107,125	107,125	
	B. RESIDENT/TUTORING/			0	0	0	0	
	C. CONSULTANT J			12,000	12,000	12,000	12,000	
	D. EMPLOYEE PART TIME GRANT			10,500	10,500	10,500	10,500	
	E. RESIDENT INITIATIVES WORKER V			30,000	30,000	30,000	30,000	
	F. EMPLOYEE WORK ORDERS P			21,500	21,500	21,500	21,500	
	TOTAL 1406			181,125	181,125	181,125	181,125	
PHA WIDE	1408 MANAGEMENT IMPROVEMENTS	1408		157,745	157,745	157,745	157,745	
	A. SECURITY PATROL			2,000	2,000	2,000	2,000	
	B. STAFF/RESIDENT TRAINING			1,000	1,000	1,000	1,000	
	C. SECURITY EQUIPMENT/OFFICE			0	0	0	0	
	D. RESIDENT PROGRAMS TRANSPORTATION			14,500	14,500	14,500	14,500	
	E. RESIDENT TUTORING PROGRAM			12,000	12,000	12,000	12,000	
	F. RESIDENT WORK PROGRAM			11,000	11,000	11,000	11,000	
	G. RESIDENT INITIATIVES SUPPLIES/homeownership			0	0	0	0	
	H. BANQUET			14,000	14,000	14,000	14,000	
	I. SERVICE PROGRAM STAFF POPPAYS			0	0	0	0	
J. FRINGE BENEFITS TAXES	0	0	0	0				
	SUB TOTAL SOFT COSTS			212,245	212,245	212,245	212,245	
	COMPUTER/OFFICE EQUIP/SUPPLIES			1,500	1,500	1,500	1,500	
	SUB TOTAL HARD COSTS			213,745	213,745	213,745	213,745	
	TOTAL 1408			1408	1408	1408	1408	
	1410 ADMIN COSTS			58,755	58,755	58,755	58,755	
	A. CFP ADMIN COORDINATOR (INCL FICA, ETC)			58,755	58,755	58,755	58,755	
	TOTAL 1410			1410	1410	1410	1410	
	PAGE TOTAL			345,000	345,000	345,000	345,000	

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: *Joe Davis Tyler* 12/1/09
 Signature of Public Housing Director/Office of Native American Programs Administrator and Date: _____

Annual Statement - Performance and Evaluation Report

Capital Fund Program (CFP)

Part II: Supporting Pages

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing OPELOUSAS HA 2005 CFP

HA Name: OPELOUSAS HOUSING AUTHORITY

Capital Fund Grant Number
LA48P 005 50106

FFY of Grant Approval
2006

Number/Name: General Description of Major Work Categories Development Acct. Number Quantity

Number/Name	General Description of Major Work Categories	Development Acct. Number	Quantity	Total Estimated Cost		Cost		Funds		Status of Propose Work
				Original	Revised (1)	Funds	Funds	Expended (2)		
PHA WIDE	1460 SITE IMPROVEMENTS	1450	TOTAL 1450	0	0	0	0	0	0	DEDUCT1/06
	INSTALL CLEANOUTS			168,000	168,000	168,000	168,000	0	0	
	LANDSCAPING			0	0	0	0	0	0	
	MISC SITEMORK FOR BLDGS			10,000	10,000	10,000	10,000	10,000	10,000	
	PLANTS ENTRANCE LANDSCAPE			20,000	20,000	20,000	20,000	20,000	20,000	
PHA WIDE	UTILITY SYSTEM IMPROVEMENTS			0	0	0	0	0	0	
				198,000	198,000	198,000	198,000	198,000	198,000	

INA CLAIRE	1460 DWELLING IMPROV	1450	TOTAL 1450	30,000	30,000	30,000	30,000	30,000	30,000	DEDUCT1/06
	PAINT UNITS, 30			8,000	8,000	8,000	8,000	8,000	8,000	
	HOT WATER TANKS 24@280 EACH/L			12,000	12,000	12,000	12,000	12,000	12,000	
	REPLACE WASHER DRAINS 40/ DRAINS UNDER SINK 40			10,000	10,000	10,000	10,000	10,000	10,000	
	HANDCP COMMDE 20/GRAB BARS/BATH SINK FAUCETS/40			15,000	15,000	15,000	15,000	15,000	15,000	
NEW SITE	REPLACE 5 TILE FLOORS/MOIST PROBLEM			0	0	0	0	0	0	
				50,000	50,000	50,000	50,000	50,000	50,000	

