

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Housing Authority of the City of West Helena</u> PHA Code: <u>AR060</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>2010</u>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>244</u> Number of HCV units: <u>0</u>																										
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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:																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the PHA is the same as that of the Dept. of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.																										
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. To achieve high performer PHAS score, to renovate and modernize units, to make units more energy efficient. We have added security patrols in development.																										
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) 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. Housing Authority Office, 115 North Third St., West Helena, AR 72390																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.																										
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.																										
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <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.																										
<b>9.0</b>	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. <b>Shortage of affordable housing for eligible participants.</b>																										

9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. Reduce the turnover time for vacated units, and also to renovate units to be more energy efficient, give preference to the elderly and disabled.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. Even with a continued loss of population in our area, we continue to maintain a satisfactory waiting list of applicants. We have begun renovating units through the CFP and our goal is to make them more energy efficient and making physical improvements. We are also providing security patrols.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” Substantial Deviation is any change to the PHA’s overall mission and any changes to the goals or objectives that affect services to the residents or applicants, or significant changes to the PHA’s financial situation. Significant amendment is any revision/amendment that substantially alters any policy or Plan part as originally submitted or that may result in a different outcome for or treatment of tenants, applicants, pr participants, and the addition of any work items not currently included in the Annual or 5 Yr Plan. The following are not considered a significant revision or modification; 1. Utilization of fungibility between approved yearly work items for Capital Improvement Plan, 2. HUD required statutory or regulatory requirements, 3. Emergencies.</p>

11.0	<p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> 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>
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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

<b>Part I: Summary</b>		
<b>PHA Name: Housing Authority of the City of West Helena</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P06050106 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2006</b> <b>FFY of Grant Approval:</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 06/30/2009       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	34,500.19		34,500.19	34,500.19
4	1410 Administration (may not exceed 10% of line 21)	27,338.83		27,338.83	27,338.83
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	28,255.00		28,255.00	28,255.00
10	1460 Dwelling Structures	220,694.00		220,694.00	220,694.00
11	1465.1 Dwelling Equipment—Nonexpendable	18,896.98		12,000.00	12,000.00
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 <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of West Helena		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P06050106 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2006</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <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: 6/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
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)	329,685.00		322,788.02	322,788.02
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	30,000.00			
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	262,185.00			
<b>Signature of Executive Director</b>			<b>Date</b>	<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.



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 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name: Housing Authority of the City of West Helena</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P06050107 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	40,000.00	30,000.00	30,000.00	24,415.93
4	1410 Administration (may not exceed 10% of line 21)	27,500.00	27,955.85	26,955.85	26,955.85
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,000.00	-0-	-0-	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement	40,000.00	7,500.00	7,500.00	-0-
10	1460 Dwelling Structures	207,012.00	255,843.05	255,843.05	141,350.00
11	1465.1 Dwelling Equipment—Nonexpendable	-0-	22,846.10	22,846.10	22,846.10
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	-0-	18,367.00	18,367.00	18,367.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of West Helena		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P06050107 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2007</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	361,512.00	361,512.00	361,512.00	233,934.88
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	30,000.00	30,000.00	30,000.00	24,415.93
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	207,012.00	261,259.15	261,259.15	164,196.10
<b>Signature of Executive Director</b>		<b>Date 9-24-09</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of West Helena			<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P06050107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2007</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Security Patrols	1408		30,000.00	30,000.00	30,000.00	24,415.93	In Process
	Computer Updates	1408		5,000.00	-0-			
	Staff Training	1408		5,000.00	-0-			
	CFP Coordinator/Ads	1410		27,500.00	26,955.85	26,955.85	26,955.85	Completed
	Fees and Costs	1430		27,000.00	-0-			
	Modernation Truck	1475		-0-	18,367.00	18,367.00	18,367.00	Completed
AR060001	Outside Faucets	1460	75	17,012.00	11,078.25	11,078.25	-0-	In Process
	Roofing	1460		-0-	97,063.05	97,063.05	-0-	In Process
	Refrigerators/Stoves	1465.1		10,000.00	11,423.05	11,423.05	11,423.05	Completed
AR060002	Windows/Screens	1460		190,000.00	141,350.00	141,350.00	141,350.00	Completed
	Site Work/Dirt/Sod/Trees	1450		40,000.00	7,500.00	7,500.00	-0-	In Process
	Refrigerators/Stoves	1465.1		10,000.00	11,423.05	11,423.05	11,423.05	Completed
	Outside Faucets	1460	43	-0-	6,351.75	6,351.75	-0-	In Process

