

| 1.0 | PHA Information PHA Name: Elba Housing Authority PHA Code: AL107 PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 07/2010 | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|--|--------------------|----------|--------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------|-----|--------|--|--|--|--|--|--------|--|--|--|--|--|--------|--|--|--|--|--|
| 2.0 | Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 125 Number of HCV units: 119 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 35%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 15%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 5%;">PH</th> <th style="width: 5%;">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: | | | | | |
| Participating PHAs | PHA Code | | | | | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program | | | | | | | | | | | | | | | | | | | |
| | | PH | HCV | | | | | | | | | | | | | | | | | | | | | | | | |
| PHA 1: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHA 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHA 3: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.0 | 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.1 | Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The Elba Housing Authority's mission is to provide drug free, decent, safe, and sanitary housing for eligible families and to provide opportunities and promote self-sufficiency and economic independence for residents. In order to achieve this mission we will: Recognize residents as our ultimate customer; Improve PHA service delivery efforts through effective and efficient management of HA staff; Seek problem-solving partnerships with residents, community, and government leadership; Apply HA resources to the effective and efficient management and operation of public housing programs, taking into account changes in Federal funding. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.2 | Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. The Elba Housing Authority's goals and objectives are: 1)To reduce public housing vacancies. 2)Strive to improve PHA management. 3)Strive to improve Section 8 management. 4)Strive to increase customer satisfaction by keeping units in good condition and working to improve curb appeal. 5)Renovate or modernize public housing units. 6)Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments. 7)Implement public housing security improvements. 8)Encourage those residents who have significantly increased income to look into homeownership opportunities. 9)Ensure equal opportunity and affirmatively further fair housing by undertaking affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability, and by referring any discrimination complaints to appropriate agency. | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 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:</p> <ol style="list-style-type: none"> (1) Our ACOP has been revised. (2) Our Dwelling Lease has been revised. (3) Our Section 8 Administrative Plan has been revised. (4) Our Pet Policy has been revised. (5) Our Criminal Trespass Policy has been revised. (6) Our Procurement Policy was revised with an Addendum as it applied to ARRA Capital Fund Formula Grants. <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.</p> <p>The 2010 Five-Year and Annual Plans for the Elba Housing Authority may be obtained at our administrative office located at 1207 N. Claxton Avenue, Elba, Alabama 36323.</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.</p> <p>See attached.</p> |
| 8.2 | <p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See attached.</p> |
| 8.3 | <p>Capital Fund Financing Program (CFFP).</p> <p><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.

Public Housing Program

At present we have a total of 30 families on our Public Housing waiting list:

22 families—extremely low income or 73% of waiting list

6 families—very low income or 20% of waiting list

2 families—low income or 3% of waiting list

Families with children—13 or 43% of total

Elderly families—6 or 20% of total

Families with Disabilities—4 or 13% of total

Race/Ethnicity—15 white families or 50%

14 black families or 47%

1 hispanic family or 3%

9.0

Characteristics by Bedroom Size: 1—BR—14 or 47%

2—BR—8 or 27%

3—BR—7 or 23%

4—BR—1 or 3%

Section 8 Program

At present we have a total of 9 families on our Section 8 waiting list:

7 families—extremely low income or 78% of waiting list

2 families—very low income or 22% of waiting list

0 families—low income

Families with children—6 or 67% of total

Elderly families—0

Families with disabilities—1 or 11% of total

Race/Ethnicity—3 white families or 33%

6 black families or 67%

0 hispanics or other

Characteristics by Bedroom Size: 1—BR—3 or 33%

2—BR—2 or 22%

3—BR—4 or 45%

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

*We will continue to strive to reduce turnover time for vacated units.

*We will try to reduce the time it takes to renovate public housing units.

*We will undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required.

*We have and will continue to adopt rent policies to support and encourage work (Flat/Ceiling Rents).

*We will continue to work with local agencies (DHR, Mental Health, Family Services Center, etc.) in housing and accommodating families with disabilities to the extent possible and within our budgetary means.

