

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
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1.0	PHA Information PHA Name: Red Bay PHA Code: AL051 PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 01/2010					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 164 Number of HCV units:					
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	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	<p>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:</p> <p>The Housing Authority of Red Bay has prepared this Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.</p> <p>The mission of the Housing Authority of Red Bay is to promote adequate affordable housing, economic opportunity, and suitable living environment for the families we serve, without discrimination.</p>					
5.2	<p>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.</p> <p>Goal Manage the Housing Authority of Red Bay's existing public housing program in an efficient and effective manner. Objective To continue as a high performer.</p> <p>Goal Enhance the marketability of the Housing Authority of Red Bay's public housing units. Objective Continue landscaping and grounds maintenance to ensure a neat and litter free complex of properties.</p> <p>Goal Provide a safe and secure environment in the Housing Authority of Red Bay's public housing developments. Objective Continue our relationship with local law enforcement to address crime and prevention of crime in a joint effort.</p> <p>Goal Operate the Housing Authority of Red Bay in full compliance with all Equal Opportunity laws and regulations to further fair housing. Objective The Housing Authority shall mix its public housing developments populations as much as possible with respect to ethnicity, race and income.</p> <p>Report on meeting the goals and objectives</p> <p>The Housing Authority of Red Bay continues to be a high performer. The Housing Authority of Red Bay maintains and schedules grounds maintenance on regular basis. The Housing Authority of Red Bay informs local law enforcement of all instances of crime when discovered. The Housing Authority of Red Bay has adopted policies to ensure equal opportunity and fair housing.</p>					

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. 702 2ND Street West Red Bay, Alabama</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></p> <p>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. See attached 50075.1</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. See attached 50075.2</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>

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.

In the “Overall” Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being “no impact” and 5 being “severe impact.” Use N/A to indicate that no information is available upon which the PHA can make this assessment.

9.0

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	40	5	5	4	4	4	3
Income >30% but <=50% of AMI	5	5	5	4	4	4	3
Income >50% but <80% of AMI	8	5	5	4	4	4	3
Elderly	1	5	5	4	4	4	3
Families with Disabilities	7						
Race/White	56	5	5	4	4	4	3
Race/African American	1	5	5	4	4	4	3
Race/Other	4	5	5	4	4	4	3
Race/Ethnicity							

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.**

9.1

Employ effective maintenance and management policies to minimize the number of public housing units off-line.
 Reduce turnover time for vacated public housing units.
 Reduce time to renovate public housing units.
 Employ admissions preferences aimed at families with economic hardships.
 Affirmatively market to races/ethnicities shown to have disproportionate housing needs.

Additional Information. Describe the following, as well as any additional information HUD has requested.

- (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

The Housing Authority of Red Bay continues to be a high performer, maintains and schedules grounds maintenance on regular basis, informs local law enforcement of all instances of crime when discovered and has adopted policies to ensure equal opportunity and fair housing.

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

Policy defining a substantial deviation and change in the agency plan

- 10.0** Red Bay Housing Authority will consider the following actions to be significant amendments or modifications: Changes to rent or admission policies organization of the waiting list. Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under Capital Fund. Additions of new activities not included in the current PHDEP Plan. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirement's, such changes will not be considered significant amendments by HUD.

The Resident Advisory Board of Housing Authority of Red Bay discussed landscaping and security.

They also expressed the age and condition of apartment air conditioners and roofs.

- 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)

RED BAY HOUSING AUTHORITY
POLICY ON
VIOLENCE AGAINST WOMEN ACT
AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005
PUBLIC LAW 109-162
ADOPTED 12/30/2008 BY RESOLUTION 11-08