OIL MILL SITE	PAINT 50 UNITS	1450	TOTAL 1450	18,000	18,000	18,000	18,000	18,000	18,000	DEDUCT1/06
	HOT WATER TANKS 45@280 EACH/			12,000	12,000	12,000	12,000	12,000	12,000	
	REPLACE WASHER DRAINS 40/UNDER SINK/DRAINS 50			30,000	30,000	30,000	30,000	30,000	30,000	
	REPLACE BATH HEATERS/40/HANDCAP COMM/ODES/30/GRAB BRS			3,000	3,000	3,000	3,000	3,000	3,000	
	MISC SHADES/SINK DRAIN STOPPERS									
NICOLE LANE				50,000	50,000	50,000	50,000	50,000	50,000	

HILL	PAINT 50 UNITS	1450	TOTAL 1450	50,000	50,000	50,000	50,000	50,000	50,000	DEDUCT1/06
	HOT WATER TANKS 40@280/			15,000	15,000	15,000	15,000	15,000	15,000	
	REPLACE WASHER DRAINS/40 UNDER SINK DRAIN 50			9,000	9,000	9,000	9,000	9,000	9,000	
	REPLACE HEATERS/40/HG COMM/ODES 30 GRAB BARS			30,000	30,000	30,000	30,000	30,000	30,000	
	REPLACE INTERIOR DOORS 50			15,000	15,000	15,000	15,000	15,000	15,000	
	MISC SHADES/SINK DRAIN STOPPERS			3,000	3,000	3,000	3,000	3,000	3,000	
PHA	AC DRAIN PROBLEMS/REPAIR/UPGRADECOMMUNITYCENTER			27,200	27,200	27,200	27,200	27,200	27,200	
				0	0	0	0	0	0	
				344,200	344,200	344,200	344,200	344,200	344,200	

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

Signature of Executive Director and Date

[Signature] 12/1/09

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



Annual Statement - Performance and Evaluation Report

Capital Fund Program (CFP)

Part II: Supporting Pages

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OPELOUSAS HA 2006 CFP

HA Name:

OPELOUSAS HOUSING AUTHORITY

Capital Fund Grant Number

LA48P 055 50106

FFY of Grant Approval

2006

Number/Name	General Description of Major Work Categories	Development Acct. Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Propose Work
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
1465 DWELLING EQUIP								
A. APPLIANCES	LA01 R 30/LA02J 20/LA03T/10			18,000	18,000	18,000	18,000	
B. FIRE EXTINGUISHERS	R 30/ J20/ T10			1,800	1,800	1,800	1,800	
				19,800	19,800	19,800	19,800	
TOTAL 1465								
1470 NON-DWELLING STRUCTURES								
				0	0	0	0	
				0	0	0	0	
TOTAL 1470								
1475 NON-DWELLING EQUIPMENT								
TRUCKS FOR MAINTENANCE								
				25,000	25,000	25,000	25,000	
LAWN EQUIP								
				0	0	0	0	
TOTAL 1475								
1495 RELOCATION								
				25,000	25,000	25,000	25,000	
1502 CONTINGENCY								
				500	500	500	500	
				0	0	0	0	
1430 FEES AND COSTS								
A. A/E FEES				30,000	30,000	30,000	30,000	
B. CONTRACT ACCOUNTING				6,000	6,000	6,000	6,000	
C. CFP ANNUAL STATEMENT				2,500	2,500	2,500	2,500	
D. PRINTING OF PLANS				1,000	1,000	1,000	1,000	
E. ADV/RECORDATION/MISC COSTS				500	500	500	500	
TOTAL 1430								
				40,000	40,000	40,000	40,000	
PAGE TOTAL				0				

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
 7 0
 Signature of Public Housing Director/Office of Native American Programs Administrator and Date
 85.3
 12/19/09

Annual Statement - Performance and Evaluation Report
Capital Fund Program (CFP)
Part III: Implementation Schedule

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OPELOUSAS HA 2005 CFP

HA Name: **OPELOUSAS HOUSING AUTHORITY**
 Capital Fund Grant Number: **LA48P 005 50106**
 FFY of Grant Approval: **2006**