*We will continue to revise our Payment Standards as needed.

*We will continue to administer our Section 8 Program in Elba and in a fifteen mile radius of our city limits in order to provide decent rental housing for our voucher holders.

*We will continue to try to recruit landlords for our Section 8 Program.

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| 10.0 | <p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <ol style="list-style-type: none"> 1) We have reduced vacancies significantly over the past five years through modernization of units, maintaining up-to-date utility allowances and adopting Flat Rents. 2) We have installed metal roofing and had our grounds landscaped to help with curb appeal. 3) We continue to use our Capital Fund Program monies to improve the quality of our public housing units. 4) We continue to be able to deconcentrate poverty by our adoption of Flat Rents. 5) We continue to make our units as secure as possible, provide ample outdoor lighting, and provide a security officer. 6) We talk with residents whose income is sufficient to look into the possibility of achieving the "American Dream" by purchasing their own home. 7) We always strive to promote fair housing to any and all applicants at our agency. <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification".</p> <p>This Authority defines a "Substantial Deviation" to the 5-Year and Annual Plan as any addition or deletion of any new or old program or activity, changes to rent or admission policies. A substantial decrease of funds in the Capital Fund Program that would eliminate or modify modernization work items that have been approved and that would require the Board of Commissioners to establish priorities for the required modernization work based on the availability of funds.</p> <p>Significant Amendment or Modification to the Annual Plan:</p> <p>A "Significant Amendment" would be the addition of emergency and non-emergency work items that were not included in the 5-Year or Annual Plan, but required immediate attention to correct potential problem areas.</p> |
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| 11.0 | <p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ol style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (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, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) |
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ON 2/11/2010, WE HELD A RESIDENT ADVISORY BOARD MEETING TO DISCUSS OUR FIVE-YEAR AND ANNUAL PLAN FOR 2010. THE EXECUTIVE DIRECTOR MET WITH THE BOARD. THEY AGREED WITH THE PLAN AND HAD NO ADDITIONAL COMMENTS OR SUGGESTIONS TO BE INCLUDED IN THE PLAN.

ON 2/11/2010, A RESIDENT MEETING WAS HELD FOR THE PURPOSE OF DISCUSSING OUR FIVE-YEAR AND ANNUAL PLAN FOR 2010. THE GROUP AGREED WITH THE PLAN AND HAD NO ADDITIONAL COMMENTS OR SUGGESTIONS TO BE INCLUDED IN THE PLAN.

VIOLENCE AGAINST WOMEN IN FEDERALLY FUNDED RENTAL ASSISTED HOUSING

(A copy of this document has been given to each of our existing residents with a signed certificate in file that they have received it, and a copy of the document is given to each new resident at initial lease-up.)

Learn About Your Rights As A Victim Of Domestic Violence.

The Violence Against Women Act (VAWA) of 2005 is an amended version of the 1994 VAWA which provides new protections for victims of domestic violence, dating violence, or stalking. These protections include provisions protecting victims who live in Public Housing or who are receiving housing assistance under the Housing Choice Voucher Program. The information on this page is intended to inform you of your rights and responsibilities under VAWA.

Domestic Violence includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic violence or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from the person's acts under the domestic or family violence laws of the jurisdiction.

Dating Violence means violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such a relationship shall be determined based on the consideration of the following factors: (1) length of the relationship; (2) type of relationship; (3) frequency of interaction between the persons involved in the relationship.

Stalking means engaging in a course of conduct directed at a specific person that would (1) cause a reasonable person to fear for his or her safety or the safety of others or (2) suffer substantial emotional distress.

Immediate Family Member means with respect to a person, a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or any other person living in the household of that person and related to that person by blood or marriage.

What protections are provided by VAWA?

There are two areas of protection for those persons seeking or receiving assistance under Public Housing or Housing Choice Voucher Program.

