

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>The Housing Authority of the City of Miami Beach</u> PHA Code: <u>FL017</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>200</u> Number of HCV units: <u>2,766</u>																										
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 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" style="width:35%;">Participating PHAs</th> <th rowspan="2" style="width:8%;">PHA Code</th> <th rowspan="2" style="width:20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width:20%;">Programs Not in the Consortia</th> <th colspan="2" style="width:19%;">No. of Units in Each Program</th> </tr> <tr> <th style="width:10%;">PH</th> <th style="width:9%;">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:					
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PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: To provide those in need with quality, affordable housing in an economically mixed setting while promoting residents self-sufficiency and fostering strong neighborhoods.																										

5.2	<p>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.</p> <p>HUD Goals:</p> <ol style="list-style-type: none"> 1) Expand the supply of assisted housing. 2) Improve the quality of existing housing. 3) Increase assisted housing choices. 4) Improve community quality of life and economic vitality. 5) Promote self sufficiency and asset development of families and individuals. 6) Ensure equal opportunity in housing for all Americans. <p>PHA Goals:</p> <ol style="list-style-type: none"> 1) Continue to operate as a high performing authority as measured by both PHAS and SEMAP. 2) Create new affordable rental units. 3) Continue the support and enhancement of the Miami Beach Housing Initiatives, Inc. (non-profit organization). 4) Continue the development of additional supportive services for our participants. 5) Fulfill and further develop the ARRA Capital Fund Plan. 6) Increase participation and graduation rates in the FSS program. 7) Continue to support and implement VAWA goals and objectives. 8) Continue expanding staff professional knowledge by offering available workshops and training in all areas of affordable housing to our staff. <p><u>Progress report on the previous 5 Years Plan:</u></p> <p>During the last five years, the Authority has experienced one of the most successful period in its history, with extraordinary achievements including the following:</p> <ol style="list-style-type: none"> 1) The agency emerged as the 8th largest HCV program operator in the state of Florida. The number of vouchers was increased by 10.29%, from 2,508 vouchers to 2,766 vouchers currently. 2) The Agency operated as a High-Performer consistently achieving a lease-up rate of 99-100%. 3) The Agency established the largest and most successful HUD-VASH program in South Florida, currently operating 175 vouchers. 4) The Agency has undertaken the most comprehensive renovation effort of its properties ever after leveraging over \$3.5 million for improvements. At the Rebecca Towers highrise complex 1,372 windows and outside doors were replaced with high impact windows and doors, a complete modernization of the four elevators was conducted resulting in state of the art elevators, 20 units, lobby's restrooms, Section 8 office waiting area, and the parking lot were retrofitted making them ADA compliant, replacement of water pump, and landscape replacement after several storms. In addition, currently underway, is the replacement of generators, roof replacement, painting of façade, replacement of toilets with water conservation toilets in 400 units, replacement of water-tank heaters with tank-less system in 200 units, complete renovation and update of the residents cafeteria, and floor replacement for 22 units. 5) The Agency has undertaken its first development program since the 1990s. The Agency successfully competed for and leveraged close to \$ 8 million in funding to create additional housing opportunities. Currently a full rehabilitation of a five units building is on its way and two new construction affordable elderly housing projects have been designed and permitted, one providing 30 units and the other 21 units. 6) The Agency implemented a full scale computer net-work upgrade, comprising of four new servers, enterprise software, work stations, and new data circuits. 7) The Agency developed and went live with its HACMB webpage. 8) Agency closed all OIG findings from previous administrations. 9) Agency solidified financial position by paying off bonds for Rebecca Towers North. 10) Agency established a Safety Program to ensure a healthy and safe work environment. 11) Agency established the Miami Beach Housing Initiatives, Inc. a non-profit organization. 12) The Agency graduated 12 families from its Family Self-Sufficiency program. A series of self-sufficiency oriented activities in combination with local colleges and community organizations have been established to provide financial management education sessions, home-ownership workshops, employability skills and other important services to our clients. 13) The Agency activated the home ownership component for the FSS Program, resulting in four families participating in the Section 8 Program becoming first time homebuyers. 14) Counseling services to our elderly population. This is an ongoing support to encourage self sufficiency for our tenants. In addition, our agency has sponsored the creation of a social services providers network group, including the Alliance for Aging, Social Security local office, Department of Children and Family, the South Florida Workforce, Department of Vocational Rehabilitation Center for Independent Living, and other agencies targeting the elderly, the disabled, and those in need of support and orientation. 15) Fair-housing training for staff: In cooperation with HOPE, Inc., several fair-housing and other discrimination related workshops and group discussions have been provided to our employees. In addition, management staff has participated in several fair-housing requirements, fair-housing standards, tenants eligibility, and tenant selection workshop/training offered by several organizations, and paid by the Authority.