IMPLEMENTATION: ON JANUARY 5, 2006, PRESIDENT BUSH SIGNED INTO LAW AS PUBLIC LAW 109-162, THE VIOLENCE AGAINST WOMEN ACT (VAWA) AND THE DEPARTMENT OF JUSTICE REAUTHORIZATION ACT OF 2005. SECTION 603 OF THE LAW AMENDS SECTION 5A OF THE U.S. HOUSING ACT (42 U.S.C. 1437C-1) TO REQUIRE THAT PHAS' FIVE YEAR AND ANNUAL PLANS TO CONTAIN INFORMATION REGARDING ANY GOALS, ACTIVITIES, OBJECTIVES, POLICIES, OR PROGRAMS OF THE PHA THAT ARE INTENDED TO SUPPORT OR ASSIST VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, SECTIONS 606 AND SECTION 607 AMEND THE SECTION 8 AND PUBLIC HOUSING SECTIONS OF THE U.S. HOUSING ACT (42 U.S.C. 1437D) TO PROTECT CERTAIN VICTIMS OF CRIMINAL DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING AS WELL AS MEMBERS OF THE VICTIMS CONSEQUENCE OF THE ABUSE OF WHICH THEY WERE THE VICTIM.

THE VIOLENCE AGAINST WOMEN ACT (VAWA) PROHIBITS THE EVICTION OF AND REMOVAL OF ASSISTANCE, FROM CERTAIN PERSONS LIVING IN PUBLIC OR SECTION 8 ASSISTED HOUSING IF THE ASSERTED GROUNDS FOR SUCH ACTION IS AN INSTANCE OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING AS THOSE TERMS ARE DEFINED IN SECTION 3 OF THE UNITED STATES HOUSING ACT OF 1937.

POLICY: IT IS THE INTENT OF THE RED BAY HOUSING AUTHORITY TO COMPLY WITH THE PROVISIONS OF THE IMPLEMENTATION OF THE VIOLENCE AGAINST WOMEN ACT (VAWA) AND THE DEPARTMENT OF JUSTICE REAUTHORIZATION ACT OF 2005. THE RED BAY HOUSING AUTHORITY MAKES A FIRM COMMITMENT THAT NO INDIVIDUAL WHO CLAIMS TO BE A VICTIM OF ABUSE UNDER THE VAWA WHO COMPLETES THE HA CERTIFICATION TO THE ALLEGED ABUSE, OR PROVIDES OTHER ACCEPTABLE DOCUMENTATION AS OUTLINES IN THE CERTIFICATION, AND COMPLIES WITH THE CONDITIONS OF THE CERTIFICATION, WILL BE EVICTED FROM PUBLIC HOUSING OR HAVE THEIR SECTION 8 ASSISTANCE TERMINATED. THE RED BAY HOUSING AUTHORITY WILL ONLY TAKE ACTIONS TO HAVE THE PERSON COMMITTING THE VIOLENCE REMOVED FROM THE DWELLING LEASE OR SECTION 8 VOUCHER ASSISTANCE, FOR THE PROTECTION OF THE REST OF THE FAMILY OR IF THE PERSON IS NOT A PARTY TO THE HOUSEHOLD, BANNED FROM THE PREMISES.

STEPS TO BE TAKEN: UPON RECEIVING A COMPLAINT OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT OR STALKING MADE BY A TENANT, THE HOUSING AUTHORITY WILL HAVE THE TENANT TO COMPLETE CERTIFICATION FOR HUD-50066 (OR PROVIDE OTHER ACCEPTABLE DOCUMENTS IN LIEU OF THE CERTIFICATION) TO CERTIFY THAT THE ALLEDGED INCIDENT OF ABUSE ARE BONA FIDE AND AGREES TO HAVE THE ALLEGED ABUSED REMOVED FROM THE PUBLIC HOUSING DWELLING LEASE AND/OR SECTION 8 VOUCHER ASSISTANCE OR IF THE PERSON IS NOT ON THE LEASE, BANNED FROM THE PREMISES.

