

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Housing Authority City of Marianna</u> PHA Code: <u>AR027</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/01/2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>248</u> Number of HCV units: _____				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> X 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
					PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: Attachment: ar027a02				
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. Attachment: ar027a02				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: 1. Updated the Admission Policy to include the Enterprise Income Verification (EIV) System on 08/30/2005; 2. Updated the Admission Policy in 2006 to add the Violence Against Women Act (VAWA) Policy and an Addendum to the Dwelling Lease; 3. Revised Procurement Policy due to receiving ARRA Grant in 2009. (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. Available at 327 Ward Drive, Marianna, AR				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>The PHA plans to make an application for demolition of (2) 4-bedroom unit each year for a total of 10 units. In. 2010 285 & 287 Sealand; 2011 265 & 267 Sealand; 2012 261 & 263 Sealand; 2013 273 & 275 Sealand; & 2014 253 & 255 Sealand.</i> <i>These units are on a site that has 50 units with 20 being 4-BR unist and the site is too small to have that many units especially (20) four bedrooms.</i> <i>These units have been vacant a long time, because families are not as large as they use to be. Vandalism is a problem with vacant units.</i>				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. Attachment: ar027b02, 2010 Annual Statement; ar027c02, 5-Year Action Plan; ar027d02, 2009 CFP Budget Revision No. 2; ar027g02, 2009 Capital Fund Recovery Grant; ar027e02, 2008 CFP P & E Report; and ar027f02, 2007 CFP P & E Report				

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. Attachment: ar027c02, Capital Fund Program-Five Year Action Plan, 2010 - 2014</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. N/A</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. See attached</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. See attached</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. See attached</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" See attached</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

11.0

(F) COMMENTS RECEIVED WERE FOR WORK ITEMS IN THE 2010 CFP AND 5-YEAR ACTION PLAN SUCH AS DRYER HOOK-UPS, SECURITY DOORS, FLOOR TILE, ETC. THE FLOOR TILE IS IN THE 2009 ARRA BUDGET AND THE RAB PICKED OUT THE COLOR OF TILE FOR THE UNITS. THE OTHER ITEMS WERE ALREADY IN THE 5-YR ACTION PLAN WITH THE EXCEPTION OF ADDING A BACK DOOR AND WALK-IN BATHTUBS IN THE ELDERLY UNITS. THESE ITEMS ARE NOT POSSIBLE DUE TO THE DESIGN OF THE 0-BR AND 1-BR UNITS OR FEASIBLE.

(G) NO ONE CHALLENGED ANY ELEMENT OF THE AGENCY PLAN

PHA PLAN ELEMENTS:

6.0.1.

ELIGIBILITY, SELECTION AND ADMISSIONS POLICIES, INCLUDING DECONCENTRATION AND WAIT LIST PROCEDURES. MHA VERIFIES ELIGIBILITY FOR ADMISSION TO PUBLIC HOUSING WHEN THE APPLICATION IS COMPLETED AND VERIFIED. MHA SCREENS FOR CRIMINAL OR DRUG-RELATED ACTIVITY WITH COURT RECORDS FOR THE CITY AND COUNTY AND THE RENTAL HISTORY.

THE WAIT LIST IS COMMUNITY-WIDE. THE NUMBER OF OFFERS BEFORE THEY FALL TO THE BOTTOM OF LIST IS ONE. MHA DOES NOT PLAN TO EXCEED THE FEDERAL TARGETING REQUIREMENTS BY TARGETING MORE THAT 40% OF NEW ADMISSIONS AT OR BELOW 30% OF MEDIAN AREA INCOME.

TRANSFERS WILL TAKE PRECEDENCE OVER NEW ADMISSIONS IN EMERGENCIES, OVER-HOUSED, MEDICAL JUSTIFICATION AND ADMINISTRATIVE REASONS DETERMINED BY THE MHA, E.G., TO PERMIT MODERNIZATION WORK. MHA DOES NOT HAVE PREFERENCES.

OCCUPANCY. REFERENCE MATERIALS APPLICANTS AND RESIDENTS CAN USE TO OBTAIN INFORMATION ABOUT THE RULES OF OCCUPANCY OF PUBLIC HOUSING IS THE MA-RESIDENT LEASE; MHA'S ADMISSIONS AND CONTINUED OCCUPANCY POLICY AND RESIDENT HANDBOOK. RESIDENTS MUST NOTIFY MHA OF CHANGES IN FAMILY COMPOSITION AT ANY TIME THE COMPOSITION CHANGES AND AT ANNUAL REEXAMINATION AND LEASE RENEWAL.