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

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

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<b>Part I: Summary</b>					
<b>PHA Name: Housing Authority of the City of West Helena</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P06050108 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <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: 06/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	40,000.00		0	0
4	1410 Administration (may not exceed 10% of line 21)	27,500.00		28,623.64	11,771.54
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,000.00		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	40,000.00		0	0
10	1460 Dwelling Structures	201,396.00		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	20,000.00		0	0
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 <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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<b>Part I: Summary</b>						
<b>PHA Name:</b> Housing Authority of the City of West Helena		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P06050108 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<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: 06/30/2009		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
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)	355,896.00		28,623.64	11,771.54	
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	30,000.00				
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures	201,396.00				
<b>Signature of Executive Director</b>			<b>Date</b>		<b>Signature of Public Housing Director</b>	
					<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of West Helena			<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P06050108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Security Patrols	1408		30,000.00		0	0	Not Begun
	Computer Updates	1408		5,000.00		0	0	Not Begun
	Staff Training	1408		5,000.00		0	0	Not Begun
	CFP Coordinator	1410		27,000.00		28623.64	11,771.54	In Process
	Ads	1410		500.00		0	0	Not Begun
	Fees and Costs	1430		27,000.00		0	0	Not Begun
AR060001	Ranges/Refrigerators/Hot Water Heaters	1465.1		10,000.00		0	0	Not Begun
	Site Work/Landscaping	1450		20,000.00		0	0	Not Begun
	Outside Faucets	1460		14,204.00		0	0	Not Begun
AR060002	Bath Renovations	1460		170,000.00		0	0	Not Begun
	Site Work/Landscaping	1450		20,000.00		0	0	Not Begun
	Ranges/ Refrigerators/Hot Water Heaters	1465.1		10,000.00		0	0	Not Begun
	Outside Faucets	1460		17,192.00		0	0	Not Begun

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

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

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<b>Part I: Summary</b>					
<b>PHA Name: Housing Authority of the City of West Helena</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P06050109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	40,000			
4	1410 Administration (may not exceed 10% of line 21)	30,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	80,000			
10	1460 Dwelling Structures	159,000			
11	1465.1 Dwelling Equipment—Nonexpendable	18,667			
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 <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of West Helena		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P06050109 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	354,667			
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	30,000			
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	78,667			
<b>Signature of Executive Director</b>		<b>Date 9-11-09</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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**

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of West Helena		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P06050109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>			
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Security Patrols	1408		30,000				
	Computer Updates	1408		5,000				
	Staff Training	1408		5,000				
	CFP Coordinator	1410		29,000				
	Ads	1410		1,000				
	Fees and Costs	1430		27,000				
	Site Work/Fences/trees/concrete/dirtwork	1450		80,000				
	Bath Renovations /Toilets/vanities/sinks/tub surrounds	1460	35	60,000				
	Floor Tile	1460	35	99,000				
	Ranges/Refrigerators	1465.1	25	18,667				

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

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, 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

<b>Part I: Summary</b>					
<b>PHA Name: Housing Authority of the City of West Helena</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:                    )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	40,000			
4	1410 Administration (may not exceed 10% of line 21)	30,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	80,000			
10	1460 Dwelling Structures	249,000			
11	1465.1 Dwelling Equipment—Nonexpendable	25,000			
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 <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of West Helena		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no:        )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	451,000			
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	30,000			
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	175,000			
<b>Signature of Executive Director</b>			<b>Date</b>	<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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**

