PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011

1.0 PHA Information

PHA Name: _HELENA HOUSING AUTORITY_____ PHA Code: ___AR050_____

PHA Type: ☐ Small ☐ High Performing X☒ Standard ☐ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): _01/2010_____

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: ___298_____ Number of HCV units: _____0_____

3.0 Submission Type

☐ 5-Year and Annual Plan X☒ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:

TO PROMOTE ADEQUATE AND AFFORDABLE HOUSING ECONOMIC OPPORTUNITY AND A SUITABLE LIVING ENVIRONMENT FREE FROM DISCRIMINATION

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.

INCREASE THE AVAILABILITY OF DECENT, SAFE AND AFFORDABLE HOUSING

6.0 PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:
STATEMENT OF HOUSING NEEDS, STATEMENT OF FINANCES RESOURCES, ANNUAL STATEMENT/PERFORMANCE AND EVALUATION REPORT. CAPITAL FUND PROGRAM FIVE YEAR ACTION PLAN AND WORK ACTIVITIES,.

(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. 1000 HOLLY STREET , HELENA, ARKANSAS 72342

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. *Include statements related to these programs as applicable.*

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 *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing.

8.2 Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* 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.

8.3 Capital Fund Financing Program (CFFP).

☐ 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.

9.0	**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. Waiting list total: # of families 41; Extremely low income =51% ; 21 families; Very low = 29% , 12 families; Low income = 20%, 8 families. Families with children 37 or 90%; Elderly families 3 or 7%; Disabled family 1 or 3%. Race = 38 black or 92%, 2 white or 4%, and 1 mexican or 4%. # of units available= 0 br = 0, 1br=1, 2br =15, 3br =15, 4br = 10

9.1	**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.** **Employ effective maintenance and management policies to minimize the number of public housing units offline. Reduce turnover time for vacated public housing units. Reduce time to renovate public housing units. Undertake measures to ensure access to affordable housing among families assisted by PHA, regardless of unit size required.**
10.0	**Additional Information.** Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. Improve the quality of assisted housing objectives, improve public housing management(PHAS score). Increase customer satisfaction, concentrate on efforts to improve specific management functions, public housing finance. Renovate or modernize public units, demolish or dispose of obsolete public housing, provide replacement housing. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

11.0	**Required Submission for HUD Field Office Review.** In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the___ 5-Year and/or ✓ Annual PHA Plan for the PHA fiscal year beginning 01/2010, 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.

HELENA HOUSING AUTHORITY
PHA Name

AR050
PHA Number/HA Code

_____ 5-Year PHA Plan for Fiscal Years 20____ - 20____

_X_ 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)

STEWART FUENTEL Name of Authorized Official	Title CHAIRMAN
Signature	Date 10/15/2010

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Helena Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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.)

1000 Holly Street, Helena, Arkansas

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	Title
Lionell S Moss, PHM	Executive Director
Signature: X Lionell S Moss	Date: 10/15/2010

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

OMB Approval No. 2577-0157 (Exp. 3/31/2010)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Helena Housing Authority-Lionell S. Moss, PHM

Program/Activity Receiving Federal Grant Funding

Annual PHA Plan for Fiscal Year 2010

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	Title
Lionell S. Moss	Executive Director
Signature	**Date (mm/dd/yyyy)**
Lionell S. Moss	10/15/2010

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:
[B] a. contract
b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

2. Status of Federal Action:
[B] a. bid/offer/application
b. initial award
c. post-award

3. Report Type:
[A] a. initial filing
b. material change
For Material Change Only:
year _____ quarter _____
date of last report _____

4. Name and Address of Reporting Entity:
[x] Prime [ ] Subawardee
Tier _____, *if known*:

Congressional District, *if known*: 4c

5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:

Congressional District, *if known*:

6. Federal Department/Agency:
United States Dept of Housing and Urban Development

7. Federal Program Name/Description:

CFDA Number, *if applicable*: _____

8. Federal Action Number, *if known*:

9. Award Amount, *if known*:
$ 478,223

10. a. Name and Address of Lobbying Registrant
(*if individual, last name, first name, MI*):

b. Individuals Performing Services (*including address if different from No. 10a*)
(*last name, first name, MI*):

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: Lionell A. Moss
Print Name: Lionell S. Moss, PHM
Title: Executive Director
Telephone No.: 870-338-3407 Date: 10/15/2010

Federal Use Only:

Authorized for Local Reproduction
Standard Form LLL (Rev. 7-97)

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011

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

I, James Valley the Mayor certify that the Five Year and Annual PHA Plan of the Helena Housing Authority is consistent with the Consolidated Plan of Helena Housing Authority prepared pursuant to 24 CFR Part 91.