DECONCENTRATION AND INCOME MIXING: MHA IS CONSIDERED ONE DEVELOPMENT AND IS NOT COVERED BY THE DECONCENTRATION RULE.

6.0.2	FINANCIAL RESOURCES:	
1.	FEDERAL GRANTS (FY) 2009 GRANTS)	
A.	PUBLIC HOUSING OPERATING FUND – 2009	\$ 542,024
	CAPITAL FUND RECOVERY GRANT – 2009	468,975
B.	PUBLIC HOUSING CAPITAL FUND – 2010	368,609
C.	HOPE VI REVITALIZATION	N/A
D.	HOPE VI DEMOLITION	N/A
E.	AC FOR SECTION 8 TENANT-BASED ASSISTANCE	N/A
F.	PH DRUG ELIMINATION PROGRAM	N/A
G.	RESIDENT OPPORTUNITY & SELF-SUFFICIENCY GRANTS	N/A
I	HOME	N/A
2.	PRIOR YEAR FEDERAL GRANTS (UNOBLIGATED ONLY)	
	2009 CAPITAL FUND	368,609
3.	PH DWELLING RENTAL INCOME	355,720
4.	OTHER INCOME	
	RESERVES	749,236
	INTEREST AND OTHER INCOME	18,000
5.	NON-FEDERAL SOURCES	N/A
	TOTAL RESERVES	\$2,871.173

6.0.4 OPERATION AND MANAGEMENT:
MHA EMPLOYS 9 FULL-TIME EMPLOYEES TO CARRY-OUT ITS DAILY ACTIVITIES. PEST CONTROL IS MANAGED BY THE MAINTENANCE DEPARTMENT.

6.0.5 GRIEVANCE PROCEDURES:

MHA GRIEVANCE PROCEDURES FOLLOWS HUD REGULATIONS TO ENSURE APPLICANTS AND RESIDENTS HAVE AN OPPORTUNITY FOR A FAIR HEARING.

6.0.6 DESIGNATED HOUSING FOR ELDERLY AND DISABLED FAMILIES: N/A

6.0.7 COMMUNITY SERVICE AND SELF-SUFFICIENCY:
MHA PROVIDES ADULT MEMBERS OF LEASEHOLDERS, NOT EXEMPT, WITH A LIST OF AGENCIES AND PLACES THEY CAN PERFORM COMMUNITY SERVICE. THEY MUST PROVIDE DOCUMENTATION TO THE MHA OF ACTIVITIES EACH MONTH. DOCUMENTATION MUST INCLUDE PLACES FOR SIGNATURES OF SUPERVISORS, INSTRUCTOR OR COUNSELORS CERTIFYING TO THE NUMBER OF HOURS CONTRIBUTED AND DATE.

IF IT IS FOUND ADULT FAMILY MEMBERS ARE NONCOMPLIANT, MHA DOES NOT RENEW LEASE UNLESS THE LEASEHOLDER AND THE NONCOMPLIANT MEMBER ENTERS INTO AN AGREEMENT TO MAKE UP THE DEFICIENT HOURS OVER THE NEXT 12 MONTHS.

AFTER THE NEXT 12 MONTHS THE FAMILY MEMBER IS STILL NOT COMPLIANT, A NOTICE TO TERMINATE THE LEASE IS ISSUED. THE FAMILY MAY USE THE GRIEVANCE PROCEDURE TO DISPUTE THE LEASE TERMINATION.

MHA DOES NOT HAVE ANY SELF-SUFFICIENCY PROGRAMS.

6.0.8 SAFETY AND CRIME PREVENTION:

RESIDENTS ARE FEARFUL FOR THEIR SAFETY, AS ARE ALL RESIDENTS OF THE CITY AND COUNTY. LOWER-LEVEL CRIME, VANDALISM AND/OR GRAFFITI IS OBSERVED. PEOPLE UNWILLING TO MOVE INTO ONE OR MORE SITES DUE TO PERCEIVED DRUG-RELATED CRIME.

MHA ENCOURAGES ALL RESIDENTS TO CALL THE POLICE IF THEY OBSERVE ANY CRIME ACTIVITY AND TO WATCH

EACH OTHERS APARTMENTS.