Number/Name	All Funds Obligated (Qtr Ending Date)			All Funds Expended (Qtr Ending Date)			Reasons for Revised target Dates
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
PHA WIDE LA55-ALL	09/30/08 09/30/08			09/30/09 09/30/09			

1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement
 Signature of Executive Director and Date: *Joe Tom Tye* 12/9/09

2) To be completed for the Performance and Evaluation Report
 Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Annual Statement - Performance and Evaluation Report

Capital Fund Program (CFP)

Part I: Summary

Attachment "B"

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

HA Name: **OPELOUSAS HOUSING AUTHORITY**

Capital Fund Grant Number
LA48P 055 50107

FFY of Grant Approval
2007

Original Annual Statement Reserve for Disasters/Emergencies
Performance & Evaluation Report for Program Year Ending 1/1

Revised Annual Statement (Revision Number 1)
Final Performance and Evaluation Report
HUD *128/03

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	181,125.00	181,125.00	181,125.00	181,125.00
3	1408 Management Improvements - Soft Costs	229,000.00	229,000.00	229,000.00	229,000.00
4	1410 Administration	45,000.00	45,000.00	45,000.00	45,000.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	40,000.00	40,000.00	40,000.00	40,000.00
8	1440 Acquisition	0.00			
9	1450 Site Improvement	200,602.00	200,602.00	200,602.00	200,602.00
10	1460 Dwelling Structures	321,200.00	321,200.00	321,200.00	321,200.00
11	1465.1 Dwelling Equipment - Nonexpendable	19,800.00	19,800.00	19,800.00	19,800.00
12	1470 Nondwelling Structures	42,980.00	42,980.00	42,980.00	42,980.00
13	1475 Nondwelling Equipment	25,000.00	25,000.00	25,000.00	25,000.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	500.00	500.00	500.00	500.00
18	1498 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization Expenses or debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency (May not exceed 8% of line 20)	0.00	0.00	0.00	0.00
21	Amount of Annual Grant (Sum of Lines 2 - 19)	1,105,207.00	1,105,207.00	1,105,207.00	1,105,207.00
22	Amount of Line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of Line 21 related to Section 504 Compliance	0.00	0.00	0.00	0.00
24	Amount of Line 21 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security - Hard Costs	0.00	0.00	0.00	0.00
26	Amount of Line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00

Signature of Executive Director and Date

 12/7/09
Joe Ann Tyler

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

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Annual Statement - Performance and Evaluation Report

Capital Fund Program (CFP)

Part II: Supporting Pages

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

HA Name:

OPELOUSAS HOUSING AUTHORITY

Capital Fund Grant Number
LA48P 055 50107

FFY of Grant Approval
2007

OPELOUSAS HA 2005 CFP

Number/Name	General Description of Major Work Categories	Development Act. Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Propose Work	BALANCE
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)		
1406 OPERATIONS				107,125					
A. INSURANCE /OPERATING				0					
B. RESIDENT/TUTORING/				12,000					
C. CONSULTANT J				20,500					
D. EMPLOYEE PART TIME GRANT/homeownership				30,000					
E. RESIDENT INITIATIVES WORKER V				11,500					
F. EMPLOYEE WORK ORDERS P									
TOTAL 1406		1406		181,125					
PHA WIDE									
1408 MANAGEMENT IMPROVEMENTS									
A. SECURITY PATROL				160,000					
B. STAFF/RESIDENT TRAINING				2,000					
C. SECURITY EQUIPMENT/OFFICE				1,000					
D. RESIDENT PROGRAMS TRANSPORTATION				4,000					
E. RESIDENT TUTORING PROGRAM				14,500					
F. RESIDENT WORK PROGRAM				15,000					
G. RESIDENT INITIATIVES SUPPLIES/homeownership				4,000					
H. BANQUET				8,000					
I. SERVICE PROGRAM STAFF POPPAS				14,000					
J. FRINGE BENEFITS TAXES				3,500					
SUB TOTAL SOFT COSTS				226,000					
COMPUTER/OFFICE EQUIP/SUPPLIES				1,500					
SUB TOTAL HARD COSTS				227,500					
TOTAL 1408		1408							
1410 ADMIN COSTS									
A. CFP ADMIN COORDINATOR (INCL FICA, ETC)				45,000					
TOTAL 1410		1410		45,000					
PAGE TOTAL				345,000					