IF THE OFFENDER IS A PARTY TO THE LEASE, THE TENANT-VICTIM WILL BE ADVISED THAT THE TENANT-OFFENDER IS STILL LEGALLY ON THE LEASE/SECTION 8 ASSISTANCE, AND CAN NOT BE REMOVED WITHOUT A COURT ORDER. THE HOUSING AUTHORITY WILL REFER THE TENANT-VICTIM TO A DOMESTIC VIOLENCE SHELTER, ALLOW THE TENANT-VICTIM AND REMAINING MEMBERS TO RELOCATE FOR SAFETY REASONS TO ANOTHER PUBLIC HOUSING DEVELOPMENT MANAGED BY THE HOUSING

AUTHORITY OR IF THE TENANT IS ON SECTION 8, ISSUE THE PARTICIPATING FAMILY A VOUCHER, WHICH WILL ALLOW FOR RELOCATION.

ONCE DOMESTIC VIOLENCE DOCUMENTATION IS PROVIDED AND CERTIFIED TO, BY A TENANT OF THE ALLEDGED ABUSE THE HOUSING AUTHORITY WILL START ACTIONS TO HAVE THE TENANT-OFFENDER EVICTED FROM THE PREMISES BY ISSUING A FOURTEEN (14) DAY NOTICE OF EVICTION, HAND DELIVERED TO THE TENANT OFFENDER. THE NOTICE WILL STATE THE ACTIVITY THAT INTERFERES WITH AND THREATENS THE HELATH, SAFETY, OR RIGHT TO PEACEFUL ENJOYMENT OF THE PREMISE OF OTHER RESIDENTS. UPON EXPIRATION OF THE FOURTEEN (14) DAYS NOTICE, IF THE TENANT OFFENDER HAS NOT VACATED THE PREMISES, A CIVIL ACTION FOR EVICTION WILL BE INSTITUTED BY THE HOUSING AUTHORITY TO HAVE THE TENANT OFFENDER REMOVED.

THE TENANT-VICTIM WILL BE ADVISED THAT THEY CAN ALSO GO TO THE COURTS AND ASK FOR AN INJUNCTION UNDER THE STATE LAWS GOVERNING DOMESTIC VIOLENCE TO REMOVE THE OFFENDING PERSON FROM THE UNIT. THIS WILL IMMEDIATELY REMOVE THE TENANT-OFFENDER FROM THE UNIT WHILE THE HOUSING AUTHORITY EVICTS THE TENANT-OFFENDER FROM THE LEASE. ONCE THE TENANT-OFFENDER IS REMOVED FROM THE LEASE THE TENANT WILL BE ADVISED THAT THE TENANT-OFFENDER MAY NOT BE ALLOWED BACK ON THE PREMISES AND IF SO ALLOWED WOULD BE IN VIOLATION OF THEIR LEASE AND COULD BE TERMINATED FOR THIS.

OBJECTIVE ONE: TO INFORM ALL PUBLIC HOUSING HOUSEHOLDS OF THE REQUIREMENTS OF THE VIOLENCE AGAINST WOMEN ACT (VAWA), THE HOUSING AUTHORITY WILL GO OVER THE VAWA WITH ALL PARTICIPANTS DURING ORIENTATION, INITIAL LEASE-UP, AND AT EACH ANNUAL RECERTIFICATION THEREAFTER. EACH HOUSEHOLD WILL BE INFORMED OF THE REQUIREMENTS TO COMPLETE AND SUBMIT A CERTIFICATION, OR OTHER INFORMATION THAT MAY BE PROVIDED IN LIEU OF THE CERTIFICATION IF THEY ARE A VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING. TENANT WILL BE INFORMED THAT BY SUBMITTING THE REQUIRED CERTIFICATION EACH QUALIFIED TENANT AND FAMILY MEMBERS WILL BE PROTECTED FROM BEING EVICTED FROM PUBLIC HOUSING BASED ON ACTS OF SUCH VIOLENCE AGAINST THEM PROVIDED THE PERSON COMMITTING THE VIOLENCE IS REMOVED FROM THEIR LEASE. EACH PARTICIPANT WILL BE REQUIRED TO SIGN A NOTICE THAT THEY WERE INFORMED OF THE VAWA AND THE REQUIREMENTS THAT MUST BE MET.

