



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor and Capital**  
**Fund Financing Program**

U. S. Department of Housing and Urban Development  
 Office of Public and Indian Housing OMB No. 2577-0226  
 Expires 4/30/2011

**Part I: Summary**

<b>PHA Name:</b> Pell City Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09-P106-501-06 Replacement Housing Factor Grant No.: Date of CFFP:	<b>FFY of Grant:</b> 2006 <b>FFY of Grant Approval</b> 2006
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**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending 3/31/2010       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended

<b>Signature of Executive Director</b> 	<b>Date</b> 7-8-2010	<b>Signature of Public Housing Director</b>	<b>Date</b>
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Part II: Supporting Pages								
PHA Name: Pell City Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09-P106-501-06 Replacement Housing Factor Grant No.: CFFP (Yes / No):				Federal FFY of Grant: 2006		
Development Number Name/HA - Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AL 106-001	Install new interior trim for					-	-	
Crestview Gardens	continuing mod project	1460	18	\$9,000	-	\$9,000	\$9,000	
						-		
	Install new exterior vinyl siding, soffit, and fascia (Continued)	1460	18	\$55,645		\$55,645	\$55,645	
PHA Wide	Debt Service	1501		\$41,683.91		\$41,683.91	\$41,683.91	
	A/E Fees	1430		\$4,350		\$4,350	\$4,350	
	Management Improvements	1408		\$8,000		\$8,000	\$8,000	
	Operations	1406		\$6,000		\$6,000	\$6,000	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>							
<b>PHA Name:</b> Pell City Housing Authority						<b>Federal FFY of Grant:</b> 2006	
Development Number Name/HA - Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
AL 106-001	9/30/2008			9/30/2009			

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.





Part II: Supporting Pages								
PHA Name: Pell City Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09-P106-501-07 Replacement Housing Factor Grant No.: CFFP (Yes / No):				Federal FFY of Grant: 2007		
Development Number Name/HA - Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AL 106-001	Install new interior trim for					-	-	
Crestview Gardens	continuing mod project	1460	18	\$9,000	9,000	9,000	\$9,000	
						-	-	
	Install new exterior vinyl siding, soffit, and fascia (Continued)	1460	18	\$52,682	51,901	51,901	\$9,939	
PHA Wide	Debt Service	1501		\$41,111.08	41,111	41,111	\$41,111.08	
	A/E Fees	1430		\$4,350	4,350	4,350	\$3,750	
	Management Improvements	1408		\$8,000	8,781	8,781	\$8,781	
	Operations	1406		\$6,000	6,000	6,000	\$6,000	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.



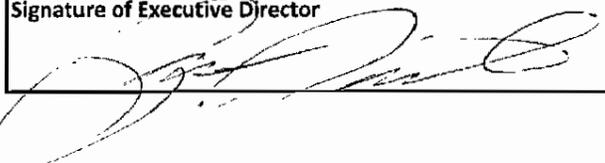


**Part I: Summary**

PHA Name: Pell City Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09-P106-501-08 Replacement Housing Factor Grant No.: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval 2008
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Type of Grant  
 Original Annual Statement  
 Performance and Evaluation Report for Period Ending 3/31/2010  
 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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended

Signature of Executive Director 	Date 7-8-2010	Signature of Public Housing Director	Date
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Part II: Supporting Pages								
PHA Name: Pell City Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09-P106-501-08 Replacement Housing Factor Grant No.: CFFP (Yes / No):				Federal FFY 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Install new interior trim for					-		
PHA Wide	continuing mod project	1460	18	\$9,000	-	\$9,000		
						-		
	Install new exterior vinyl siding, soffit, and fascia (Continued)	1460	18	\$60,057		\$60,057		
PHA Wide	Debt Service	1501		\$40,454.81		\$40,454.81	\$40,454.81	
	A/E Fees	1430		\$4,350		\$4,350		
	Management Improvements	1408		\$8,000		\$8,000	\$8,677	
	Operations	1406		\$6,000		\$6,000	\$3,467	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.





Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor and Capital  
 Fund Financing Program

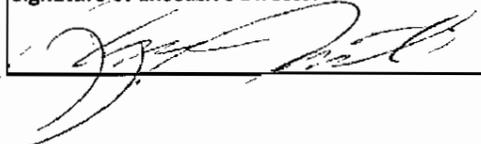
U. S. Department of Housing and Urban Development  
 Office of Public and Indian Housing OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary

PHA Name: Pell City Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09-P106-501-09 Replacement Housing Factor Grant No.: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval 2009
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Type of Grant  
 Original Annual Statement  
 Performance and Evaluation Report for Period Ending 3/31/2010  
 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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended

Signature of Executive Director 	Date 7-8-2010	Signature of Public Housing Director	Date
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Part II: Supporting Pages								
PHA Name: Pell City Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09-P106-501-09 Replacement Housing Factor Grant No.: CFFP (Yes / No):				Federal FFY of Grant: 2009		
Development Number Name/HA - Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Install new interior trim for					-		
Crestview Gardens	continuing mod project	1460	18	\$9,000	\$9,000			
	Install new exterior vinyl siding, soffit, and fascia (Continued)	1460	18	\$60,792	\$60,381			
PHA Wide	Debt Service	1501		\$39,720	\$39,720			
	A/E Fees	1430		\$4,350	\$4,350			
	Management Improvements	1408		\$8,000	\$8,000			
	Operations	1406		\$6,000	\$6,000			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.







Part II: Supporting Pages								
PHA Name: Pell City Housing Authority			Grant Type and Number Capital Fund Program Grant No: AL09S10650109 Replacement Housing Factor Grant No.: CFFP (Yes / No):			Federal FFY of Grant: 2009		
Development Number Name/HA - Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AL106-001a	Continuation of previous Modernization							
Crestview Gardens	Finish grading & landscaping	1450	LS	2,400	-	-	-	
	Interior demolition per renovation	1460	2 apts	5,720	8,120	8,120	8,120	
	Replace cabinets and countertops	1460	2 apts	7,000	7,000	7,000	7,000	
	Install range hoods	1460	2 apts	540	540	540	540	
	Redesign pantry to accommodate w/d	1460	2 apts	2,500	2,500	2,500	2,500	
	New ceramic tile floors, wainscot, and shower surrounds	1460	2 apts	3,500	3,500	3,500	3,500	
	Install new Bathroom accessories	1460	2 apts	1,100	1,100	1,100	1,100	
	Install new VCT	1460	2 apts	3,300	3,300	3,300	3,300	
	Install new 4" Wood Base	1460	2 apts	1,710	1,710	1,710	1,710	
	Frame new walls & install new drywall	1460	2 apts	5,600	5,600	5,600	5,600	
	Construct new firewalls in attic	1460	2 apts	1,900	1,900	1,900	1,900	
	Paint new drywall	1460	2 apts	3,070	3,070	3,070	3,070	
	Install new gyp bd ceilings & paint	1460	2 apts	4,840	4,840	4,840	4,840	
	Install new hol met interior door frames	1460	2 apts	2,400	2,400	2,400	2,400	
	Install new solid core interior doors	1460	2 apts	3,200	3,200	3,200	3,200	
	Install new exterior finish hardware	1460	2 apts	1,300	1,300	1,300	1,300	
	New hol met exterior doors & frames	1460	2 apts	4,120	4,120	4,120	4,120	
	Install new exterior finish hardware	1460	2 apts	1,600	1,600	1,600	1,600	

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

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

Part II: Supporting Pages								
PHA Name: Pell City Housing Authority			Grant Type and Number Capital Fund Program Grant No: AL09S10650109 Replacement Housing Factor Grant No.: CFFP (Yes / No):			Federal FFY of Grant: 2009		
Development Number Name/HA - Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AL106-001a	Install new steel security screen doors	1460	2 apts	1,700	1,700	1,700	1,700	
Crestview Gardens	Install new insulated metal windows	1460	2 apts	7,600	7,600	7,600	7,600	
	Install new steel security screens	1460	2 apts	3,300	3,300	3,300	3,300	
	Repair, clean, & seal Masonary	1460	2 apts	7,000	7,000	7,000	7,000	
	Install vinyl siding and soffits	1460	2 apts	1,350	1,350	1,350	1,350	
	Install aluminum fascia	1460	2 apts	1,100	1,100	1,100	1,100	
	Install alumimum gutters and downspouts	1460	2 apts	450	450	450	450	
	Replace deteriorated wood fascia	1460	2 apts	900	900	900	900	
	Repalce deteriorated wood roof decking	1460	2 apts	3,700	3,700	3,700	3,700	
	New asphalt composit shingle roofing	1460	2 apts	5,600	5,600	5,600	5,600	
	New porches and design elements	1460	2 apts	11,718	11,718	11,718	11,718	
	Electrical rough-in & trim-out	1460	2 apts	18,150	18,150	18,150	18,150	
	Mechanical rough-in & trim-out	1460	2 apts	10,810	10,810	10,810	10,810	
	Plumbing rough-in & trim out	1460	2 apts	22,170	22,170	22,170	22,170	
PHA Wide	Fees & Costs - Architect	1430	LS	10,500	10,500	10,500	10,500	