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6.0	<p>PHA Plan Update</p> <p>Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>(a) Selection and admission policies, including Waiting List procedure: HUD approval was obtained for a Lottery Selection procedure.</p> <p>(b) Financial Resources: No revisions since prior plan submission.</p> <p>(c) Rent Determination: No revisions since prior plan submission.</p> <p>(d) Operation and Management: No revisions since prior plan submission.</p> <p>(e) Grievance Procedures: No revisions since prior plan submission.</p> <p>(f) Designated Housing for Elderly and Disabled Families: No revisions since prior plan submission.</p> <p>(g) Community Services and Self Sufficiency: No revisions since prior plan submission.</p> <p>(h) Safety and Crime Prevention: No revisions since prior plan submission.</p> <p>(i) Section 8 Administrative Plan was reviewed and updated.</p> <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>Housing Authority City of Miami Beach Executive Office 200 Alton Road Miami Beach, FL 33139</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><i>The Agency currently operates a Section 8 Home-Ownership Program for 25 participants.</i></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).</p> <p><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>PUBLIC HOUSING</p> <table border="0"> <tr> <td>Waiting List Total</td> <td>614</td> <td></td> </tr> <tr> <td>ELI</td> <td>98.97%</td> <td></td> </tr> <tr> <td>VLI</td> <td>0.35%</td> <td></td> </tr> <tr> <td>LI</td> <td>0.68%</td> <td></td> </tr> </table> <table border="0"> <tr> <td>Families with Disabilities</td> <td>30</td> <td>4.89%</td> </tr> <tr> <td>Race/Ethnic White</td> <td>268</td> <td>43.65%</td> </tr> <tr> <td>Race/Ethnic Black</td> <td>24</td> <td>3.91%</td> </tr> <tr> <td>Race/Ethnic Hispanic</td> <td>228</td> <td>37.13%</td> </tr> <tr> <td>Race/Ethnic Non-Hispanic</td> <td>64</td> <td>10.42%</td> </tr> </table> <p>SECTION 8</p> <table border="0"> <tr> <td>Waiting List Total</td> <td>2,723</td> <td></td> </tr> <tr> <td>Race/Ethnic White</td> <td>874</td> <td>32.10%</td> </tr> <tr> <td>Race/Ethnic Black</td> <td>764</td> <td>28.06%</td> </tr> <tr> <td>Race/Ethnic Hispanic</td> <td>1,078</td> <td>39.59%</td> </tr> <tr> <td>Race/Ethnic Non-Hispanic</td> <td>7</td> <td>0.26%</td> </tr> </table>	Waiting List Total	614		ELI	98.97%		VLI	0.35%		LI	0.68%		Families with Disabilities	30	4.89%	Race/Ethnic White	268	43.65%	Race/Ethnic Black	24	3.91%	Race/Ethnic Hispanic	228	37.13%	Race/Ethnic Non-Hispanic	64	10.42%	Waiting List Total	2,723		Race/Ethnic White	874	32.10%	Race/Ethnic Black	764	28.06%	Race/Ethnic Hispanic	1,078	39.59%	Race/Ethnic Non-Hispanic	7	0.26%
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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>Increase the supply of Assisted Housing</p> <ol style="list-style-type: none"> a) Apply for additional Section 8 Rental Vouchers b) Reduce public housing vacancies c) Leverage affordable housing resources to create new units d) Increase Home ownership through the FSS Program <p>Increase Assisted Housing Choices</p> <ol style="list-style-type: none"> a) Outreach efforts to potential landlords b) Pursue housing resources other than public housing or Section 8 c) Implement Voucher Mobility Counseling <p>Specific Family Types:</p> <ol style="list-style-type: none"> a) Target available assistance to the elderly b) Continue Elderly Designation for Rebecca Towers c) Affirmatively market to races/ethnicities shown to have disproportionate housing needs d) Invest efforts and resources to create/locate housing opportunities out of poverty areas
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <ol style="list-style-type: none"> 1) Special efforts and training to continue to be a high performing authority. 2) We are in the process of starting construction on two new buildings that will provide over 30 new affordable housing units. 3) Significant physical improvements to our presently owned buildings. 4) Wisely investing capital funds to continue the renovation and modernization of our buildings. 5) To continue the development of additional supportive services for our participants, we have created a committee of area community agencies, to discuss and implement new services and approaches to benefit our tenants and the community in general. 6) Integrated additional vouchers (175 HUD-VASH Vouchers and 257 HCV Special Appropriation Vouchers). <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>Discretionary changes in plans or policies of the Housing Authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ol style="list-style-type: none"> (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) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