1. Denial of Assistance – The law provides that you cannot be denied assistance because you are a victim of domestic violence, dating violence, or stalking, if you are otherwise qualified to receive such assistance.
2. Termination of tenancy of Assistance – The law protects those who are currently receiving federal housing assistance from losing assistance or housing solely on the basis of their status as a victim of domestic violence, dating violence, or stalking.

In summary, VAWA prevents housing agencies and owners from considering actual or threatened domestic violence, dating violence, or stalking as a cause for terminating the tenancy, occupancy, or program assistance of the victim. Such violence or stalking may not be considered:

1. as a serious or repeated violation of the lease by the victim;
2. as other good cause for terminating the tenancy or occupancy rights of the victim, or;
3. as criminal activity justifying the termination of the tenancy, occupancy rights, or program assistance of the victim.

What about the perpetrator?

If the perpetrator is a member of the victim's household, the agency administering the voucher or the public housing program has the authority to require the individual to leave the household as a condition of providing continued assistance to the remaining members of the family. Additionally, if state law allows, the housing agency has the authority to bifurcate a lease, or divide it into two parts to deal with family members who engage in criminal acts of physical violence against family members or others. Bifurcation would allow the housing agency or owner to take eviction or termination action against a perpetrator of physical violence without penalizing the victim.

What are the limitations of VAWA?

Housing agencies and owners retain the authority to terminate the tenancy, occupancy, or program assistance of a victim under either of the following conditions:

1. The termination is for a lease violation premised on something other than an act of domestic violence, dating violence, or stalking against the victim, and the housing agency or owner is holding the victim to a standard no more "demanding" than the standard to which other tenants are held.
2. The housing agency or owner can demonstrate an "actual and imminent threat to other tenants or those employed at or providing service to the property" if the tenancy, occupancy or program assistance of the victim is not terminated.

Certification of Victim Status

VAWA gives housing agencies and owners the discretion to provide benefits to an individual based solely on the individual's statement or other corroborating evidence. However, the Act also permits housing agencies and owners to require the victims attest to their status by signing a HUD approved certification form. The form must meet the following standards:

1. It must require the individual signing it to certify that she or he is the victim of "bona fide" incidents of actual or threatened domestic violence, dating violence, or stalking as defined and described in VAWA.
2. It must include the name of the perpetrator.
3. It must be provided within 14 business days of a written request unless the housing agency or owner requesting the form extends the deadline.

VAWA provides the victim the alternative of providing the housing agency or owner one of the following types of documentation:

1. A local police or court record.
2. Documentation signed by a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking. The signer must attest under penalty of perjury (a) that the abuse the victim has suffered is a bona fide incidence of domestic violence, dating violence, or stalking, and (b) that the victim has signed or approved the documentation.

Failure on the part of the victim to provide certification within the allotted time voids the protections provided by VAWA.

Confidentiality

Any information or documentation provided to a housing agency or owner by a victim of domestic violence, dating violence, or stalking must be kept in confidence. No information or documentation may be (1) entered into any shared databases or (2) disclosed to "any related entity" except under the following conditions:

1. The victim requests or consents to the disclosure in writing.
2. The disclosure is required for use in an eviction proceeding.
3. The disclosure is otherwise required by application law.

This document is prepared to comply with HUD Notice PIH 2006-23

For more information regarding VAWA Contact the

National Domestic Violence Hotline

1-800-787-3224 (TTY)

<http://www.ndvh.org/> or

HUD Housing Discrimination Hotline

1-800-669-9777

For complete text of VAWA see Public Law 109-162, Title VI, Sections 606 and 607

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| Part I: Summary | | |
| PHA Name: Elba Housing Authority | Grant Type and Number Capital Fund Program Grant No: AL09P107501-10 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2010 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 |
| 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) | 6,000.00 | -0- | -0- | -0- |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 16,769.00 | -0- | -0- | -0- |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 180,752.00 | -0- | -0- | -0- |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | 7,000.00 | -0- | -0- | -0- |
| 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.