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

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



**Part I: Summary**

<b>PHA Name:</b> Pell City Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09-P106-501-10 Replacement Housing Factor Grant No.: Date of CFFP:	<b>FFY of Grant:</b> 2010 <b>FFY of Grant Approval</b> 2010
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**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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	-	-	-	-
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	-	-	-	-
3	1408 Management Improvements	-	-	-	-
4	1410 Administration (may not exceed 10% of line 20)	10,000	-	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	4,000	-	-	-
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	-	-	-	-
10	1460 Dwelling Structures	73,304	-	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	-	-	-	-
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1492 Moving to Work Demonstration	-	-	-	-
16	1495.1 Relocation Costs	-	-	-	-
17	1499 Development Activities <sup>4</sup>	-	-	-	-
18a	1501 Collateralization or Debt Service paid by the PHA	38,952	-	-	-
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)	126,256	-	-	-
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	-	-	-	-

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

**Part I: Summary**

PHA Name: Pell City Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09-P106-501-10 Replacement Housing Factor Grant No.: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval: 2010
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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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director		Date		Signature of Public Housing Director	
		7-8-2010			

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Pell City Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09-P106-501-10 Replacement Housing Factor Grant No.: CFFP (Yes / No):				<b>Federal FFY of Grant:</b> 2010		
<b>Development Number Name/HA - Wide Activities</b>	<b>General Description of Major Work Categories</b>	<b>Dev. Acct No.</b>	<b>Quantity</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>		<b>Status of Work</b>
				<b>Original</b>	<b>Revised <sup>1</sup></b>	<b>Funds Obligated <sup>2</sup></b>	<b>Funds Expended <sup>2</sup></b>	
					-	-	-	
					-	-	-	
PHA Wide	Clerk of Works; Allocated Salaries	1410		10,000	-	-	-	
PHA Wide	A/E Fees	1430		4,000				
PHA Wide	Mdernize - Cabinets, Insulation, Wood Doors, Screen Doors, Security Windows, Screens, Hardware, Glass and Glizing, Gypsum Board, Ceramic Tile, VCT, Painting, Plumbing, HVAC and Electrical.	1460		73,304				
PHA Wide	Debt Service	1501		38,952				

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

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



**Capital Fund Program Five-Year Action Plan**  
**Part I: Summary**

PHA Name <b>Pell City Housing Authority</b>		<b>X Original 5-Year Plan</b> <b>Revision No:</b>			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant:2011 PHA FY:09/30/2011	Work Statement for Year 3 FFY Grant:2012 PHA FY:09/30/2012	Work Statement for Year 4 FFY Grant:2013 PHA FY:09/30/2013	Work Statement for Year 5 FFY Grant:2014 PHA FY:09/30/2014
	<b>Annual Statement</b>				
PHA Wide / al106		\$ 126,256	\$ 126,256	\$ 126,256	\$ 126,256
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
CFP Funds Listed for 5-year planning		\$ 126,256	\$ 126,256	\$ 126,256	\$ 126,256
Replacement Housing Factor Funds					





**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.

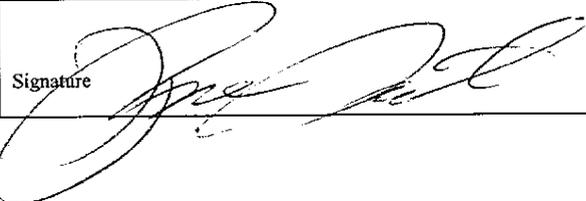
Pell City Housing Authority

AL106

\_\_\_\_\_  
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	Lynne Smith	Title	Executive Director
Signature			
Date	7-8-2010		

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Pell City Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund

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.)

AL106

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

Lynne Smith

Title

Executive Director

Signature

X

Date

7-5-2020

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Pell City Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund

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.)