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

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

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

I, Jorge M. Gonzalez the City Manager certify that the Five Year and
Annual PHA Plan of the Housing Authority of the City of Miami Beach is consistent with the Consolidated Plan of
City of Miami Beach through 2012 prepared pursuant to 24 CFR Part 91.


Signed / Dated by Appropriate State or Local Official

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

The Housing Authority of the City of Miami Beach

Program/Activity Receiving Federal Grant Funding

Public Housing, Section 8 HVC, Sub-Rehab/Mod, Mod-Rehab, Section 8 New Construction, Capital Grant, FSS, Mod-SRO

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Miguel Del Campillo

Title

Executive Director

Signature

Date

X

4/15/10

Certification of Payments to Influence Federal Transactions

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

Applicant Name

The Housing Authority of the City of Miami Beach

Program/Activity Receiving Federal Grant Funding

Public Housing / Section 8 HVC / Sub Rehab / Section 8 New Construction / Capital Grant / FSS / Mod-SRO

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Miguell Del Campillo

Title

Executive Director

Signature

Date (mm/dd/yyyy)

4 / 15 / 10

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: ^{4c}	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> <div style="text-align: center; font-size: 2em; color: blue;">S</div>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: <u>Miguell Del Campillo</u> Title: <u>Executive Director</u> Telephone No.: <u>(305)532-6401 Ext. 3020</u> Date: <u>4/15/10</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Required Attachment FL017b01

RAB MEETING

HACMB 2010 Annual/5-Year Plan

**Tuesday, January 26, 2010 3:45 p.m.
Rebecca Towers North Multipurpose Room
200 Alton Road, Miami Beach, FL 33139**

HACMB staff present at the RAB meeting were:

Vashtye Leon, Section 8 Manager
Liliana Martinez, Rebecca Towers Assistant Asset Manager
Thomas Urriola, Special Projects Manager
Matthew Garwick,

RAB members present at the RAB meeting were:

Santa Agramonte, Section 8 HCV
Jose Garcia, RTN Council
Yliana Gonzalez, RTN Council

Vashtye Leon served as moderator. The meeting started at 3:45 p.m.

There were no comments in regards to the Annual Plan, including the changes to the Administrative Plan and ACOP. All RAB members approved of the changes made.

The meeting was adjourned at 3:55 p.m.