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: Elba Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AL09P107501-10 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant: 2010 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) | 210,521.00 | | | |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director <i>Pamela W. Bedsole</i> | | Date 03/31/2010 | | 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: Elba Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AL09P107501-10 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 | |
| AL107000001 | Hire clerk-of-the-works to oversee construction; advertising costs. | 1410 | | 6,000 | -0- | -0- | -0- | |
| AL107000001 | Contract with architect to prepare plans, specification, conduct inspections, etc. | 1430 | | 16,769.00 | -0- | -0- | -0- | |
| AL107000001 | Replace duckwork in Kendrick, Mullins, MV & add insulation PHA wide. | 1460 | | 175,752.00 | -0- | -0- | -0- | |
| AL107000001 | Replace medicine cabinets, towel bars, etc., in Morrow Village. | 1460 | | 5,000.00 | -0- | -0- | -0- | |
| AL107000001 | Provide storage units for Coffee Homes. | 1470 | | 7,000.00 | -0- | -0- | -0- | |
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| | | | | | | | | |

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 4/30/20011

| Part I: Summary | | | | | | |
|------------------------------------|--|--|--|--|--|--|
| PHA : Elba Housing Authority—AL107 | | Locality Elba, Coffee, 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 |
| | Elba Housing Authority | | | | | |
| B. | Physical Improvements Subtotal | Annual Statement | 187,752 | 187,752 | 187,752 | 187,752 |
| C. | Management Improvements | | | | | |
| D. | PHA-Wide Non-dwelling Structures and Equipment | | | | | |
| E. | Administration | | 6,000 | 6,000 | 6,000 | 6,000 |
| F. | Other | | 16,769 | 16,769 | 16,769 | 16,769 |
| G. | Operations | | | | | |
| H. | Demolition | | | | | |
| I. | Development | | | | | |
| J. | Capital Fund Financing – Debt Service | | | | | |
| K. | Total CFP Funds | | 210,521 | 210,521 | 210,521 | 210,521 |
| L. | Total Non-CFP Funds | | | | | |
| M. | Grand Total | | | | | |

| Part I: Summary (Continuation) | | | | | | |
|---------------------------------------|-----------------------------|--|---|--|---|--|
| PHA: Elba Housing Authority—AL107 | | Locality Elba, Coffee, 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 |
| | | Annual Statement | | | | |
| | AL107000001 | | Hire clerk-of-the-works. | Hire clerk-of-the-works. | Hire clerk-of-the-works. | Hire clerk-of-the-works. |
| | AL107000001 | | Contract with architect. | Contract with architect. | Contract with architect. | Contract with architect. |
| | AL107000001 | | Replace all interior doors, door jambs, hardware, etc. in Morrow Village. | Install new security screens on all windows PHA wide. | Begin modernization of Kendrick & Mullins Apartments to include paint, floor covering, kitchen cabinets, bathroom reno- vation, etc. | Complete modernization of Kendrick & Mullins Apartments to include paint, floor covering, kitchen cabinets, bathroom renovation, etc. |
| | | | Replace all light fixtures, outlets, etc., in Morrow Village. | | | |

| Part II: Supporting Pages – Physical Needs Work Statement(s) | | | | | | |
|--|---|----------|----------------|---|----------|----------------|
| Work Statement for Year 1 FFY: 2009 | 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 Annual Statement | AL107000001--1410 | 1 | 6,000 | AL107000001--1410 | 1 | 6,000 |
| | AL107000001--1430 | 1 | 16,769 | AL107000001--1430 | 1 | 16,769 |
| | AL107000001--1460 | 125 | 187,752 | AL107000001--1460 | 125 | 187,752 |
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| | Subtotal of Estimated Cost | | \$ 210,521 | Subtotal of Estimated Cost | | \$ 210,521 |