THE AGREEMENT WITH THE MARIANNA POLICE DEPARTMENT FOR ABOVE-BASELINE LAW ENFORCEMENT SERVICES WAS NOT RENEWED 12/31/2006 BECAUSE THE TWO MHA OFFICERS WERE NOT SPENDING THE REQUIRED TIME IN THE DEVELOPMENTS OR TURNING IN ANY REPORTS. BUDGET CUTS IN THE CAPITAL FUND PROGRAM WAS ALSO A FACTOR. MHA CONTINUES TO TRY TO WORK WITH THE MARIANNA POLICE DEPARTMENT.

6.0.9 PETS:

MHA ALLOWS RESIDENTS TO HAVE A PET PROVIDE THEY REQUEST PERMISSION BEFORE ACQUIRING THE PET AND FOLLOW ALL REQUIREMENTS TO HAVE A PET.

A FULL GROWN DOG CANNOT BE OVER 14" TALL AT THE TOP OF THE SHOULDER AND NOT WEIGH OVER 25 POUNDS. THE DOG MUST BE AT LEAST SIX MONTHS OLD AND BE HOUSEBROKEN.

A FULL GROWN CAT CANNOT BE OVER 8" TALL AT THE SHOULDER AND NOT WEIGH OVER 15 POUNDS.

PROOF THE PET HAS BEEN SPAYED OR NEUTERED, HAD ALL SHOTS, LICENSE REGISTRATION NUMBER. THIS PROOF MUST BE PROVIDED ANNUALLY. ALL PETS MUST WEAR COLLARS WITH IDENTIFICATION TAGS, WEAR FLEA COLLARS AND MUST BE ON A LEASH AT ALL TIMES WHEN OUTSIDE.

PET DEPOSIT IS \$200 AND RESIDENT MUST PAY A NONREFUNDABLE NOMINAL MONTHLY PET MAINTENANCE CHARGE OF \$5.00.

RESIDENT MUST AGREE NOT TO EXERCISE OR CURB THE ANIMAL ON HOUSING AUTHORITY PROPERTY AND TO REMOVE REFUSE FROM HOUSING AUTHORITY GROUNDS. RESIDENT AGREES NOT TO LEAVE THE PET ALONE IN THE APARTMENT OVERNIGHT.

RESIDENT AGREES TO CONTROL THE NOISE OF THEIR PET SO THAT IT DOES NOT CONSTITUTE A NUISANCE TO OTHER RESIDENTS. FAILURE TO CONTROL PET NOISE MAY RESULT IN REMOVAL OF THE PET FROM THE PREMISES.

6.0.10 CIVIL RIGHTS CERTIFICATION: THE MHA CERTIFIES THAT IT WILL CARRY OUT THE PUBLIC HOUSING PROGRAM OF THE AGENCY IN CONFORMTY 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.

6.0.11 FISCAL YEAR AUDIT: THE ANNUAL AUDIT FOR FISCAL YEAR ENDING MARCH 31, 2009 WAS SUBMITTED ELECTRONICALLY IN DECEMBER, 2009 AND THERE WERE NO FINDINGS.

MHA HAD A FISCAL AUDIT FOR YEAR END 03/31/2009 AND WAS SUBMITTED TO HUD ELECTRONICALLY IN DECEMBER, 2009. THERE WERE NO FINDINGS.

6.0.12 ASSET MANAGEMENT:

MHA HAS FEWER THAN 400 UNITS HAS ELECTED TO BE EXEMPT FROM ASSET MANAGEMENT. MHA IS DESIGNATED AS A SMALL PHA.

6.0.13 VIOLENCE AGAINST WOMEN ACT (VAWA):

THE PURPOSE OF THIS POLICY IS TO IMPLEMENT THE APPLICABLE PROVISIONS OF THE VIOLENCE AGAINST WOMEN AND THE DEPARTMENT OF JUSTICE REAUTHORIZATION ACT OF 2995 AND MORE GENERALLY TO SET FORTH MHA'S POLICIES AND PROCEDURES REGARDING DOMESTIC VIOLENCE, DATING VIOLENCE AND STALKING.

NOTWITHSTANDING ITS TITLE, THIS POLICY IS GENDER-NEUTRAL AND ITS PROTECTIONS ARE AVAILABLE TO MALES WHO ARE VICTIMS OF DOMESTIC VIOLENCE, DATE VIOLENCE OR STALKING AS WELL AS FEMALE VICTIIMS OF SUCH VIOLENCE.