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Date

Landlord

Date

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

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

Part I: Summary		Grant Type and Number		FFY of Grant: 2008	
PHA Name: Housing Authority City of Miami Beach 200 Alton Road, Miami Beach, FL 33139		Capital Fund Program Grant No: FL14P017501-08 Replacement Housing Factor Grant No: _____ Date of CFFP: _____		FFY of Grant Approval: _____	
Type of Grant	<input type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)		
Line	Summary by Development Account	<input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Final Performance and Evaluation Report		
			Total Estimated Cost	Obligated	Total Actual Cost ¹
			Original	Revised ²	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³			\$138,906	
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		\$17,200	\$2,200	
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		\$159,702	\$72,204	
11	1465.1 Dwelling Equipment—Nonexpendable		\$17,460	\$34,296	
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment		\$53,244		
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.

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

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

Part I: Summary		FFY of Grant: 2008	
PHA Name: Housing Authority City of Miami Beach 200 Alton Road, Miami Beach, FL 33139		Grant Type and Number Capital Fund Program Grant No: FL14P017501-08 Replacement Housing Factor Grant No: Date of CFFP:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies		Total Estimated Cost Revised ¹	
Line	Summary by Development Account	Original	Obligated
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)	\$247,606	
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 		Signature of Public Housing Director	
Date <u>9/31/0</u>		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.

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

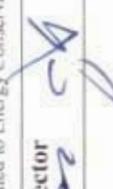
U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009	
PHA Name: Housing Authority of the City of Miami Beach 200 Alton Road, Miami Beach, FL 33139		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: FL14P017501-09 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant	Original	Obligated	Expended
<input checked="" type="checkbox"/> Original Annual Statement			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:			
Summary by Development Account		Total Estimated Cost	Total Actual Cost ¹
1	Total non-CFP Funds	Revised ²	
2	1406 Operations (may not exceed 20% of line 21) ⁴		
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	\$194,300	
11	1465 1 Dwelling Equipment--Nonexpendable	\$25,115	
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment	\$25,000	
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495 1 Relocation Costs		
17	1499 Development Activities ³		

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

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

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

Part I: Summary		FFY of Grant: 2009	
PHA Name: The Housing Authority of the City of Miami Beach		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: FL14P017501-09 Replacement Housing Factor Grant No: Date of CFFP:			
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Reserve for Disasters/Emergencies			
Summary by Development Account		Total Estimated Cost	
Line		Original	Revised ²
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)	\$244,415	
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 		Signature of Public Housing Director	
Date 1/26/10		Date	
		Expended	

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

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

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

Part II: Supporting Pages										
PHA Name: The Housing Authority of the City of Miami Beach			Grant Type and Number Capital Fund Program Grant No. FL14P017501-09 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			
FL017/RTS	Surveillance	1460	1	\$60,000						
FL017/RTS	Energy Efficiency Lightening Water Heater Installation & Equipment	1460 1460	1 6	\$20,000 \$11,000						
FL017/RTS	Modernization of Tenant Multipurpose Room: Replacement of Tenant Kitchen Area Installation of Tenant Sound System Replacement of Ceiling Tiles Tiles/Basboards and Sealing Floor Tenant Cabinets	1460	1	\$56,809						
FL017/RTS	Bi-Fold Doors	1460	20	\$26,491						
FL017/RTS	A/C	1465.1	50	\$20,000						
FL017/RTS	Stoves	1465.1	15	\$10,395						
FL017/RTS	Refrigerator	1465.1	20	\$6,000						
FL017/RTS	Refrigerator	1465.1	20	\$8,720						

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

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name: Housing Authority City of Miami Beach 200 Alton Road, Miami Beach, FL 33139		Grant Type and Number Capital Fund Program Grant No: FL14S017501-01 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised ²	Total Actual Cost ² Expended
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³		
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	\$313,420	\$61,729
11	1465.1 Dwelling Equipment—Nonexpendable	\$313,420	\$231,421
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