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

Joe Thomas Tuga

12/9/09

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

Annual Statement - Performance and Evaluation Report
Capital Fund Program (CFP)
Part II: Supporting Pages

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing OPELOUSAS HA 2005 CFP

HA Name:		OPELOUSAS HOUSING AUTHORITY		Capital Fund Grant Number		FFY of Grant Approval		Status of Propose Work
				LA48P 055 50107		2007		
Number/Name	General Description of Major Work Categories	Development Acct. Number	Quantity	Total Estimated Cost		Cost Funds Obligated (2)	Funds Expended (2)	
				Original	Revised (1)			
PHA WIDE	1450 SITE IMPROVEMENTS INSTALL CLEANOUTS LANDSCAPING/mowing MISC SITEWORK FOR BLDGS PLANTS ENTRANCE LANDSCAPE UTILITY SYSTEM IMPROVEMENTS			0	0			
PHA WIDE	1460 DWELLING IMPROV PAINT UNITS, 30 HOT WATER TANKS 24@ 280 EACH/ REPLACE WASHER DRAINS 40/ DRAINS UNDER SINK 40 HANDCP COMMDE 20/GRAB BARS/BATH SINK FAUCETS40 REPLACE 5 TILE FLOORS/MOIST PROBLEM			30,000	8,000			
INA CLAIRE	1460 DWELLING IMPROV PAINT UNITS, 30 HOT WATER TANKS 24@ 280 EACH/ REPLACE WASHER DRAINS 40/ DRAINS UNDER SINK 40 HANDCP COMMDE 20/GRAB BARS/BATH SINK FAUCETS40 REPLACE 5 TILE FLOORS/MOIST PROBLEM			12,000	10,000			
NEW SITE	#####			0	0			
OIL MILL SITE	#####			40,000	18,000			
NICOLE LANE	#####			12,000	25,000			
	PAINT 50 UNITS HOT WATER TANKS 45@ 280 EACH/ REPLACE WASHER DRAINS 40/UNDER SINK/DRAINS 50 REPLACE BATH HEATERS/40HANDCAP COMMDE30/GRAB BRS MISC SHADES/SINK DRAIN STOPPERS			3,000	3,000			
HILL	#####			0	40,000			
	PAINT 50 UNITS HOT WATER TANKS 40@280/ REPLACE WASHER DRAINS40 UNDER SINK DRAIN 50 REPLACE HEATERS/40HC COMMODES 30 GRAB BARS REPLACE INTEROR DOORS 50 MISC SHADES/SINK DRAIN STOPPERS			15,000	9,000			
PHA	AC DRAIN PROBLEMS/REPAIR/UPGRADECOMMUNITYCENTER			27,200	0			
	TOTAL 1460	1460		307,200	0			
	PAGE TOTAL	1460		0	0			

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

Joe Ann Taylor 12/11/09

Annual Statement - Performance and Evaluation Report

Capital Fund Program (CFP)

Part II: Supporting Pages

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing OPELOUSAS HA 2006 CFP

HA Name:

OPELOUSAS HOUSING AUTHORITY

Capital Fund Grant Number

LA48P 055 50107

FFY of Grant Approval

2007

Number/Name	General Description of Major Work Categories	Development Act. Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Propose Work
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
1465 DWELLING EQUIP	A. APPLIANCES LA01 R 30/LA02J 20/LA03T/10 B. FIRE EXTINGUISHERS R 30/ J20/ T10	1465		18,000				
				1,800				
TOTAL 1465				19,800				
1470 NON-DWELLING STRUCTURES	office update space/community center dev 2	1470		42,980				
				0				
TOTAL 1470				42,980				
PHA-WIDE	1475 NON-DWELLING EQUIPMENT TRUCKS FOR MAINTENANCE LAWN EQUIP	1475		25,000				
				0				
TOTAL 1475				25,000				
1495 RELOCATION		1495		500				
				0				
TOTAL 1495				500				
1502 CONTINGENCY		1502		0				
				0				
TOTAL 1502				0				
1430 FEES AND COSTS	A. A/E FEES B. CONTRACT ACCOUNTING C. CFP ANNUAL STATEMENT D. PRINTING OF PLANS E. ADV/RECORDATION/MISC COSTS	1430		30,000				
				6,000				
TOTAL 1430				40,000				
PAGE TOTAL				0				

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
7 0
85.3
[Signature]
Signature of Public Housing Director/Office of Native American Programs Administrator and Date
12/7/09