THIS POLICY HAS THE FOLLOWING PRINCIPAL GOALS AND OBJECTIVES:

A. MAINTAINING COMPLIANCE WITH ALL APPLICABLE LEGAL REQUIREMENT IMPOSED BY WAVA;

B. ENSURING THE PHYSICAL SAFETY OF VICTIMS OF ACTUAL OR THREATENED DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING WHO ARE ASSISTED BY MHA;

C. PROVIDING AND MAINTAINING HOUSING OPPORTUNITIES FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING;

D. CREATING AND MAINTAINING COLLABORATIVE ARRANGMENTS BETWEEN MHA, LAW ENFORCEMENT AUTHORITIES, VICTIM SERVICE PROVIDERS, AND OTHERS TO PROMOTE THE SAFETY AND WELL-BEING OF VICTIMS OF ACTUAL AND

THREATENED DOMESTIC VIOLENCE, DATING VIOLENCE AND STALKING WHO ARE ASSISTED BY MHA; AND

E. TAKING APPROPRIATE ACTION IN RESPONSE TO AN INCIDENT OR INCIDENTS OF DOMESTIC VIOLENCE, DATING VIOLENCE STALKING, AFFECTING INDIVIDUALS ASSISTED BY MHA.

MHA WILL REQUIRE THAT INDIVIDUAL, VERIFY AN INCIDENT(S) OR ACTUAL OR THREATENED DOMESTIC, DATING VIOLENCE OR STALKING. VERIFICATION FORM MUST BE PROVIDED WITHIN 14 DAYS OF THE REQUEST. FAILURE TO PROVIDE VERIFICATION, IN PROPER FORM WITHIN SUCH TIME WILL RESULT IN LOSS OF PROTECTION UNDER VAWA AND THIS POLICY AGAINST A PROPOSED ADVERSE ACTION.

IT IS THE POLICY OF MHA TO COOPERATE WITH ORGANIZATIONS AND ENTITIES, BOTH PRIVATE AND GOVERNMENTAL, THAT PROVIDE AND/OR SERVICES TO VICTIMS OF DOMESTIC VIOLENCE. IF MHA STAFF BECOME AWARE THAT INDIVIDUAL ASSISTED BY MHA IS A VICTIM OF DOMESTIC, DATING VIOLENCE OR STALKING, MHA WILL REFER THE VICTIM TO SUCH PROVIDERS OF SHELTER OR SERVICES AS APPROPRIATE. NOTWITHSTANDING THE FOREGOING, THIS POLICY DOES NOT CREATE ANY LEGAL OBLIGATION REQUIRING MHA EITHER TO MAINTAIN A RELATIONSHIP WITH ANY PARTICULAR PROVIDER OF SHELTER OR SERVICES TO VICTIMS OF DOMESTIC VIOLENCE OR TO MAKE A REFERRAL IN ANY PARTICULAR CASE.

7.0.A HOPE VI OR MIXED FINANCE MODERNIZATION OR DEVELOPMENT: N/A

7.0.B DEMOLITION AND/OR DISPOSITION: ANSWERED ON PAGE 1

7.0.C CONVERSION OF PUBLIC HOUSING: N/A

7.0.D HOMEOWNERSHIP: N/A

7.0.E PROJECT-BASED VOUCHERS: N/A

9.0 HOUSING NEEDS:

FAMILY TYPE	OVERALL	HOUSING NEEDS OF FAMILIES IN THE JURISDICTION BY FAMILY TYPE				SIZE	LOCATION
		AFFORDABILITY	SUPPLY	QUALITY	ACCESSIBILITY		
INCOME 30% OF AMI	373	5	3	3	2	2	2
INCOME 30% BUT 50% OF AMI	246	4	3	3	2	2	2
INCOME 50% BUT 80% OF AMI	197	2	3	3	2	2	2
ELDERLY	167	3	2	2	2	2	2
FAMILIES W/ DISABILITIES	NA						
RACE/ETHNICITY B	835	3	3	3	2	2	2
RACE/ETHNICITY W	131	3	3	3	2	2	2
RACE/ETHNICITY H	0	0	0	0	0	0	0

WHAT SOURCE OF INFORMATION DID THE PHA USE TO CONDUCT THIS ANALYSIS?