| Part II: Supporting Pages – Physical Needs Work Statement(s) | | | | | | |
|---|---|----------|----------------|---|----------|----------------|
| Work Statement for Year 1 FFY: 2009 | Work Statement for Year: 2013 FFY: 2013 | | | Work Statement for Year: 2014 FFY: 2014 | | |
| | 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 Annual Statement | AL107000001--1410 | 1 | 6,000 | AL107000001--1410 | 1 | 6,000 |
| | AL107000001--1430 | 1 | 16,769 | AL107000001--1430 | 1 | 16,769 |
| | AL107000001--1460 | 125 | 187,752 | AL107000001--1460 | 125 | 187,752 |
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| | Subtotal of Estimated Cost | | \$ 210,521 | Subtotal of Estimated Cost | | \$ 210,521 |

| 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 | None | | None | |
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| | Subtotal of Estimated Cost | \$ | Subtotal of Estimated Cost | \$ |

| Part III: Supporting Pages – Management Needs Work Statement(s) | | | | |
|--|---|----------------|---|----------------|
| Work Statement for Year 1 FFY: 2010 | Work Statement for Year: 2013 FFY: 2013 | | Work Statement for Year: 2014 FFY: 2014 | |
| | 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 | None | | None | |
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| | Subtotal of Estimated Cost | \$ | Subtotal of Estimated Cost | \$ |

| Part I: Summary | | | | | |
|---|--|--|----------------------|--------------------------------|---|
| PHA Name: Elba Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AL09P10750109 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant: 2009 FFY of Grant Approval: 2009 |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2010 <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 |
| 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) | 6,000.00 | -0- | -0- | -0- |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 16,769.00 | 16,769.00 | 16,769.00 | -0- |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 180,752.00 | 193,752.00 | 193,752.00 | 166,768.48 |
| 11 | 1465.1 Dwelling Equipment--Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | 7,000.00 | -0- | -0- | -0- |
| 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.

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: Elba Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AL09P10750109 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant: 2009 FFY of Grant Approval: 2009 | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2010 <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) | 210,521.00 | 210,521.00 | 210,521.00 | 166,768.46 |
| 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 03/31/2010 | | Signature of Public Housing Director | |
| <i>Samela D. Bedeak</i> | | | | | |

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: Elba Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AL09P10750109 CFPP (Yes/ No): Replacement Housing Factor Grant No: | | | Federal FFY of Grant: 2009 | | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| AL107000001 | Hire clerk-of-the-works to oversee construction; advertising costs. | 1410 | | 6,000.00 | -0- | -0- | -0- | |
| AL107000001 | Contract with architect to prepare plans, specifications, conduct inspections, etc. | 1430 | | 16,769.00 | 16,769.00 | 16,769.00 | -0- | |
| AL107000001 | Complete installation of new windows and renovations to handicapped units. | 1460 | | 138,000.00 | | 166,768.46 | 166,768.46 | |
| AL107000001 | Complete modernization of Smith-Harper to include painting, new floors, kitchen cabinets, renovations to bathrooms, etc. | 1460 | | 38,432.00 | 26,983.54 | 26,983.54 | -0- | |
| AL107000001 | Replace medicine cabinets, towel bars, etc., in Morrow Village. | 1460 | | 5,000.00 | -0- | -0- | -0- | |
| AL107000001 | Provide storage units for Coffee Homes. | 1470 | | 7,000.00 | -0- | -0- | -0- | |

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

² To be completed for the Performance and Evaluation Report.

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: Elba Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AL09S10750109--Simulus Grant Funding 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 checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | | |
| | | Original | Revised ² | Obligated | Expended | |
| 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) | 6,000.00 | -0- | -0- | -0- | |
| 5 | 1411 Audit | | | | | |
| 6 | 1415 Liquidated Damages | | | | | |
| 7 | 1430 Fees and Costs | 24,060.00 | 24,060.00 | 24,060.00 | 19,248.00 | |
| 8 | 1440 Site Acquisition | | | | | |
| 9 | 1450 Site Improvement | | | | | |
| 10 | 1460 Dwelling Structures | 237,278.00 | 243,278.00 | 243,278.00 | 16,363.71 | |
| 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.