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

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

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

Part I: Summary		FFY of Grant: 2009	
PHA Name: Housing Authority City of Miami Beach 200 Alton Road, Miami Beach, FL 33139		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No. FL14S017501-09 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report	
Summary by Development Account <input type="checkbox"/> Reserve for Disasters/Emergencies		Total Actual Cost ¹	
Line		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$313,420	\$213,421
21	Amount of line 20 Related to LBP Activities		\$61,729
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		Signature of Public Housing Director	
Date 9/5/10		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		Federal FFY of Grant: 2009						
PHA Name: Housing Authority City of Miami Beach 200 Alton Road, Miami Beach, FL 33139		Grant Type and Number Capital Fund Program Grant No: FL14S017501-09 CFPP (Yes/ No): Replacement Housing Factor Grant No:						
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 ²	Funds Obligated ²	Funds Expended ²	
Rebecca Towers FL017	Modernization of all ground floor Replacement of VCT Tiles/Baseboards and Sealing Floors in Hallway, Admin Offices, and Tenant Multipurpose Room Replacement of Ceiling Tiles, Installation of Energy Efficient Lightening Installation of Tenant Sound System Replacement of Tenant Kitchen Area in Multipurpose Room	1460	1	\$99,999	\$99,165			
Rebecca Towers FL017	Pressure wash/Repair Crack/Painting (Exterior)	1460	1	\$78,895	\$78,895	\$78,895		
Rebecca Towers FL017	Replacement of Toilets/Water Conservation (Material/Installation)	1460	200	\$55,000	\$55,000	\$55,000	\$35,324	
Rebecca Towers FL017	Replacement of VCT Tiles/Baseboards and Sealing Unit floors for Tenant Units	1460	Lump Sum	\$79,526	\$80,360	\$79,526	\$26,405	

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

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

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval:
PHA Name: Housing Authority City of Miami Beach 200 Alton Road, Miami Beach, FL 33139		
Grant Type and Number Capital Fund Program Grant No: FL01700000109R Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		
<input type="checkbox"/> Reserve for Disasters/Emergencies Summary by Development Account		
Line	Original	Revised ¹
Total Estimated Cost		Obligated
Total Estimated Cost		Expended
1	Total non-CFP Funds	
2	1406 Operations (may not exceed 20% of line 21) ²	
3	1408 Management Improvements	
4	1410 Administration (may not exceed 10% of line 21)	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	\$200,000
11	1465 1 Dwelling Equipment—Nonexpendable	
12	1470 Non-dwelling Structures	
13	1475 Non-dwelling Equipment	
14	1485 Demolition	
15	1492 Moving to Work Demonstration	
16	1495 1 Relocation Costs	
17	1499 Development Activities ³	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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⁴ RHF funds shall be included here.

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

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

Part I: Summary		FFY of Grant: 2009	
PHA Name: Housing Authority City of Miami Beach 200 Alton Road, Miami Beach, FL 33139		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No. FL0170000109R Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant			
<input type="checkbox"/> Original Annual Statement		<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	
Summary by Development Account		Total Actual Cost ¹	
Line	Original	Revised ²	Obligated
Line	Original	Revised ²	Expended
18a	1501 Collateralization of Debt Service paid by the PHA		
18aa	9000 Collateralization of 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)		\$200,000
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		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date 1/26/10		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.

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

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

Part I: Summary		Grant Type and Number	FFY of Grant: 2010
PHA Name: Housing Authority of the City of Miami Beach 200 Alton Road, Miami Beach, FL 33139		Capital Fund Program Grant No: FL14P017501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:
Type of Grant	<input type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:)
Line	<input checked="" type="checkbox"/> Performance and Evaluation Report for Development Account	<input type="checkbox"/> Summary by Development Account	<input type="checkbox"/> Final Performance and Evaluation Report
		Original	Revised ¹
		Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³		
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	\$25,000	
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	\$143,000	
11	1465 1 Dwelling Equipment—Nonexpendable	\$51,415	
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment	\$25,000	
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.