U. S. CENSUS DATE: THE COMPREHENSIVE HOUSING AFFORDABILITY STRATEGY ("CHAS") DATASET

HOUSING NEEDS OF FAMILIES ON THE WAITING LIST FOR PUBLIC HOUSING

WAITING LIST TOTAL 0

9.1 STRATEGY FOR ADDRESSING HOUSING NEEDS:
 EMPLOY EFFECTIVE MAINTENANCE AND MANAGEMENT POLICIES TO MINIMIZE THE NUMBER OF PUBLIC HOUSING UNITS OFF-LINE.
 REDUCE TURNOVER TIME FOR VACATED PUBLIC HOUSING UNITS.
 REDUCE TIME TO RENOVATE PUBLIC HOUSING UNITS
 AFFIRMATIVELY MARKET TO RACES/ETHNICITIES SHOWN TO HAVE DISPROPORTIONATE HOUSING NEEDS.

10.0 ADDITIONAL INFORMATION:

A. PROGRESS IN MEETING MISSION AND GOALS:

MHA STILL STRUGGLES WITH VACANCIES, BUT WE CONTINUE TO PROMOTE DECENT, SAFE AND SANITARY HOUSING FREE FROM DISCRIMINATION.

WE CONTINUE TO RENOVATE OUR UNITS USING CAPITAL FUNDS, ALL UNITS HAVE AIR CONDITIONING, THERMAPANE WINDOWS, AND NEW FLOOR TILE IN MOST UNITS. FOUR UNITS HAVE BEEN DEMOLISHED.

MHA CONTINUES FURTHER FAIR HOUSING REGARDLESS OF RACE, COLOR, RELIGION NATIONAL ORIGIN, SEX, FAMILIAL STATUS AND DISABILITY.

B. SIGNIFICANT AMENDMENT AND SUBSTANTIAL DEVIATION/MODIFICATION:

SUBSTANTIAL DEVIATION FROM THE 5-YEAR PLAN:

ANY CHANGES TO THE PHA'S OVERALL MISSION AND ANY CHANGES TO THE GOALS OR OBJECTIVES THAT AFFECT SERVICES TO RESIDENTS OR APPLICANTS OR SIGNIFICANT CHANGES TO THE PHAS FINANCIAL SITUATION.

SIGNIFICANT AMENDMENT OR MODIFICATION TO THE ANNUAL PLAN:

ANY AMENDMENT THAT SUBSTANTIALLY ALTERS ANY POLICY OF PLAN PART AS ORIGINALLY SUBMITTED, OR THAT MAY RESULT IN A DIFFERENT OUTCOME FOR A TREATMENT OF RESIDENT, APPLICANTS OR PARTICIPANTS AND THE ADDITION OF ANY WORK ITEMS NOT CURRENTLY INCLUDED IN THE CFP ANNUAL OR 5-YEAR PLAN. THE FOLLOWING ARE NOT CONSIDERED SIGNIFICANT AMENDMENTS OR MODIFICATIONS:

1. FUNGIBILITY BETWEEN APPROVED WORK ITEMS FOR THE CFP
2. ANY EMERGENCIES
3. HUD REQUIRED STATUTORY OR REGULATORY REQUIREMENTS

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

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

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

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

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

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

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

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

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

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

5.1 Mission

Attachment: ar027a02

The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

5.2 Goals

HUD Strategic Goal: Increase the availability of decent, safe and affordable housing.

PHA Goal: Expand the supply of assisted housing

Objectives: Reduce public housing vacancies

PHA Goal: Improve the quality of assisted housing

Objectives: Improve public housing management: (PHAS score)

Increase customer satisfaction

Renovate or modernize public housing units

Demolish or dispose of obsolete public housing

HUD Strategic Goal: Improve community quality of life and economic vitality

PHA Goal: Provide an improved living environment

Objectives: Implement public housing security improvements

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals.

PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives: Provide or attract supportive services to improve assistance recipients employability

Provide or attract supportive services to increase independence for the elderly or families with disabilities.

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status and disability

Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status and disability

Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.

