

5.2 **Goals and Objectives.** Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

The Ola Housing Authority's goals are:

Increase the availability of decent, safe, and affordable housing

- *Reduce public housing vacancies
- *Reduce turn-around time
- *Improve public housing management (PHAS score)
- *Increase customer satisfaction
- *Renovate or modernize public housing units: use capital funds for Modernization.

Improve community quality of life and economic vitality

- *Provide an improved living environment
- *Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: (Working family preference).

Promote self-sufficiency and asset development of families and individuals

- Promote self-sufficiency and asset development of assisted household

Objectives:

- Increase the number and percent of employed persons in assisted families: working family preference; delayed rent increase.
- Provide or attract supportive services to improve assistance recipients' employment: provide accommodations for adult education classes.
- Provide or attract supportive services to increase independence for the elderly or families with disabilities. Meals on wheels; home health care

Ensure equal opportunity in Housing for all Americans

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: Affirmatively market to races/ethnicities with disproportionate housing needs.

- 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: Deconcentration-income mixing.
- Undertake affirmative measures to ensure accessible housing to persons with varieties of disabilities regardless of unit size required: convert units of all sizes to handicapped accessibility.

*Provide an improved living environment.

*Implement public housing security improvements;

Objectives:

Increase the number and percent of employed persons in assisted families;

Provide or attract supportive services to improve assistance recipients;

Ensure Equal Opportunity and affirmatively further fair housing;

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

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

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

The Housing Authority of the City of Ola has reviewed all of the goals and objectives set in out 2004 Five Year Plan.

We have reduced our vacancies; although this is ongoing we will continue to keep this goal and strive to have no vacancies. We do see a pattern where our residents are leasing the units for longer periods of time. Our unit turn figures have been reduced. We contribute this to our CFP modernization program and the many improvements that we have created in our housing. Our PHAS score has increased we now have the status of high performer.

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>Changes or element that have changed are listed below:</p> <p>The following elements can be requested for review at the Administration Office located at 102 South Fifth Street, Ola, Arkansas 72853</p> <ol style="list-style-type: none"> 1. Eligibility, Selection and Admissions Policies, including De-concentration and Waiting List Procedures: No Change The PHA verifies eligibility for admission to public housing upon application process. The OHA uses the non-income screening factors to establish eligibility for admission to public housing. Criminal or drug activity, rental history, housekeeping or credit history, past due balances to PHA's. No Change 2. Financial Resources: The OHA Financial Statement include Operating Funds, Capital Funds and ARRA Stimulus Funds-09-Rental Income and investments this changes on an annual basis. 3. Rent Determination-The PHA employs discretionary policies for determining income based rent. Minimum Rent: \$26-\$50.00. The OHA has a community wide waiting list. 4. Operations and Management: The PHA adopted an ARRA Procurement Policy for implementing the stimulus funds as recommended by HUD. 5. Grievance Procedures: No change 6. NA 7. Community Services and Self –Sufficiency: No change 8. Safety and Crime Prevention; we continue to be alert for the crime and safety in our housing. We have housed two Ola City Police Officers (under special contract). This provides more security for our residents. 9. Pets: No change 10. Civil Rights Certification 11. Fiscal year Audit (most recent completed) 12. NA 13. Violence Against Women Act: No change , Policy Statement shown under Other Information <p>b. Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>Administration office Building 102 South Fifth Street Ola, Arkansas72853</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>N/A</p>

8.0	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 a 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. Attached: CFP 2008/2009/ARRA-09 Stimulus Grant/2010
8.2	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. <i>Capital Fund Program Five year Action Plan HUD50075.2 is attached.</i>
8.3	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.
	<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.</p> <p>The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plans.</p> <p>No Information is available upon which Ola Housing Authority can make this assessment.</p> <p>Housing needs of Families on the waiting list: Public Housing Waiting list total: 6</p> <p>Family Type Elderly/Non Elderly--Racial Ethnicity--Unit Size-----Income Breakdown</p> <p>2-Single Non-Elderly-----White/Non Hispanic-----One-----Income <=30%of AMI 4-Family.Non-elderly-----White/Hispanic-----Two-----Income,30% but <=50%of AMI</p> <p>The waiting list is open. Other sources: 2000 Census Data</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.</p> <p>Strategies 1. Maximize the number of affordable units available to the PHA within its current resources by:</p> <ul style="list-style-type: none"> *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 *Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size Required. *Adopt rent policies to support and encourage work, <p>Need: Specific Family Types: Target available assistance to families at or below 30 %</p> <p>Strategy1: Target available assistance to families at or below 30% of AMI</p> <ul style="list-style-type: none"> *Adopt rent policies to support and encourage work <p>Need: Strategy: Target available assistance to families at or below 50 % of AMI:</p> <ul style="list-style-type: none"> *Employ admissions preference aimed at families who are working *Adopt rent policies to support and encourage work <p>Need: Specific Family Types: Target available assistance to families with Disabilities:</p> <ul style="list-style-type: none"> *Affirmatively market races/ethnicities shown to have disproportionate housing needs <p>Need: Specific Family Types: Races or ethnicities with disproportionate housing needs</p> <p>Strategy 1: Affirmatively market to races/ethnicities shown to have disproportionate housing needs.</p> <p>Other Housing Needs & Strategies</p> <ul style="list-style-type: none"> *Reason for Selecting Strategies: *Staffing constraints *Limited availability of sites for assisted housing *Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA *Community priorities regarding housing assistance
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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.