Signed / Dated by Appropriate State or Local Official

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

Civil Rights Certification

Annual Certification and Board Resolution

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

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

Helena Housing Authority	AR050
PHA Name	PHA Number/HA Code

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

Name of Authorized Official: Lionell S . Moss	Title: Executive Director
Signature: Lionell S Moss	Date: 10/15/2010

HOUSING AUTHORITY
OF THE
CITY OF HELENA

1000 HOLLY STREET
HELENA, ARKANSAS 72342

LIONELL S. MOSS
Executive Director

Phone: (870) 338-3407 • Fax: (870) 338-3478
Email: 1000holly@sbcglobal.net

MARK A. PRICE
Asst. Executive Director

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 APPROPRITE 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 BECOE 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 POILICY 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.

EQUAL HOUSING
OPPORTUNITY

HOUSING AUTHORITY
OF THE
CITY OF HELENA

1000 HOLLY STREET
HELENA, ARKANSAS 72342

LIONELL S. MOSS
Executive Director

Phone: (870) 338-3407 • Fax: (870) 338-3478
Email: 1000holly@sbcglobal.net

MARK A. PRICE
Asst. Executive Director

RESIDENT ADVISORY BOARD

Ms. Mary Gates, President
1118 Ohio Street
Helena, AR 72342

Mr. Bobby Smith
905 Franklin Street
Helena, AR 72342

Ms. Marva J. Henry, Treasurer
1122 Pecan Street
Helena, AR 72342

Mr. Luis Lopez, Sgt-At-Arms
1006 Franklin Street
Helena, AR 72342

TENANT-RESIDENT COUNCIL MEETING
MINUTES
TUESDAY, SEPTEMBER 14, 2010

Helena Housing Authority's tenant meeting was called to order at 5:50 P.M. Mr. Moss explained the nature of the meeting and the importance of the suggestions to be given by each in attendance.

Mr. Moss opened the meeting for questions and suggestions. Mr. Edward Delvey of 807 Phillips Street suggested that Helena Housing enclosed Sacred Heart area and Phillips Street with a steel gate. Mr. Moss responded by stating that although the suggestion sounds ideal, those individuals who do not live on our property will not be able to drive on Phillips Street. The area of Sacred Heart may be a possibility.

Mr. Delvey went to state that individuals who do not live on site cause the majority of the problems.

Ms. Rosetta Fuller of 145 Sacred Heart stated that Helena Housing should cut the grass and bushes at the back of her house. Mr. Moss stated that the agency is doing that already. Ms. Fuller stated that they are not cutting on top of the hill behind her apartment. Mr. Moss stated that the "hill" belongs to private homeowners'. Mr. Moss went on to state that he will talk with the city of Helena Code Enforcement Officers about the overgrowth.

Ms. Katherine Henry of 143 Sacred Heart stated that we should spend some of the money on hiring a police officer that will sit in the area of Sacred Heart. Ms. Henry went on to state that a lot of teenagers "hang out" at night and play loud music. Mr. Moss stated that she should call the police. Ms. Henry stated that she does not want the officers mentioning her name.

EQUAL HOUSING
OPPORTUNITY

(The reason she doesn't call the police.) Mr. Moss encouraged and assured Ms. Henry that the police will not say she called.

Ms. Deloris Thomas of 803 Trinity Drive stated that Helena Housing should place "bullet proof" windows in all of the apartments.

Ms. Thomas went on to state that a neighbor of hers was shot with a high powered rifle. She stated that he was looking out of his window and was shot in the head. Mr. Moss stated that he is aware of the incident, but will not be able to have bullet proof windows installed in the apartments. Ms. Thomas then stated "well have them put in my apartment." Mr. Moss stated that he wished he could do that what was asked by Ms. Thomas but he just will not be able to do it.