Part I: Summary	
PHA Name: Housing Authority City of Marianna	Grant Type and Number Capital Fund Program Grant No: AR037P02750110 ar027b02 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2010 FFY of Grant Approval:	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	14,627			
4	1410 Administration (may not exceed 10% of line 21)	12,500			
5	1411 Audit				
6	1415 Liquidated Damages	21,800			
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	12,000			
10	1460 Dwelling Structures	273,500			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition	20,000			
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: Housing Authority City of Marianna		Grant Type and Number Capital Fund Program Grant No: AR037P02750110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval:	
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)	14,182				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	368,609				
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	120,000				
Signature of Executive Director		Date 01/11/2010		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: Housing Authority City of Marianna			Grant Type and Number Capital Fund Program Grant No: AR037P02750110 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	
Sites D & E	energy efficient light fixtures	1460	100 units	60,000				
	water saver faucets kitchen & bathroom	1460	100 units	30,000				
	crawl space doors w/locks	1460	100 units	2,000				
Site F & G	paint fences	1450		5,000				
	roofing with roof vents	1460	13 bldgs	71,500				
	replace siding & rotted wood	1460	13 bldgs	80,000				
Claybrook Courts	energy efficient light fixtures	1460	7 bldgs	30,000				
Sites H, f2 & d2	paint fence	1450	3 sites	7,000				
Site f2	demolition 285 & 287 Sealand (2) 4-BR	1485	2	20,000				
				305,500				

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Housing Authority City of Marianna			Grant Type and Number Capital Fund Program Grant No: AR037P02750110 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	
HA-Wide	Resident Coordinatro	1408	1	14,627				
HA-Wide	Mod coordinator	1410	1	6,000				
	Employee benefits	1410	2	6,500				
	A/E services	1430	1	20,000				
	audit costs	1430		1,000				
	ads	1430		800				
				48,927				
	contingency	1502		14,182				
				368,609				

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.

Ar027c02

Part I: Summary						
PHA Name/Number Housing Authority City of Marianna		Marianna, Lee, AR			<input checked="" type="checkbox"/> X Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY_____	Work Statement for Year 2 FFY __2011_____	Work Statement for Year 3 FFY __2012_____	Work Statement for Year 4 FFY 2013_____	Work Statement for Year 5 FFY 2014_____
B.	Physical Improvements Subtotal	Annual Statement	722,750	737,600	841,000	1,086,200
C.	Management Improvements		14,629	15,212	15,820	16,543
D.	PHA-Wide Non-dwelling Structures and Equipment		87,000	87,000	35,500	35,500
E.	Administration		34,650	34,650	35,150	35,150
F.	Other Site Improvements		35,000	480,000	358,000	710,000
G.	Operations					
H.	Demolition		25,000	30,000	30,000	30,000
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		919,027	1,354,462	1,315,470	1,173,303
L.	Total Non-CFP Funds					
M.	Grand Total		919,027	1,354,462	1,315,470	1,173,303

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010 _____	Work Statement for Year __2011_____ FFY _____			Work Statement for Year: 2012_____ FFY _____		
	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	Sites D & E			Sites D & E		
Annual Statement	2” metal blinds	802	60,150	Raise sidewalks		20,000
	Dryer outlets	100	50,000	Replace water lines	50 units	200,000
	Cable outlets	400	25,000	Bathroom renovation	100	100,000
	Telephone jacks	400	25,000	Replace siding & wood	100 units	275,000
	Replace thresholds	200	6,000	Low flow showerheads	106	5,300
	Install crawl space door w/locks	100	2,000			
	Energy star refrigerators	20	8,000			
	Ranges electric & gas	10	4,000			
	Sites F & G			Sites F & G		
	Energy efficient light fixtures	26 units	50,000	Raise sidewalks		10,000
	Refinish interior doors	26 units	15,000	Replace water lines	26 units	95,000
	Replace ceiling fans	56	12,000	Low flow showerheads	26	1,300
	Porch lights w/4” no.’s	26	3,000	Replace siding & wood	26 units	80,000
				Energy star refrigerators	20	8,000
				Ranges electric & gas	10	4,000
	Claybrook Courts			Claybrook Courts		
	Replace kitchen cabinets	24	72,000	Replace siding & wood	8 bldgs	80,000
	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 __2011_____		Work Statement for Year: 2012_____	
	FFY _2011_____		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	Resident coordinator	14,627	Resident coordinator	15,212
	Mod coordinator	6,000	Mod coordinator	6,000
	Employee benefits	6,000	Employee benefits	6,000
	Audit costs	1,000	Audit costs	1,000
	A/E services	21,000	A/E services	21,000
	Ads	650	Ads	650
	Replace maintenance truck	25,000	Replace maintenance truck	25,000
	Energy star refrigerators	8,000	Energy star refrigerators	8,000
	Energy star electric ranges (10)	4,000	Replace 10 gas ranges	2,500
	Renovate gazebo w/roof, benches, Claybrook	50,000		
	Subtotal of Estimated Cost	\$ 136,277	Subtotal of Estimated Cost	\$ 99,362