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: Elba Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AL09S10750109--Stimulus Grant Funding 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 checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) | | |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2010 | | | | <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) | 267,338.00 | 267,338.00 | 267,338.00 | 35,611.71 | |
| 21 | Amount of line 20 Related to LBP Activities | | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | | |
| Signature of Executive Director <i>Samella W. Bedard</i> | | Date 3/31/2010 | | 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.

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 7/01/10, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

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

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Elba Housing Authority
PHA Name

AL107
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2014

Annual PHA Plan for Fiscal Years 2010 - 2010

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

| | |
|---|--|
| Name of Authorized Official | Title |
| Donald Lawford | Vice-Chairperson, Board of Commissioners |
| Signature | Date |
|  | March 25, 2010 |

RESOLUTION

The following Resolution entitled: Approval of Five-Year and Annual Plan for 2010 for the Elba Housing Authority, was introduced by **Commissioner Tucker**.

Commissioner Dyess moved that the foregoing Resolution be adopted as introduced.

Commissioner Lawford seconded the motion and said motion being put to a

vote, the following "Ayes" and "Nays" were recorded:

Ayes:

Nays:

Gerald Tucker

None

Wilson Dyess

Donald Lawford

Dwight Kelley

The Chairman declared said motion carried, and Resolution passed as introduced.

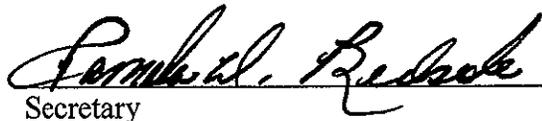
Resolution Number: **2010-42**

**THE HOUSING AUTHORITY OF THE CITY OF
ELBA, ALABAMA
1207 NORTH CLAXTON AVENUE
ELBA, ALABAMA 36323
(334) 897-2737—Office
(334) 897-3834—Fax
elbaha1130@charter.net—email**

CERTIFICATE

I, Pamela D. Bedsole, the duly appointed, qualified and acting Secretary of the Housing Authority of the City of Elba, Alabama, do hereby certify that the attached extract from the minutes of the **Regular** Meeting of the Commissioners of said Authority, held on **Tuesday, March 9, 2010**, is a true and correct copy of the original minutes of said meeting on file and of record insofar as said original minutes relate to the matters set forth in said attached extract, and I do further certify that the copy of the Resolution appearing in said attached extract is a true and correct copy of the Resolution adopted at said meeting and on file and of record.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said Authority this **10th** day of **March, 2010**.


Secretary

(SEAL)

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Elba Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Subsidy/Capital Fund Program/Section 8 Annual Contributions

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 Federalagency 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.)

1207 N. Claxton Avenue, Elba, AL 36323

All Sites: AL107

Section 8: Housing Choice Vouchers

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

Pamela D. Bedsole

Title

Executive Director

Signature

X *Pamela D. Bedsole*

Date

March 25, 2010

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Elba Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Subsidy/Capital Fund Program/Section 8 Annual Contributions

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

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

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

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

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

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

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

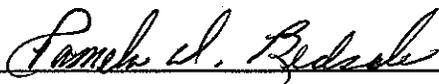
Name of Authorized Official

Pamela D. Bedsole

Title

Executive Director

Signature



Date (mm/dd/yyyy)

March 25, 2010

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

(See reverse for public burden disclosure.)

| | | |
|--|--|---|
| 1. Type of Federal Action: <input 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 | 2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | 3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____ |
| 4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c 2nd | 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known: | |
| 6. Federal Department/Agency: U.S. Dept. of Housing & Urban Development | 7. Federal Program Name/Description: CFDA Number, if applicable: 14.850 | |
| 8. Federal Action Number, if known: | 9. Award Amount, if known: \$ | |
| 10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): Note: There are no lobbying activities performed by this Housing Authority. | b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): | |
| 11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | Signature: <u>Pamela D. Bedsole</u> Print Name: <u>Pamela D. Bedsole</u> Title: <u>Executive Director</u> Telephone No.: <u>(334) 897-2737</u> Date: <u>03/25/10</u> | |
| Federal Use Only: | | Authorized for Local Reproduction Standard Form LLL (Rev. 7-97) |