Ms. Kenosha Walker of 203 Joe Brady Drive asked that Helena Housing place more lighting in Joe Brady Drive. Mr. Moss stated that he did that and will have the lighting fixtures replaced. Mr. Moss went on to state that bullet proof lighting was installed in Joe Brady Drive. No one reported to the office that an unknown individual climbed the pole and removed the entire apparatus.

Mr. Moss thanked those present for their input and adjourned the meeting.

Meeting adjourned at 6:35 P.M.

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:	Grant Type and Number	FFY of Grant:
Helena Housing Authority	Capital Fund Program Grant No: AR37P05050110 Replacement Housing Factor Grant No: Date of CFFP: _____	2010 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: ☐ 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]	80,000	85,000		
3	1408 Management Improvements	40,000	0		
4	1410 Administration (may not exceed 10% of line 21)	49,050	18,000		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0	17,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	19,500	25,000		
10	1460 Dwelling Structures	0	71,000		
11	1465.1 Dwelling Equipment—Nonexpendable	0	18,000		
12	1470 Non-dwelling Structures	126,450	146,000		
13	1475 Non-dwelling Equipment				
14	1485 Demolition	175,500	98,223		
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				
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)	490,500	478,223		
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				

[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
Expires 4/30/2011

Part I: Summary

PHA Name:	Grant Type and Number	FFY of Grant:
Helena Housing Authority	Capital Fund Program Grant No: AR37P0500110 Date of CFFP: _____ Replacement Housing Factor Grant No:	2010 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: ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended

Signature of Executive Director	Date	Signature of Public Housing Director	Date
[signature]	10/15/2010		

Part II: Supporting Pages

PHA Name: Helena Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: AR37P05050110 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
PHA WIDE				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
	Operations	1406	PHA Wide	80,000	85,000			
	Mgmt Imprvments	1408	PHA Wide	40,000	0			
	Administration	1410	9 Staff	49,050	18,000			
	Fees and Cost	1430	1 Person	0	17,000			
	Site Imprvments	1450	PHA Wide	19,500	25,000			
	Dwelling Structure	1460	PHA Wide	0	71,000			
	Dwelling Equipment	1465.1	PHA Wide	0	18,000			
	Non-Dwelling Structures	1470	PHA Wide	126,450	146,000			
	Demolition	1485	3 Bldg	175,500	98,223			
AR37P050-01	Property Insurance	1406	PHA Wide	30,000	35,000			
	Computers,Security System, Phone	1408	Office	40,000	0			
	Staff Training	1410	Office	49,050	18,000			
	Capital Fund Consultant	1430	1 Person	0	17,000			
	Flood Control	1450	PHA Wide	6,500	8,500			
	Windows,Roofs,Siding & Screens	1460	PHA Wide	0	25,000			
	AC Units, Duct Work Vents	1465.1	PHA Wide	0	6,000			
	Storage Bldg, Roofs, Soffitts	1470	PHA Wide	42,150	50,000			

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

Part II: Supporting Pages

PHA Name: Helena Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: AR37P0500110 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
AR37P050-02				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
	Property Insurance	1406	PHA Wide	30,000	35,000			
	Flood Control	1450	PHA Wide	6,500	8,500			
	Storage Bldg, Siding & Soffitts	1470	PHA Wide	42,150	50,000			
	Windows, Roofs, Siding, Soffitts	1460	PHA Wide	0	25,000			
	AC Units, Duct work, Vents	1465.1	PHA Wide	0	6,000			
AR37P050-03	Property Insurance	1406	PHA Wide	20,000	15,000			
	Flood Control	1450	PHA Wide	6,500	8,000			
	Strage Bldg, Roofs, Soffitts	1470	PHA Wide	42,150	46,000			
	Demolish 3 Blgs	1485	PHA Wide	175,500	98,223			
	Windows, Roofs, Siding, Screens	1460	PHA Wide	0	21,000			
	AC Units, Ductwork, Vents	1465.1	PHA Wide	0	6,000			

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: HELENA HOUSING AUTHORITY

Federal FFY of Grant: ~~2011~~ 2010

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AR37P050-01	10/30/10	10/30/11	10/30/10	10/30/11	
AR37P050-02	10/30/10	10/30/11	10/30/10	10/30/11	
AR37P050-03	10/30/10	10/30/11	10/30/10	10/30/11	

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