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part I: Summary	
PHA Name: Housing Authority City of Marianna	Grant Type and Number Capital Fund Program Grant No: AR37P02750109 ar027d02 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements		14,064	0	0
4	1410 Administration (may not exceed 10% of line 21)		12,000	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		22,800	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement		600	0	0
10	1460 Dwelling Structures		290,656	0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition		0	0	0
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: Housing Authority City of Marianna		Grant Type and Number Capital Fund Program Grant No: AR037P02750109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval:	
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: 2)		
<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)		28,489	0	0	
20	Amount of Annual Grant:: (sum of lines 2 - 19)		368,609	0	0	
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 01/11/2010	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: Housing Authority City of Marianna			Grant Type and Number Capital Fund Program Grant No: AR037P027501092009 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:		
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	
Sites D & E	Dryer outlets	1460	100		25,000	0	0	
	exhaust fans	1460	106		25,993	0	0	
Sites F & G	kitchen cabinets & countertops	1460	26		52,000	0	0	
Claybrook Courts	remove wooden fences & metal posts around drying yards	1450	3		600	0	0	
Sites pt H & f2	discounnect attic fans & cover opening	1460	42		3,500	0	0	
pt H & f2	ceiling fans 1, 2, 3, & 4 BR	1460	162		32,400	0	0	
pt H & f2	dryer outlets	1460	40		10,000	0	0	
d2	roof with roof vents	1460	7 bldgs		50,000	0	0	
d2	replace siding & rotted wood	1460	7 bldgs		59,763	0	0	
d2	kitchen cabinets & countertops	1460	16		32,000	0	0	
Site f2	demolish (2) 4-BR (285 & 287 Sealand)	1470	2		0	0	0	
					291,256			

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Housing Authority City of Marianna			Grant Type and Number Capital Fund Program Grant No: AR037P02750109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	resident coordinator	1408	1		14,064	0	0	
	mod coordinator	1410	1		6,000	0	0	
	employee benefits	1410	2		6,000	0	0	
	audit cost	1430			1,000	0	0	
	A/E	1430	1		21,000	0	0	
	ads	1430			800	0	0	
					48,864			
	contingency	1502			28,489			
					368,609			

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary	
PHA Name: Housing Authority City of Marianna	Grant Type and Number Capital Fund Program Grant No: AR37P02750108 ar027e02 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2008 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 11/30/2009 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		13,523	13,523	8,809.35
4	1410 Administration (may not exceed 10% of line 21)		11,000	11,000	7,967.63
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		22,600	22,600	21,079.90
8	1440 Site Acquisition				
9	1450 Site Improvement		83,628	83,628	3,628.00
10	1460 Dwelling Structures		122,372	122,372	101,115.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures		77,542	77,542	65,427.80
13	1475 Non-dwelling Equipment		37,500	37,500	0
14	1485 Demolition		6,977	6,977	5,188.00
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: Housing Authority City of Marianna		Grant Type and Number Capital Fund Program Grant No: AR37P02750108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2008 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 11/30/2009				<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)		31,579	31,579	0	
20	Amount of Annual Grant:: (sum of lines 2 - 19)		406,721	406,721	213,215.68	
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 Peggy Wooten Date 01/11/2010				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: Housing Authority City of Marianna		Grant Type and Number Capital Fund Program Grant No: AR037P0275018 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AR027001	Bathtub inserts	1460	95		98,485	98,485	95,530	
AR027002	replace curb	1450	1		2,378	2,378	2,378	
	reasphalt parking	1450	2		26,500	26,500	0	
	dryer hookups	1460	14		4,975	4,975	4,975	
AR027003	reasphalt parking	1450	3		28,000	28,000	0	
	2" metal blinds	1460	148		9,690	9,690	9,690	
AR027004	reasphalt parking	1450	5		25,500	25,500	0	
	sidewalk repair	1450			1,250	1,250	1,250	
	office renovate (carpet, tile, countertops windows, painting, etc.	1470			77,542	77,542	73,592	
	demolition (2) 2-BR 150-152 Brainerd	1485	2		6,977	6,977	6,977	
	repl. air/heat w/energy eff. office & com munity room	1475	3		36,000	36,000	0	
	commercial vacuum	1475	1		1,500	1,500	0	
AR37S02750109	To complete ARRA contract-floor tile	1460			9,222	9,222	0	
					328,019	328,019	194,402	