PROGRAM PLANS: TO WORK IN CONJUNCTION WITH OTHER STATE AND LOCAL AGENCIES SUCH AS THE LOCAL POLICE DEPARTMENT, SOCIAL SERVICE AGENCIES, PROVIDERS OF DIRECT SERVICES, DOMESTIC VIOLENCE SHELTERS, AND THE COMMUNITY AT LARGE TO DEVELOP EFFECTIVE STRATEGIES, SERVICES, EDUCATION AND PREVENTION PROGRAMS TO VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT AND STALKING.

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a 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: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (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.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

Part I: Summary	
PHA Name: The Housing Authority of the City Red Bay	Grant Type and Number Capital Fund Program Grant No: AL09P05150110 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2010 FFY of Grant Approval: 2011	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	50,000.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	26,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	154,618.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	10,000.00			
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: The Housing Authority of the City Red Bay		Grant Type and Number Capital Fund Program Grant No: AL09P05150110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval: 2011	
Type of Grant						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
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)	240,618.00				
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			

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: The Housing Authority of the City Red Bay			Grant Type and Number Capital Fund Program Grant No: AL09P05150110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
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	
AL051-1,002,003,004 & 006	Operations	1406	LS	50,000.00				
AL05101,002,003,004 & 006	Administration Accounting and Additional Office Assistant	1410		26,000.00				
AL 051-006	Comprehensive MOD 6 Dwelling Units Kitchen Cabinets tops Interior Doors, Repair Ceilings, Replace Tile Floors, Replace Prime Windows, Interior Trim, Paint walls Electrical devices, Plumbing devices.	1460	6 DU	154,618.00				
AL05101,002,003,004 & 006	Non-Dwelling Construction Equipment	1475		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.

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 The Housing Authority of the City of Red Bay, AL051		Locality (City/County & State) Red Bay, Franklin, Alabama			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY _2010_____	Work Statement for Year 2 FFY __2011_____	Work Statement for Year 3 FFY __2012_____	Work Statement for Year 4 FFY ____2013_____	Work Statement for Year 5 FFY ____2014_____
B.	Physical Improvements Subtotal	Annual Statement	134,618.00	134,618.00	134,618.00	134,618.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		10,000.00	10,000.00	10,000.00	10,000.00
E.	Administration		26,000.00	26,000.00	26,000.00	26,000.00
F.	Other Dwelling Equipment		20,000.00	20,000.00	20,000.00	20,000.00
G.	Operations		50,000.00	50,000.00	50,000.00	50,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		240,618.00	240,618.00	240,618.00	240,618.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____ _2010_____	Work Statement for Year ____2011_____ FFY _____2011_____			Work Statement for Year: __2012_____ FFY _____2012_____		
	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	Operations	LS	50,000.00	Operations	LS	50,000.00
Annual						
Statement	Administration	LS	26,000.00	Administration	LS	26,000.00
	AL051-001					
	Comprehensive MOD 6 Dwelling Units	6 DU	134,618.00	AL051-001, 002, 003, 004 & 006		134,618.00
	Kitchen Cabinets tops Interior Doors,			Site Improvement		
	Repair Ceilings, Replace Tile Floors,			Landscaping and reseeding lawns		
	Replace Prime Windows, Interior Trim,					
	Paint walls Electrical devices, Plumbing devices.			Non-dwelling Equipment		10,000.00
	Non-dwelling Equipment		10,000.00			
	Dwelling Equipment		20,000.00	Dwelling Equipment		20,000.00
	Ranges and refrigerators			Ranges and refrigerators		
	Subtotal of Estimated Cost		\$ 240,618.00	Subtotal of Estimated Cost		\$ 240,618.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2010	Work Statement for Year 2011 FFY 2011		Work Statement for Year: 2012 FFY 2012	
	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	Operations	50,000.00	Operations	50,000.00
	Administration	26,000.00	Administration	26,000.00
	AL051-001		AL051-004	
	Comprehensive MOD 6 Dwelling Units	134,618.00	Non-dwelling structures	134,618.00
	Kitchen Cabinets tops Interior Doors, Repair Ceilings, Replace Tile Floors, Replace Prime Windows, Interior Trim, Paint walls Electrical devices, Plumbing devices.		Maintenance building renovation	
			Non-dwelling equipment	10,000.00
			Dwelling Equipment	
	Non-dwelling Equipment	10,000.00	Ranges and refrigerators	20,000.00
	Dwelling Equipment			
	Ranges and refrigerators	20,000.00		
	Subtotal of Estimated Cost	\$ 240,618.00	Subtotal of Estimated Cost	\$ 240,618.00