The Housing Authority of the City of Ola has met the requirements of set forth in our mission and goals.

We have reduced our vacancies. This is on- going as most of our residents are transit and move closer to larger town and jobs.

Improved our PHAS score and strive to maintain high performer status.

We work to increase customer satisfaction and have completed many renovating improvements in our public housing units. We have new insulated windows, HVAC in all units and have re-roofed all units. We have now completed over 70 % of Retime in our units. We have completed numerous plumbing and water lines problems. We now have exchanged all water valve shut- off's on our grounds. Our kitchens have received new cabinets and our resident's have been given the much needed parking bays.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

Substantial Deviation from the 5-Year Plan: Any changes to the Ola Housing Authority's overall mission, any changes to the goals or objections that effect services to residents, or significant changes to the Ola Housing Authority's financial situation; a complete revision or abandonment of one or more of the components in the Five year Plan.

Significant Amendment or Modification to the Annual Plan: 50 % variance in the funds projected in the Capital Fund Program Annual Statement; any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual statement; any changes in a policy or procedure that requires a regulatory 30-day posting; any submission that requires a separate modification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Home ownership Programs; any changes inconsistent with the local, approval Consolidated Plan.

OTHER INFORMATION

Violent Against Women Act:

The Housing Authority of the City of Ola has adopted a policy to implement applicable provisions of the Violent Against Women and Department of Justice Reauthorization Act of 2005 (Pub's 109-162) (VAMA). Ola Housing Authority's goals, objective and policies to enable Ola Housing Authority to serve the needs of child and adult victims of domestic violence, dating violence and stalking, as defined in VAMA, are stated in the Ola Housing Authority's Violence Against Women Policy., the Board approved amendment to the Ola Housing Authority's Occupancy Policy. The Ola Housing Authority shall participate in programs to serve the need of child and adult victims of domestic violence, dating violence and stalking as and to the extent such programs are described from time to time in Ola Housing Authority's Annual Public Plan.

The Plan changes were reviewed by RAB, Approved by the Board Resolution and made available to the public.

Comments: RAB ask for work in their bathrooms. This has been addressed in our CFP

10.0

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 the **Housing Authority of the City of Ola** 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)

Annual Statement/Performance and Evaluation Report
 Development
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Housing
 Capital Fund Financing Program
 0226

U.S. Department of Housing and Urban

Office of Public and Indian

OMB No. 2577-

Expires

4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of Ola		Grant Type and Number Capital Fund Program Grant No: AR37P091501-10 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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$12,000.00			
3	1408 Management Improvements	\$ 8,000.00			
4	1410 Administration (may not exceed 10% of line 21)	\$14,428.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$10,200.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$30,000.00			
10	1460 Dwelling Structures	\$ 97,288.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	\$ 5,000.00			
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Expires 4/30/2011

Part I: Summary						
PHA Name: Housing Authority of the City of Ola		Grant Type and Number Capital Fund Program Grant No: AR37P09501-10 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)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$176,916.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director Charlene Harrison			Date 01/05/2010	Signature of Public Housing Director		
				Date		

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Expires

4/30/2011

Part I: Summary						
PHA Name: Housing Authority of the City of Ola		Grant Type and Number Capital Fund Program Grant No: AR37S09150109 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: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	\$ 7,100.00		\$ 7,100.00	\$ 450.00	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	\$ 12,900.00		\$ 13,704.62	\$13,704.62	
8	1440 Site Acquisition					
9	1450 Site Improvement	\$ 2,500.00		\$ 417.00	\$ 417.00	
10	1460 Dwelling Structures	\$ 181,992.00		\$174,475.19	\$174,475.19	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures	\$ 2,500.00				
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.