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

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

Part I: Summary		FFY of Grant: 2010	
PHA Name: The Housing Authority of the City of Miami Beach	Grant Type and Number Capital Fund Program Grant No: FL14P017501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Summary by Development Account			
Line	Summary	Original	Revised²
		Total Estimated Cost	
		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)	\$244,415	
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		Signature of Public Housing Director	
		Date	
		1/26/10	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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⁴ RHF funds shall be included here.

Cap. . Fund Program—Five-Year Action Plan

U.S. Department of Housing and U. . Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary					
PHA Name/Number The Housing Authority of the City of Miami Beach/FL017		Locality (City/County & State) Miami Beach, Florida			
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
A.					
B.	Physical Improvements Subtotal	\$203,000	\$178,000	\$170,006	\$149,683
C.	Management Improvements				
D.	PHA-Wide Non-dwelling Structures and Equipment		\$25,000		
E.	Administration				
F.	Other	\$41,415	\$41,415	\$49,409	\$94,732
G.	Operations			\$25,000	
H.	Demolition				
I.	Development				
J.	Capital Fund Financing – Debt Service				
K.	Total CFP Funds				
L.	Total Non-CFP Funds				
M.	Grand Total	\$244,415	\$244,415	\$244,415	\$244,415

Civil Rights Certification

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

Civil Rights Certification

Annual Certification and Board Resolution

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

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

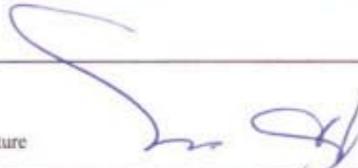
The Housing Authority of the City of Miami Beach

FL017

PHA Name

PHA Number/HA Code

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

Name of Authorized Official	Miguell Del Campillo	Title	Executive Director
Signature		Date	4 / 15 / 10

RESOLUTION NO. 2010-27347

A RESOLUTION OF THE MAYOR AND CITY COMMISSION OF THE CITY OF MIAMI BEACH, FLORIDA, APPROVING AND AUTHORIZING THE CITY MANAGER TO ISSUE A TIME-LIMITED CERTIFICATION OF CONSISTENCY WITH THE CITY'S CONSOLIDATED PLAN TO THE HOUSING AUTHORITY OF THE CITY OF MIAMI BEACH (HACMB) FOR ITS FIVE-YEAR AND ANNUAL PLAN FOR FISCAL YEAR 2010, TO BE SUBMITTED BY HACMB TO THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (U.S. HUD).

WHEREAS, on July 16, 2008, the Mayor and City Commission approved the City's 2008-2012 Consolidated Plan; and

WHEREAS, the Housing Authority of the City of Miami Beach (HACMB) is proposing to submit a Five-Year and Annual Plan to the U.S. Department of Housing and Urban Development (U.S. HUD) as part of the documentation for continued funding for the operation of and subsidies for rental housing programs administered by HACMB; and

WHEREAS, U.S. HUD requires that local housing authorities obtain and submit a Certification of Consistency with the Consolidated Plan from the entitlement jurisdiction where the proposed activity is located; and

WHEREAS, HACMB has submitted to the City its Five-Year and Annual Plan for Fiscal Year 2010; and

WHEREAS, HACMB has requested that the City issue the required Certification of Consistency with the City's Consolidated Plan which is in from 2008 through 2012; and

WHEREAS, in accordance with the City's adopted Consolidated Plan, each request for a Certification of Consistency with the Consolidated Plan requires City Commission review and approval; and

WHEREAS, HACMB's Five-Year and Annual Plan for Fiscal Year 2010-2014 includes a Capital Fund Program Statement, and delineates the main goals to be implemented by HACMB; and

WHEREAS, the Administration has reviewed the proposed activities of the HACMB's Five-Year and Annual Plan and found them to be consistent with the City's Consolidated Plan until 2012, at which time the City's current Consolidated Plan expires;

NOW, THEREFORE, BE IT DULY RESOLVED BY THE MAYOR AND CITY COMMISSION OF THE CITY OF MIAMI BEACH, FLORIDA, that the Mayor and City Commission authorize the City Manager to issue a time-limited Certification of Consistency with the City's Consolidated Plan to the Housing Authority of the City of Miami Beach (HACMB) for its Five-Year and Annual Plan for Fiscal Year 2010, to be submitted by the HACMB to the U.S. Department of Housing and Urban Development (U.S. HUD).

