

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: Housing Authority of the City of Greeley (lead) Weld County Housing Authority PHA Code: _CO35 & CO90_____ 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): _01/2010_____																														
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: _____86_____ Number of HCV units: _____446__																														
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																														
4.0	PHA Consortia <input checked="" type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																														
	<table border="1"> <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:Housing Authority City of Greeley</td> <td>CO035</td> <td>Low Rent PH and HCV</td> <td></td> <td>86</td> <td>446</td> </tr> <tr> <td>PHA 2:Weld County Housing Authority</td> <td>CO090</td> <td>HCV and CDBG</td> <td></td> <td></td> <td>427</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:Housing Authority City of Greeley	CO035	Low Rent PH and HCV		86	446	PHA 2:Weld County Housing Authority	CO090	HCV and CDBG			427	PHA 3:									
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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. 1. Expand the supply of assisted housing a. Apply for additional rental vouches b. Reduce public housing vacancies c. Leverage private or other public funds to create additional housing opportunities 2.Improve the quality of assisted housing a. Improve Public Housing Management (PHAS score) b. Improve voucher management (SEMAP Score) c. Increase customer satisfaction 3. Increase assisted housing choices a. Conduct outreach to potential landlords 4. Promote self sufficiency and asset development of families and individuals a. Increase the number and percentage of employed persons in assisted families b. Provide or attract supportive services to improve assistance recipients' employability 5. Ensure equal opportunity in Housing a. Undertake affirmative measures to provide a suitable living environment for families living in assisted housing regardless of race, color or religion, national origin, sex, familial status, and disability b. Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities.																														
6.0	PHA Plan Update (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. Response: No PHA Plan elements have been revised since the last Annual Plan submission. The 5-Year Plan may be obtained for review at the Greeley Housing Authority office at 903 6 th Street Greeley, CO 80631																														

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>Response: The Weld County Housing Authority provides 10 project based vouchers to the Milliken, CO Housing Authority to support an elderly housing project. The Greeley Housing Authority will make project based vouchers available to support special need populations. The City and County Housing Authorities will make project based vouchers available to support long term affordability for Neighborhood Stabilization Plan properties</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The Housing Authority participates with the Greeley Community Development Department, in the development of the City's Consolidated Plan. Even though the City of Greeley has 1100 project based Section 8 units in addition to the 86 units of Public Housing and 873 Housing Choices Vouchers 80% of all very low income households complain of housing problems with 46% of elderly households being rent burden and 70 % of all large households being rent burden (rent burden = paying more than 30% of income for housing). Minority households and elderly households experience higher rent burdens than majority households. Greeley does need more subsidized housing for very low income households. During the last five years Greeley has experienced high foreclosure rates while also experiencing depressed rents which resulted in a decrease in fair market rents along with a vacancy rate above 8%. These factors have made the development of tax credit housing extremely difficult. The decrease in rents have required some developments to hold or reduced rents below the allowed rents. This has been most difficult for 60% tax credit developments</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>The Housing Authority will continue to look for Housing development opportunities as they present themselves Currently the Authority is working closely with Weld County and The City of Greeley efforts to implement the Neighborhood Stabilization Plan. The County has received 5.3 million dollars for this effort with more than million set aside for purchase of multi family. The Authority will work closely with the City of Greeley, the lead agent for the program, in identifying and the purchase of a suitable property to be maintained for long term affordability</p>

<p>10.0</p>	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>Response: Greeley Housing Authority only had one PHMAP score since 2005. The Score was 83 and is rate a standard performer. The SEMAP ratings in scored the Greeley Housing Authority as a standard performer at 89% and the Weld County Housing Authority a High Performer at 97%. The Housing Choice Voucher programs have maintained a 98+ utilization percentage during the past five years. The Authority has not applied for additional vouchers but intends to do so. In the recent tornado federal disaster in Windsor the Authority mobilized to within twenty-four hours to staff the initial County response and then provided staff to the FEMA operations center for three weeks. Utilizing our current preference system the Authority was able to place displaces persons on the Weld County waiting list and then issue vouchers to residents of a USDA project which had to be evacuated for a period on months. Staff also contacted all current Section 8 clients in damage area of West Greeley and the town of Windsor to provide assistance as needed. The Authority provides documents in Spanish and employs Spanish speaking staff to assist non English speaking residents in providing them equal access to Housing. Recently the Authority has begun to provide housing to a new immigrant group from Africa with language and cultural difference. Staff has attended briefings on the cultural difference from Lutheran Family Services a non-profit with a State Department contract to assist in the relocation of refugees. The Housing Authority has hired translators as required to provide these new residents access to Housing. The Housing Authority meets with Housing and Emergency Services Network monthly. This group has representatives from the County, City of Greeley, Food Bank, United Way, and Salvation Army, five homeless shelters, the School district and mental health agencies. The Authority provides an admission preference for victims of domestic violence.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” A Substantial Deviation shall be significant changes in programs such as the termination or addition of a program.</p>
<p>11.0</p>	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Part I: Summary	
PHA Name: Housing Authority of The City of Greeley	Grant Type and Number Capital Fund Program Grant No: CO06P03550109 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval: 2009	

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	10,000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	12,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000			
10	1460 Dwelling Structures	100,417			
11	1465.1 Dwelling Equipment—Nonexpendable	10,000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	35,000			
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.

Part I: Summary					
PHA Name: Housing Authority of The City of Greeley	Grant Type and Number Capital Fund Program Grant No: CO06P03550109 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 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)	147,417			
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	10,000			
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of Greeley				Federal FFY of Grant: 2009	
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	
Rehab Kitchen and bath	9/2011		9/2013		
Truck Purchase	9/2011		9/2013		
Appliance Purchase	9/2011		9/2013		

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.

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 City Greeley CO035		Locality (City/County & State) Greeley, Weld County, Colorado			Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number CO035-010	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	135,000	130,000	140,000	140,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		10,000	10,000	10,000	10,000
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		145,000	150,000	160,000	150,000

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

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