**Annual Statement - Performance and Evaluation Report
 Capital Fund Program (CFP)
 Part III: Implementation Schedule**

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OPELOUSAS HA 2007 CFP

HA Name: **OPELOUSAS HOUSING AUTHORITY**
 Capital Fund Grant Number: **LA48P 055 50107**
 FFY of Grant Approval: **2007**

Number/Name	All Funds Obligated (Qtr. Ending Date)			All Funds Expended (Qtr. Ending Date)			Reasons for Revised target Dates
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
PHA WIDE	09/30/10			9/30/20010			
LA55-ALL	09/30/10			9/30/20010			

1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement
 Signature of Executive Director and Date

John Steiner
 10/24/07

2) To be completed for the Performance and Evaluation Report
 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

Part I: Summary

Attachment "B"

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

HA Name: OPELOUSAS HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: LA48P 055 50108	FFY of Grant Approval 2008
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance & Evaluation Report for Period Ending <u>11</u>	Reserve for Disasters/Emergencies	
	Replacement Housing Factor Grant No: _____	
	Revised Annual Statement (Revision Number _____)	
	Final Performance and Evaluation Report	

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds	0.00			
2	1406 Operations	181,125.00			
3	1408 Management Improvements - Soft Costs	227,500.00			
	Management Improvements - Hard Costs	\$2,300.00			
4	1410 Administration	67,000.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	45,000.00			
8	1440 Acquisition	0.00			
9	1450 Site Improvement	68,222.00			
10	1460 Dwelling Structures	383,000.00			
11	1465.1 Dwelling Equipment - Nonexpendable	80,000.00			
12	1470 Nondwelling Structures	35,500.00			
13	1475 Nondwelling Equipment	29,850.00			
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	2,000.00			
18	1498 Development Activities	0.00			
19	1501 Collateralization Expenses or debt Service	0.00			
20	1502 Contingency (May not exceed 8% of line 20)	0.00			
21	Amount of Annual Grant (Sum of Lines 2 - 19)	1,119,197.00			
22	Amount of Line 21 Related to LBP Activities	0.00			
23	Amount of Line 21 related to Section 504 Compliance	0.00			
24	Amount of Line 21 Related to Security Soft Costs	0.00			
25	Amount of Line 21 Related to Security Hard Costs	0.00			
26	Amount of Line 21 Related to Energy Conservation Measures	0.00			
		0.00			
		0.00			
		0.00			

Signature of Executive Director and Date: WALTER GULLORY May 15, 2008

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

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing

HA Name: OPELOUSAS HOUSING AUTHORITY		Grant Type and Number		Capital Fund Program Grant No: LA48P 055 50108		FFY of Grant Approval		
		Replacement Housing Factor Grant No:				2008		
Number/Name	General Description of Major Work Categories	Development Acct. Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Propose Work
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA WIDE	1450 SITE IMPROVEMENTS MISC SITE REPAIR/SIDEWALKS/DIRT BEAUTIFICATION SITE 3 AND 2 REMOVAL OF TREES SITE 1	1450		28,000.00 20,000.00 20,222.00				
	TOTAL 1450	1450		68,222.00				
SITE/DEV I	1460 DWELLING IMPROV ROOF/RIDGE VENTS STREET SOLIVE DUPLEX@2,000.00 ELECTRICAL PANEL UPGRADE@1,300. DEV I TOTAL			40,000 90,000 130,000				
SITE 2/DEV II	REPLACE HOTWATER HEATERS @ 400.EACH. ELECTRICAL PANEL UPGRADE@1,300. DEV 2 TOTAL			20,000.00 100,000.00 120,000.00				
DEV III	UPGRADE MOISTURE PROBLEMS UNITS ELECTRICAL PANEL UPGRADE@1,300.			90,000 40,000 130,000				
PHA WIDE	MISC REPAIR			3,000.00 383,000.00				
	TOTAL 1460	1460						
PAGE TOTAL				367,000.00		0.00	0.00	