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
 Development
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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 0226

U.S. Department of Housing and Urban

Office of Public and Indian

OMB No. 2577-

Expires

4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of Ola	Grant Type and Number Capital Fund Program Grant No: AR37S09150109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <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)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$ 206,992.00	\$ 206,992.00	\$195,696.81	\$189,046.81
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 Charlene Harrison 03/10/2009		Date	Signature of Public Housing Director		Date

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

⁴ RHF funds shall be included here.

Expires 4/30/2011

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Ola			Grant Type and Number Capital Fund Program Grant No: AR37S09150109 CFFP (Yes/ No): ARRA 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	
AR091000001 PHA Wide								
PHA Wide								
PHA Wide	Coordinator/Inspector/E Benefits/Sundry *CF2008 will be used should funds exceed.	1410		\$7,100.00		\$ 7,100.00	\$ 450.00	
PHA Wide	Fees and Cost /Architect	1430		\$12,900.00		\$13,704.62	\$13,704.62	
PHA Wide	Replace Storage doors/ Landscaping ** Should cost exceed the budget amount funds will be used from CFP 2008	1450		\$ 2,500.00		\$ 417.00	\$ 417.00	
PHA Wide	Remodel kitchens:Cabinets/ Laminate/sinks	1460	59	\$83,000.00		\$65,436.19	\$65,436.19	Completed
	Install cabinets, plumbing parts/ single handlefaucets/ vent a hoods/ paint repair in kitchen after installing.		59	\$30,492.00		\$70,811.00	\$70,811.00	Completed
	Replace AC units 29 Elderly units		29	\$61,000.00		\$38,228.00	\$38,228.00	Completed
	Security Storm Doors		30	\$ 7,500.00				
	*Should cost exceed the budget amount							

	funds will be used from CFP 2008.							
PHA Wide	Office Furniture/ Fire Proof File Cabinets/Concrete pad maint Shop: *CF2008 will be used if funds exceed.	1470		\$ 2,500.00				
PHA Wide								

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² To be completed for the Performance and Evaluation Report.

Expires

4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of Ola		Grant Type and Number Capital Fund Program Grant No: AR37P09150109 Replacement Housing Factor Grant No: 10 Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$ 7,751.00	\$ 7,751.00		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$ 14,424.00	\$ 14,424.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 10,200.00	\$ 10,200.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 31,152.00	\$ 31,152.00		
10	1460 Dwelling Structures	\$ 50,000.00	\$ 80,389.00		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	\$ 46,000.00	\$ 8,000.00		
13	1475 Non-dwelling Equipment	\$ 4,000.00	\$ 25,000.00		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Expires

4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of Ola		Grant Type and Number Capital Fund Program Grant No: AR37P09150109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009		<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)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$163,527.00	\$176,916.00	0.00	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 01/05/10		Signature of Public Housing Director	
				Date	

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⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Ola			Grant Type and Number Capital Fund Program Grant No: AR37P09150109 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	Operations	1406		\$ 7,751.00	\$ 7,751.00			
HA-Wide	Management Improvements	1408						
HA-Wide	Coodr/Inspector/E-benfits/Sundry	1410		\$14,424.00	\$14,424.00			
HA-Wide	Fees/Cost/A/E	1430		\$10,200.00	\$10,200.00			
HA-Wide	Landscaping, OverlayParking-stripe, Ext. Paint, Replace Siding,Facia, Soffits, Handicap Ramps	1450		\$31,152.00	\$31,152.00			
HA-Wide	Remodel Bathrooms, ReplaceStorm doors, Replace Windows,HVAC,Retile floors,Paint, interior doors, lights, Cabinets	1460	30	\$50,000.00	\$80,389.00			
HA-Wide	Dwelling Equipment Non Expendable	14665.1						
HA-Wide	Remodel Admin Office, Maintenance	1470		\$46,000.00	\$ 8,000.00			
HA-Wide	Concrete pad Maint shop, Admin Office furniture, Fire Proof File Cabinets, Play ground equipment	1475		\$ 4000.00	\$25,000.00			