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of West Helena			<b>Grant Type and Number</b> Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Security Patrols	1408		30,000				
	Computer Updates	1408		5,000				
	Staff Training	1408		5,000				
	CFP Coordinator	1410		29,000				
	Ads	1410		1,000				
	Fees and Costs	1430		27,000				
AR060001	Site Work/Fences/trees/concrete/dirtwork	1450		40,000				
	Bath Renovations /Toilets/vanities/sinks/tub surrounds	1460	35	60,000				
	Floor Tile	1460	35	99,000				
	Roofing	1460		45,000				
	Refrigerators/Stoves/ Hot Water Heaters	1465.1	12 ea	12,500				
AR060002	Site Work/Fences/trees/concrete/dirtwork	1450		40,000				
	Roofing	1460		45,000				
	Refrigerators/Stoves/Hot Water Heaters	1465.1	12 ea	12,500				

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

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

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

<b>Part I: Summary</b>		
PHA Name: Housing Authority of the City of West Helena	Grant Type and Number Capital Fund Program Grant No: AR37S060501-09 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:       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0			
3	1408 Management Improvements	0			
4	1410 Administration (may not exceed 10% of line 21)	0			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	0			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	65,000			
10	1460 Dwelling Structures	355,000			
11	1465.1 Dwelling Equipment—Nonexpendable	30,494			
12	1470 Non-dwelling Structures	0			
13	1475 Non-dwelling Equipment	0			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration	0			
16	1495.1 Relocation Costs	0			
17	1499 Development Activities <sup>4</sup>	0			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Housing Authority of the City of West Helena		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37S060501-09 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:        )</b>						
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA	0				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0				
19	1502 Contingency (may not exceed 8% of line 20)	0				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	450,494				
21	Amount of line 20 Related to LBP Activities	0				
22	Amount of line 20 Related to Section 504 Activities	0				
23	Amount of line 20 Related to Security - Soft Costs	0				
24	Amount of line 20 Related to Security - Hard Costs	0				
25	Amount of line 20 Related to Energy Conservation Measures	305,494				
<b>Signature of Executive Director</b>		<b>Date 4-1-2009</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

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



**Part I: Summary**

PHA Name/Number West Helena AR060		Locality (City/County & State) West Helena/Phillips/AR		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	592,000	547,000	600,000	767,000
C.	Management Improvements		35,000	40,000	35,000	35,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		30,000	30,000	30,000	30,000
F.	Other		27,000	27,000	27,000	27,000
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		684,000	644,000	692,000	859,000
L.	Total Non-CFP Funds					
M.	Grand Total		684,000	644,000	692,000	859,000

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number		Locality (City/county & State)				Original 5-Year Plan Revision No: <input type="checkbox"/> <input type="checkbox"/>
Development Number and Name	Work Statement for Year 1 FFY	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____	
	Annual					





<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _____ 2010	Work Statement for Year _____ FFY _____ 20112011		Work Statement for Year: _____ FFY _____ 20122012	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	HA Wide/ Security Patrols	30,000	HA Wide/Security Patrols	30,000
Annual	Computer Updates	5,000	Computer Updates	5,000
Statement			Staff Training	5,000
	Subtotal of Estimated Cost	\$ 35,000	Subtotal of Estimated Cost	\$ 40,000

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _____ 2010	Work Statement for Year _____ FFY _____ 20132013	Estimated Cost	Work Statement for Year: _____ FFY _____ 20142014	Estimated Cost
	Development Number/Name General Description of Major Work Categories		Development Number/Name General Description of Major Work Categories	
See	HA Wide/ Security Patrols	30,000	HA Wide/Security Patrols	30,000
Annual	Computer Updates	5,000	Staff Training	5,000
Statement				
	Subtotal of Estimated Cost	\$ 35,000	Subtotal of Estimated Cost	\$ 35,000