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

Signature of Executive Director and Date


12/17/09

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

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing

HA Name: OPELOUSAS HOUSING AUTHORITY		Grant Type and Number		Capital Fund Program Grant No: LA48P 055 50108		FFY of Grant Approval		
		Replacement Housing Factor Grant No:				2008		
Number/Name	General Description of Major Work Categories	Development Acct. Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Propose Work
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
1465 DWELLING EQUIP A. APPLANCES /DEV I,II, III B. FIRE EXTINGUISHERS DEV I II III		1465	60,000.00 20,000.00 80,000.00					
				TOTAL 1465				
1470 NON-DWELLING STRUCTURES MODIFY WORK AREA IN ADMIN OFFICE		1470	35,000.00					
				TOTAL 1470				
1475 NON-DWELLING EQUIPMENT BOILERS REPLACEMENT/CONDENSORS		1475	29,850.00					
				TOTAL 1475				
1495 RELOCATION		1495	2,000.00					
				TOTAL 1495				
1502 CONTINGENCY		1502	0.00					
				TOTAL 1502				
1430 FEES AND COSTS A. A/E FEES B. CFP ANNUAL STATEMENT C. PRINTING OF PLANS D. ADV/RECORDATION/MISC COSTS		1430	40,000.00 3,500.00 1,000.00 500.00					
				TOTAL 1430				
PAGE TOTAL								
TOTAL 1430			45,000.00					

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

Signature of Executive Director and Date
Joe Debra Tucker

12/17/09

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 III: Implementation Schedule

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing

HA Name: OPELOUSAS HOUSING AUTHORITY		Grant Type and Number		Capital Fund Program Grant No: LA48P 055 50108		FFY of Grant Approval 2008	
Replacement Housing Factor Grant No:		Reasons for Revised Target Dates		LA 005-00001 DEVE 1 236 UNITS LA 005-0000 DEVE 2 234 UNITS LA 005-0000 3 DEVE 3 220 UNITS			
Number/Name	All Funds Obligated (Qtr Ending Date)			All Funds Expended (Qtr Ending Date)			
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
DEV 1	09/30/10			09/30/11			
DEV 2	09/30/10			09/30/11			
DEV 3	09/30/10			09/30/11			
PHA WIDE	09/30/10			09/30/11			
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					

Joe Spivey

Annual Statement - Performance and Evaluation Report

Capital Fund Program (CFP)

Part I: Summary

Attachment "B"
 U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing

HA Name: **OPELOUSAS HOUSING AUTHORITY**
 Capital Fund Grant Number: **LA48D05550108**
 FFY of Grant Approval: **2008**

Original Annual Statement Reserve for Disasters/Emergencies
 Performance & Evaluation Report for Program Year Ending / /
 Revised Annual Statement (Revision Number)
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds	0.00			
2	1406 Operations	20,458.00			
3	1408 Management Improvements Soft Costs	0.00			
	Management Improvements Hard Costs	0.00			
4	1410 Administration	30,658.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	30,500.00			
8	1440 Acquisition	0.00			
9	1450 Site Improvement	25,000.00		25,000.00	
10	1460 Dwelling Structures	360,315.00			
11	1465.1 Dwelling Equipment - Nonexpendable	51,915.00		51,915.00	
12	1470 Nondwelling Structures	25,500.00			
13	1475 Nondwelling Equipment	18,000.00		18,000.00	
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	600.00			
18	1498 Development Activities	0.00			
19	1501 Collateralization Expenses or debt Service	0.00			
20	1502 Contingency (May not exceed 8% of line 20)	0.00			
21	Amount of Annual Grant (Sum of Lines 2 - 19)	562,949.00			
22	Amount of Line 21 Related to LBP Activities	0.00			
23	Amount of Line 21 related to Section 504 Compliance	0.00			
24	Amount of Line 21 Related to Security Soft Costs	0.00			
25	Amount of Line 21 Related to Security Hard Costs	0.00			
26	Amount of Line 21 Related to Energy Conservation Measures	0.00			
		0.00			
		0.00			
		0.00			

Signature of Executive Director and Date: Ann Tyler 12/7/09
 Signature of Public Housing Director/Office of Native American Programs Administrator and Date: _____

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Annual Statement - Performance and Evaluation Report

Capital Fund Program (CFP)

Part II: Supporting Pages

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OPELOUSAS HA 2006 CFP

HA Name:

OPELOUSAS HOUSING AUTHORITY

Capital Fund Grant Number

LA48D0550108

FY of Grant Approval

2008

Number/Name	General Description of Major Work Categories	Development Acct. Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Propose Work
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
1465 DWELLING EQUIP								
A. DWELLING EQUIPMENT HW/TANKS AT 450.00 EA				51,915				
B. REFRIGERATORS 13500.00 AIR CONDITIONS 16500.00				0				
DWELLING DEV I II III		1465		51,915		51,915		
1470 NON-DWELLING STRUCTURES								
STORAGE AND OFFICE DEV 1				25,500				
				0				
				0				
TOTAL 1470				25,500				
1475 NON-DWELLING EQUIPMENT								
STUMP GRINDERS/SEWAGE JET CLEANERS				18,000		18,000		
TOTAL 1475				18,000				
1495 RELOCATION								
				600				
1502 CONTINGENCY				0				
1430 FEES AND COSTS								
A. A/E FEES				30,500				
				0				
				0				
				0				
TOTAL 1430				30,500				
PAGE TOTAL				126,073				

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
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 12/12/09

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

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		Grant Type and Number	
PHA Name: Opelousas Housing Authority		Capital Fund Program Grant No: LA-48-P055-501-09 Replacement Housing Factor Grant No: Date of CFP:	
FFY of Grant: 2009		FFY of Grant Approval:	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Summary by Development Account	Original	Total Estimated Cost		Obligated	Total Actual Cost ¹
				Revised ²	Expended		
1		Total non-CFP Funds					
2		1406 Operations (may not exceed 20% of line 21) ³	\$218,000.00				
3		1408 Management Improvements	\$224,318.00				
4		1410 Administration (may not exceed 10% of line 21)	\$60,000.00				
5		1411 Audit					
6		1415 Liquidated Damages					
7		1430 Fees and Costs	\$52,000.00				
8		1440 Site Acquisition					
9		1450 Site Improvement	\$28,800.00				
10		1460 Dwelling Structures	\$450,877.00				
11		1465.1 Dwelling Equipment—Nonexpendable	\$45,000.00				
12		1470 Non-dwelling Structures					
13		1475 Non-dwelling Equipment	\$22,000.00				
14		1485 Demolition					
15		1492 Moving to Work Demonstration					
16		1495.1 Relocation Costs	\$5,000.00				
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		FFY of Grant: 2009	
PHA Name: Opelousas Housing Authority	Grant Type and Number: Capital Fund Program Grant No: LA-48-P055-501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Summary by Development Account <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost ¹	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)	\$1,105,995.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director: <i>Joe Van Pelt</i>		Date: <i>1/22/2010</i>	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.

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		Grant Type and Number	Federal FFY of Grant: 2009	Total Estimated Cost		Total Actual Cost		Status of Work
PHA Name: Opelousas Housing Authority		Capital Fund Program Grant No: LA-48-P055-501-09		Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	CFPP (Yes/ No): Replacement Housing Factor Grant No:	Development Account No.	Quantity				
PHA Wide	Insurance/past salary		1406		\$80,000.00			
	Resident Coordinator		1406		\$35,000.00			
	Consultant		1406		\$55,000.00			
	Network Coordinator		1406		\$32,000.00			
	Part time labor		1406		\$16,080.00			
PHA Wide	Security		1408		\$130,000.00			
	Maintenance A/C Training		1408		\$10,000.00			
	Security Cameras		1408		\$10,000.00			
	Resident to Work		1408		\$16,000.00			
	Administrative Training		1408		\$48,318.00			
PHA Wide	Administrative Coordinator		1410		\$40,000.00			
	Network Coordinator Assistant		1410		\$20,000.00			
PHA Wide	A/E Fees & Costs				\$52,000.00			
PHA Wide	Replace/Repair Sidewalks		1450		\$18,800.00			
PHA Wide	Repair/Replace Fence		1450		\$10,000.00			

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

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
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Part II: Supporting Pages

PHA Name: Opelousas Housing Authority		Grant Type and Number Capital Fund Program Grant No: LA-48-P055-501-09 CFPP (Yes/No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2009			Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost		
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
PHA Wide	Install insulated energy efficient windows	1460	130 units	\$200,000.00			
LA48P055- DEV. I	Replace interior insulation, Electrical Panels, & HVAC units	1460	7	\$83,625.67			
LA48P055- DEV. II	Replace interior insulation, Electrical Panels, & HVAC units	1460	7	\$83,625.67			
LA48P055- DEV. III	Replace interior insulation, Electrical Panels, & HVAC units	1460	7	\$83,625.66			
LA48P055- DEV. I	Appliances & Fire Extinguishers	1465		\$15,000.00			
LA48P055- DEV. II	Appliances & Fire Extinguishers	1465		\$15,000.00			
LA48P055- DEV. III	Appliances & Fire Extinguishers	1465		\$15,000.00			
PHA Wide	Executive Director Vehicle	1475		\$22,000.00			
PHA Wide	Resident Relocation Cost	1495		\$5,000.00			