Part I: Summary	
PHA Name: The Housing Authority of the City Red Bay	Grant Type and Number Capital Fund Program Grant No: AL09P05150109 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval: 2010	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	100,000.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	26,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	104,618.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	10,000.00			
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.

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: The Housing Authority of the City Red Bay	Grant Type and Number Capital Fund Program Grant No: AL09P05150109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval: 2010			
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
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)	240,618.00			
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	

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: The Housing Authority of the City Red Bay			Grant Type and Number Capital Fund Program Grant No: AL09P05150109 CFFP (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	
AL051-1,002,003,004 & 006	Operations	1406	LS	100,000.00				
AL05101,002,003,004 & 006	Administration Accounting and Additional Office Assistant	1410		26,000.00				
AL 051-006	Comprehensive MOD 4 Dwelling Units Kitchen Cabinets tops Interior Doors, Repair Ceilings, Replace Tile Floors, Replace Prime Windows, Interior Trim, Paint walls Electrical devices, Plumbing devices.	1460	4 DU	104,618.00				
AL05101,002,003,004 & 006	Non-Dwelling Construction Equipment	1475		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.

Part I: Summary	
PHA Name: The Housing Authority of the City Red Bay	Grant Type and Number Capital Fund Program Grant No: AL09S05150109 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: _____)**
 Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	1,500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	285,309.00			
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				
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: The Housing Authority of the City Red Bay		Grant Type and Number Capital Fund Program Grant No: AL09S05150110 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
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)	286,809			
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	

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: The Housing Authority of the City Red Bay			Grant Type and Number Capital Fund Program Grant No: AL09S05150110 CFFP (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	
AL051000010	Administration Accounting	1410		1,500.00				
AL051000010	Dwelling Structures	1460						
	New roofs 25 buildings 28 squares each Shingles \$ 75.01 labor \$ 55.00 Total \$ 130.01 X 25 X 28			91,009.00				
	A/C 169 X \$ 700.00 = 118,300 18 X \$ 500.00 = 9,000			127,300.00				
	Furnaces 67 X \$ 1,000.00			67,000.00				
	Total			286,809.00				

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 and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: Red Bay Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL051501-08 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/09
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	50,000.00	50,000.00	50,000.00	50,000.00
3	1408 Management Improvements				
4	1410 Administration	18,000.00	8,524.52	8,524.52	8,524.52
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	143,583.00	165,842.67	165,842.67	165,842.67
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	15,000.00	2,215.81	2,215.81	2,215.81
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	226,583.00	226,583.00	226,583.00	226,583.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Red Bay Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL051501-08 Replacement Housing Factor Grant No:			Federal FY of Grant:2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Sign: _____

Title: _____

Date: _____

Approved: _____

Date: _____

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

PHA Name: Red Bay Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL051501-08 Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
AL051-001,002,003,004 & 006	Administration Accounting and Additional Office Assistant	1410		18,000.00	8,524.52	8,524.52	8,524.52	Complete
AL051-001,002,003,004 & 006	Operations	1406		50,000.00	50,000.00	50,000.00	50,000.00	Complete
AL 051-001	Comprehensive MOD 6 Dwelling Units Kitchen Cabinets tops Interior Doors, Repair Ceilings, Replace Tile Floors, Replace Prime Windows, Interior trim, Paint walls Electrical devices, Plumbing devices.	1460	6 DU	143,583.00	165,842.67	165,842.67	165,842.67	Complete
AL051-001,002,003,004 & 006	Non-Dwelling Construction Equipment	1475		15,000.00	2,215.81	2,215.81	2,215.81	Complete
	Total			226,583.00	226,583.00	226,583.00	226,583.00	