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Housing Authority City of Marianna			Grant Type and Number Capital Fund Program Grant No: AR037P02750108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
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	
HA-Wide	Res. Coord., pt-time	1408	1		13,523	13,523	9,983.93	
	Mod Coord.	1410	1		6,000	6,000	4,500.00	
	Employee benefits	1410	2		5,000	5,000	4,408.46	
	A/E	1430	1		21,000	21,000	20,750.00	
	audit costs	1430	1		700	700	200.00	
	ads	1430	2		900	900	379.90	
					47,123	47,123	40,222.29	
	contingency	1502			31,579	31,579		
					406,721	406,721	213,215.68	

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary	
PHA Name: Marianna Housing Authority City of Marianna	Grant Type and Number Capital Fund Program Grant No: AR37P02750107 ar027f02 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2007 FFY of Grant Approval:	

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: _____)
 Performance and Evaluation Report for Period Ending: 11/30/2009
 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		38,203	38,203	14,140.09
4	1410 Administration (may not exceed 10% of line 21)		12,350	12,350	12,350.25
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		22,576	22,576	22,575.90
8	1440 Site Acquisition				
9	1450 Site Improvement		124,982	124,982	124,982.02
10	1460 Dwelling Structures		210,000	210,000	210,000.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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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: Housing Authority City of Marianna	Grant Type and Number Capital Fund Program Grant No: AR37P02750107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2007 FFY of Grant Approval:			
Type of Grant					
<input 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)		408,111	408,111	384,048.26
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority City of Marianna			Grant Type and Number Capital Fund Program Grant No: AR037P02750107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
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	
AR027001	repair sidewalk trip hazards	1450			14,898	14,898	14,898	
	trim &/or cut trees	1450			43,663	43,663	43,663	
	vanity cabinet & lavatory	1460			40,320	40,320	43,320	
AR027002	Trim &/or cut trees	1450			5,842	5,842	5,842	
	repair sidewalk trip hazards	1450			2,484	2,484	2,484	
	replace blinds	1460	26 units		16,000	16,000	16,000	
	replace windows	1460	146		58,597	58,597	58,597	
AR027003	trim &/or cut trees	1450			9,815	9,815	9,815	
	repair sidewalk trip hazards	1450			2,070	2,070	2,070	
	renovate bathrooms	1460	24 units		35,680	35,680	35,680	

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Housing Authority City of Marianna			Grant Type and Number Capital Fund Program Grant No: AR02750107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:		
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	
AR027004	trim &/or cut trees	1450			30,014	30,014	30,014	
	repair sidewalk trip hazards	1450			16,196	16,196	16,196	
					334,982	334,982	334,982	
HA-Wide	Res. Coordinator, pt. time	1408			14,140	14,140	14,140.09	
	computer, printers & software upgrade	1408	6		24,026	24,026		
	employee benefits	1410	2		6,350	6,350	6,350.25	
	mod coordinator	1410	1		6,000	6,000	6,000	
	fees & costs	1430			21,500	21,500	21,500	
	ads	1430	2		1,076	1,076	1,075.90	
							124,982.02	
					408,111	408,111	384,048.26	

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary	
PHA Name: Housing Authority City of Marianna	Grant Type and Number Capital Fund Program Grant No: AR37S0270109 ar027g02 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 11/30/2009 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)		5,000	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		29,800	29,800	25,404.90
8	1440 Site Acquisition				
9	1450 Site Improvement		182,000	182,000	0
10	1460 Dwelling Structures		298,028	298,028	0
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				

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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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: Housing Authority City of Marianna		Grant Type and Number Capital Fund Program Grant No: AR37S02750109 DUNS #048477772 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 11/30/2009				<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)		514,828	509,828	25404.90	
20	Amount of Annual Grant:: (sum of lines 2 - 19)					
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 01/13/2010	Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.

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Part II: Supporting Pages								
PHA Name: Housing Authority City of Marianna			Grant Type and Number Capital Fund Program Grant No: AR38S02750109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AR027000001	salaries	1410	2		5,000	0	0	
	Ads & RFPs	1430			1,000	1,000	379.90	
	A/E services	1430			27,800	27,800	25,025.	
	audit	1430			1,000	1,000	0	
					34,800			
					514,828	509,828	24,404.90	

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.