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Part I: Summary

PHA Name: Opelousas Housing Authority

Grant Type and Number
 Capital Fund Program Grant No: La-48-S055-501-09
 Replacement Housing Factor Grant No:
 Date of CFFP:

FFY of Grant: 2009
 FFY of Grant Approval:

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending:
 Reserve for Disasters/Emergencies
 Final Performance and Evaluation Report

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

Line	Summary By Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition		\$170,000.00		
9	1450 Site Improvement				
10	1460 Dwelling Structures		\$1,086,682.00		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs		\$160,000.00		
17	1499 Development Activities ⁴				

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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
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 Expires 4/30/2011

Part I: Summary

PHA Name:	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FY of Grant: FY of Grant Approval:
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Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending: _____
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: _____)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
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)	\$1,416,682.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date
<i>[Signature]</i>		1-21-2010			

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⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
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Part II: Supporting Pages

PHA Name: Opelousas Housing Authority		Grant Type and Number Capital Fund Program Grant No: La-48-S055-501-09 CFPP (Yes/ 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	A & E Fees and Costs	1430		\$170,000.00			
PHA Wide	Repair/Replace Roofs	1460		\$170,000.00			
DEV III (Site 5)	Replace Floor Tiles	1460	80	\$128,000.00			
(Site 5)	Installations of New Cabinets	1460	80	\$280,000.00			
(Site 9)	Replace/Install Floor Tiles	1460	50	\$150,000.00			
	Install Back Doors	1460	50	\$40,000.00			
(Site 5)	Replace HVAC	1460	26	\$182,000.00			
(Site 3A)	Replace HVAC	1460	20	\$136,682.00			
PHA Wide	Relocation Cost	1495	150 families	\$160,000.00			

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JOE ANN TYLER
Executive Director

P.O. Box 689
Opelousas, Louisiana 70571-0689
(337) 942-5693
FAX (337) 942-1334

December 11, 2009

BOARD RESOLUTION
No. 121109

The Board of Commissioners of the Housing Authority of the City of Opelousas accepts the following Resolution, by properly made and carried Motion:

RESOLUTION No. 121109

WHEREAS, in order to facilitate budgetary changes to the Five Year Plan, as per attached breakdown, it is in the best financial interest of the HOUSING AUTHORITY OF THE CITY OF OPELOUSAS to adjust the referenced Five Year Plan;

BE IT RESOLVED that the Board of Commissioners of the Housing Authority of the City of Opelousas, Louisiana accepts and approves the Budgetary Changes to the Five Year Plan, as per attached breakdown, and authorizes the Executive Director to submit said report to H.U.D./REAC by its due date.

Mary Doucet, Chairman



Joe Ann Tyler, Executive Director



CERTIFICATE

I, JOE ANN TYLER, the duly appointed, qualified and acting Secretary of the Housing Authority of the City of Opelousas, Louisiana, certify that the Resolution appearing in Extract is a true and correct copy of the same resolution adopted and on file and in record.

IN TESTIMONY WHEREOF I have hereunto set my hand for said Authority this 11th day of December 2009.



SECRETARY

The Housing Authority of the City of Opelousas

Joe Ann Tyler
Executive Director

P.O. Box 689
Opelousas, Louisiana 70571-0689
(337) 942-5693 FAX (337) 942-1334

The amendments that were made to the grants and to the Five Year Action Plan were made to make the 2009 CFP Grant and 2009 Stimulus Grant in compliance with our Five Year Action Plan.

- Activities were budgeted for Site Improvements (Line Item 1450)
- Activities were budgeted for Dwelling Equipment (Line Item 1465)
- Activities were budgeted for Non-dwelling Structures (Line Item 1470)
- Activities were budgeted for Non-dwelling Equipment (Line Item 1475)
- Activities were budgeted for Relocation Cost (Line Item 1495)

Activities such as appliances for the units, sidewalk & driveway repairs, cutting trees, equipment for the maintenance men, relocation cost, termite damage, replacement of windows, etc.