PASSED AND ADOPTED this 10th day of March, 2010.

ATTEST:

Robert Sanchez
CITY CLERK

Matti A. Bowes
MAYOR

JMG/HMF/AP/MR/mar

T:\AGENDA\2010\March 10\Consent\HACMB Certificate of Consistency 2010 5-Year & Annual Plan Reso.doc

**APPROVED AS TO
FORM & LANGUAGE
& FOR EXECUTION**

for [Signature] 2-25-10
City Attorney Date

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

HOUSING AUTHORITY OF THE CITY OF MIAMI BEACH FL0017
 PHA Name PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2014

Annual PHA Plan for Fiscal Years 2010 - 2011

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

Name of Authorized Official MIGUELL DEL CAMPILLO	Title Executive Director
Signature 	Date 5/18/10

THE HOUSING AUTHORITY OF THE CITY OF MIAMI BEACH

Agenda Item No. VII. B.
May 18, 2010

RESOLUTION NO. 2010-08

A RESOLUTION ADOPTING THE HOUSING AUTHORITY OF THE CITY OF MIAMI BEACH (HACMB) FIVE-YEAR PLAN FOR FY 2010-2014 AND ANNUAL PLAN FOR FY 2010 AND AUTHORIZING THE EXECUTIVE DIRECTOR TO SUBMIT THE PLANS TO THE UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (U.S. HUD) IN ACCORDANCE WITH FEDERAL REGULATIONS

Whereas, the HACMB is required by the Public Housing Reform Act of 1998 to submit the Five-Year Plan for FY 2010-2014 and Annual Plan for FY 2010 to U.S. HUD before the deadline of April 17, 2010; and

Whereas, the HACMB held the required public hearing on February 23, 2010 to discuss and receive public comments on the plans after making said plan available for public review for at least 45 days; and

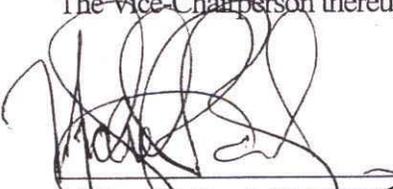
Whereas, the HACMB Board of Commissioners have reviewed the plan and all public comments received on said Plans.

NOW THEREFORE BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF THE HOUSING AUTHORITY OF THE CITY OF MIAMI BEACH that the HACMB adopt the Five-Year Plan for FY 2010-2014 and Annual Plan for FY 2010 and authorize the Executive Director to submit the plans to U.S. HUD in accordance with federal regulations.

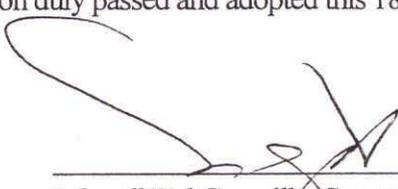
The foregoing resolution was offered by Commissioner Membiela who moved its adoption. The motion was seconded by Commissioner Fernandez and upon being put to a vote, the vote was as follows:

	<u>Yes</u>	<u>No</u>
Leonard Turkel (<i>absent</i>)	_____	_____
Michael R. Band	<u>X</u>	_____
Milli Membiela	<u>X</u>	_____
Emilio D. Fernandez	<u>X</u>	_____

The Vice-Chairperson thereupon declared the resolution duly passed and adopted this 18th day of May 2010.



 Michael R. Band, Vice-Chairperson
 Housing Authority of the City of Miami Beach



 Miguell Del Campillo, Secretary
 Housing Authority of the City of Miami Beach