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 of the City of Ola		Grant Type and Number Capital Fund Program Grant No: AR37P09150108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: FFY of Grant Approval: 2008
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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$ 7,751.00	\$ 7,751.00		
3	1408 Management Improvements	\$ 4,000.00	\$ 4,000.00		
4	1410 Administration (may not exceed 10% of line 21)	\$14,424.00	\$14,424.00	\$14,424.00	\$ 322.50
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$10,200.00	\$10,200.00	\$10,200.00	\$ 7,700.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$30,000.00	\$10,149.70		
10	1460 Dwelling Structures	\$91,757.00	\$61,152.00	\$ 6,757.95	\$ 6,757.95
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	\$ 6,000.00	\$36,000.00	\$98,139.26	\$98,139.26
13	1475 Non-dwelling Equipment		\$19,850.30	\$19,850.30	
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of Ola		Grant Type and Number Capital Fund Program Grant No: AR37P091501 08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2008 FFY of Grant Approval: 2008	
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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <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)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$164,132.00	\$163,527.00	\$149,371.51	\$112,919.71
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director Charlene Harrison 12/17/09			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 of the City of Ola			Grant Type and Number Capital Fund Program Grant No: AR37P091501 08 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	
AR091000001 HA-Wide	Operations	1406		\$7,751.00	\$7,751.00			
	Management Improvements	1408		\$ 4,000.00	\$ 4,000.00			
	Coord/Inspector/E benfits/Sundry	1410		\$14,424.00	\$14,424.00	\$14,424.00	\$ 322.50	on going
	Fees Cost/A/E	1430		\$10,200.00	\$10,200.00	\$10,200.00	\$7,700.00	on going
	Landscaping, Storage Doors, Ext Paint Overlay-Stripe Parking Siding Replacement French Drains	1450		\$30,000.00	\$10,149.64			
	Windows Remodel Bathrooms Retile Floors Replace Electrical boxes HVAC Light Fixtures Storm Doors	1460		\$91,757.00	\$61,152.00	\$6,757.95	\$6,757.95	on going
	C/M Admin Building Remodel Carpet Furniture	1470		\$,6000.00	\$36,000.00	\$98,139.26	\$98,139.26	On going
	Maintenance Truck	1475			\$19,850.30	\$19,850.30		

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

² To be completed for the Performance and Evaluation Report.

Capital Fund Program-Five-Year Action Plan

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

PART I: SUMMARY						
PHA Name/Number Housing Authority of the City of Ola AR091000001			Locality (City/County & State) Ola, Yell, Arkansas		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 03/31/2010	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
	PHA-Wide AR091-000001					
B	Physical Improvements Subtotal	Annual Statement	\$140,541.00	\$140,541.00	\$140,541.00	\$140,541.00
C.	Management Improvements		\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment					
E	ADMINISTRATION		\$ 14,424.00	\$ 14,424.00	\$ 14,424.00	\$ 14,424.00
F.	Other		\$ 10,200.00	\$ 10,200.00	\$ 10,200.00	\$ 10,200.00
G.	Operations		\$ 7,751.00	\$ 7,751.00	\$ 7,751.00	\$ 7,751.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$176,916.00	\$176,916.00	\$176,916.00	\$176,916.00
L.	Total Non-CFP Funds					
M.	Grand Total					

PART I: SUMMARY (CONTINUATION)

PHA Name/Number Housing Authority of the City of Ola		Locality: Ola, Yell, Arkansas			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name AR091000001 PHA-Wide	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
	PHA-Wide	Annual Statement				
	PHA-Wide 1406		\$ 7,751.00	\$ 7,751.00	\$ 7,751.00	\$ 7,751.00
	PHA-Wide 1408		\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00
	PHA-WIDE 1410		\$ 14,424.00	\$ 14,424.00	\$ 14,424.00	\$ 14,424.00
	PHA-Wide 1430		\$ 10,200.00	\$ 10,200.00	\$ 10,200.00	\$ 10,200.00
	PHA-Wide 1450		\$ 36,000.00	\$ 36,000.00	\$ 36,000.00	\$ 36,000.00
	PHA-Wide 1460		\$ 87,152.00	\$ 100,541.00	\$ 104,541.00	\$ 104,541.00
	PHA-Wide 1465		\$ 11,989.00	\$ 4,000.00		\$
	PHA-Wide 1470		\$ 3,000.00	\$		\$
	PHA-Wide 1475		\$ 2,400.00	\$		\$
	Page Totals		\$176,916.00	\$176,916.00	\$176,916.00	\$176,916.00