AL106

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

Lynne Smith

Title

Executive Director

Signature

X

Date

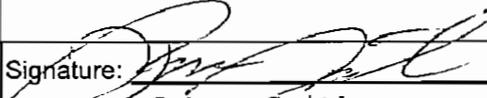
7-5-2020

## 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.)

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: <sup>4c</sup>	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services (including address if different from No. 10a)</b> (last name, first name, MI):	
<b>11.</b> 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:  Print Name: <u>Lynne Smith</u> Title: <u>Executive Director</u> Telephone No.: <u>205-338-7012</u> Date: <u>7/9/2010</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Pell City Housing Authority</u> PHA Code: <u>AL106</u> PHA Type: <input checked="" 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): <u>10/01/2010</u>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>78</u> Number of HCV units: <u>NA</u>																										
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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PHA 3:																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  <b>To promote adequate and affordable housing, economic opportunity and suitable living environment free from discrimination.</b>																										
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  <b>First, reduce public housing vacancies which will increase supplied safe, decent, affordable housing to low income families, Next. Improve PHAS score (public housing management) increasing the quality of assisted housing in the local jurisdiction of the Authority. The Housing Authority will strive to meet the resident needs through resident comments and meetings. As HUD funding becomes available, the Authority will continue to maintain all properties to the highest standards possible, and finally, to ensure equal opportunity and to affirmatively further fair housing.</b>																										
<b>6.0</b>	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:  <b>Elements of the plan have not changed since the submission. The Capital Fund Plan changes as areas of remodeling progress, but the overall goal remains the same.</b>  (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.  <b>The Five Year Plan is on file and available for review at the main business office at the Pell City Housing Authority .</b>																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										

8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>Please see the following:  al06a01 – CFP 2006  al06b01- CFP 2007  al06c01 – CFP 2008  al06d01 – CFP 2009  al06e01 – CFRG  al06f01 – CFP 2010</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>Please see the following:  al06g01 – 5 year action plan</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input checked="" 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><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><b>The Pell City Housing Authorities' waiting lists include a diverse group of families all of whom meet the criteria of low income or very low-income families. The properties address the needs of families from single member elderly families to large families. The goal is to effectively manage the PHA to meet needs of all types of families. We also strive to seek problem-solving partnerships with residents, community, and government leadership</b></p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><b>The strategy is to decrease vacancies, fully utilize funding, and continuously renovate in order to provide decent, safe and affordable housing.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>- <b>The Pell City Housing Authority has worked closely with local law enforcement in order to promote and obtain a safe living environment.</b>  - <b>The Pell City Housing Authority continued to improve the quality of assisted housing by renovating and/or modernizing public housing units.</b>  - <b>The Authority has incorporated all goals and objectives recommended by HUD, and are utilizing documents provided by HUD. This will remain a goal of the Housing Authority and every effort to insure full compliance with this Act will be made.</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p><b>The PHA considers changes that substantially deviate from the HUD approved plan to be work item(s) that would have an impact of equal to or greater than 50% of our residents / participants in the specific program area. This impact would be financial and/or policy implementation reasons.</b></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)

- a. **Attachment H – al106h01 - Civil Rights Certifications**
- b. **Attachment I– al106i01 - Drug Free Workplace**
- c. **Attachment J– al106j01 - Payments to Infl Fed Trans**
- d. **Attachment K– al106k01 - Lobbying**
- e. **Attachment K– al106k01 - Continuation Lobbying Activities**
- f. **Attached**
- g. **NONE**
- h. **Attachments A thru F - al106a01 (2006), al106b01(2007),al106c01 (2008), al106d01(2009), al106e01(CFRG), al106f01(2010)**
- i. **Attachment G – al106g01 – 5 Year Action Plan**

**Violence Against Women - Attached**

**Other PHA Goals and Objectives: Annual Plan beginning July 1, 2010.**

The Pell City Housing Authority will comply and support the Violence Against Women and Justice Department Reauthorization Act 2005:

HUD published Notices: PIH 2006-23 and PIH 2006-42 for Implementation of the Violence Against Women and Justice Reauthorization Act 2005 (VAWA). The 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 as amended by VAWA. The HA distributed notices to all residents informing them that the HA would not evict or terminate victims of criminal domestic violence, dating violence, sexual assault or staking, as well as members of the victims' family listed on the dwelling lease. The HA would only take action to have the person committing the violence removed from the dwelling lease for the protection of the family. Based on the requirements contained in HUD Notice 2006-23, the HA developed certification forms for victims to certify that the alleged incident of abuse are bona fide and agree to have the alleged abuser removed from the dwelling lease. (AHA certification form and HUD form 50066). The HA will also allow the victim and remaining family members to relocate for safety reasons to another public housing development managed by the HA. To inform new public housing households of the requirements of VAWA, the HA developed a notice that is covered with the Public Housing household during the leasing session. Each person participating in the lease session is also required to sign the notice that explains the requirements of VAWA.

It is the goal of the HA not to evict any public housing resident who is a victim of violence covered under VAWA and that certifies to the alleged abuse and complies with the terms of the certification.