

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>Eastman Housing Authority</u> PHA Code: <u>GA 080</u> PHA Type: <input checked="" 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>219</u> Number of HCV units: <u>0</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">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
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: The Mission of the Eastman Housing Authority is to assist low-income and elderly families with safe, decent and affordable housing opportunities as they strive to achieve self sufficiency and improve the quality of their lives. The Eastman Housing Authority is committed to operating in an efficient, ethical and professional manner.																										
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. See attached Goals and Objectives																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Due to ARRA (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. Agency Plan available for review at EHA's main administrative offices, 824 Griffin Ave., SW, Easton, GA.																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. N/A																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																										
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <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. See attached 2010 Annual Plan, 2009 Stimulus Performance and Evaluation Report; 2009 Performance and Evaluation Report; and 2008 Performance and Evaluation Report.																										
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. See attached Five-Year Action Plan																										
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.																										
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. See attached Housing Needs																										
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. See attached Strategy for Addressing Housing Needs																										

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. See attached Progress in Meeting Mission and Goals.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>Housing Authority of the City of Eastman Annual Plan Definition of Substantial Deviation or Significant Amendment or Modification Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Housing Authority of the City of Eastman that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.</p>
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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> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>
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11.0 (f) The Resident Advisory Board (RAB) was in general agreement with the policies and Agency Plan documents.

11.0 (g) There were no elements within the PHA annual plan that were challenged by residents, staff, Board of Commissioners or the general public.

5.2 Goals and Objectives

The Housing Authority of the City of Eastman shall strive to:

Goal:

Manage the Eastman Housing Authority in an exemplary and efficient manner

Objectives:

- To provide the staff with adequate training to obtain sufficient knowledge regarding HUD statutory and regulatory requirements by providing outside training on a scheduled basis through FY 2014
- To partnership with other service agencies in the area to promote adequate services to low and very low income families throughout the next five fiscal years.
- To demonstrate superior maintenance service to the residents by providing efficient turn around time on work orders that will be measured by the PHAS. This is an ongoing objective.

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

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

Part I: Summary						
PHA Name: Eastman Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>GA06P080501-10</u>			Replacement Housing Factor Grant No:	FFY of Grant: <u>2010</u> 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	233,000.00				
3	1408 Management Improvements	68,000.00				
4	1410 Administration (may not exceed 10% of line 21)	34,000.00				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	5,000.00				
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
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 ⁴					
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2-19)	340,000.00				
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					

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.

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 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

03/22/2010 06:28 14783740505

Part I: Summary					
PHA Name: Eastman Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: GA06P080501-10		Replacement Housing Factor Grant No: 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
Signature of Executive Director <i>Galvin W. Yawn</i>		Date 3-23-10		Signature of Public Housing Director Date	

EASTMAN HOUSING AUTH

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Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2012

Part I: Summary						
PHA Name/Number Eastman Housing Authority/GA 80		Locality (City/County & State) Eastman/Dodge County/Georgia			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements		68,000.00	68,000.00	68,000.00	68,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		34,000.00	34,000.00	34,000.00	34,000.00
F.	Other		5,000.00	5,000.00	5,000.00	5,000.00
G.	Operations		233,000.00	233,000.00	233,000.00	233,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		340,000.00	340,000.00	340,000.00	340,000.00
L.	Total Non-CFP Funds					
M.	Grand Total		340,000.00	340,000.00	340,000.00	340,000.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011			Work Statement for Year: 3 FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	None			None		
	Subtotal of Estimated Cost		\$0.00	Subtotal of Estimated Cost		\$0.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY 2013			Work Statement for Year: 5 FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	None			None		
	Subtotal of Estimated Cost		\$0.00	Subtotal of Estimated Cost		\$0.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011		Work Statement for Year: 3 FFY 2012	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	HA Wide		HA Wide	
Annual	A. Housing operations	233,000.00	A. Housing operations	233,000.00
Statement				
	B. Management Improvements		B. Management Improvements	
	1.) Resident Services	25,000.00	1.) Resident Services	25,000.00
	2.) Community Policing	39,000.00	2.) Community Policing	39,000.00
	3.) Software/hardware upgrades	4,000.00	3.) Software/hardware upgrades	4,000.00
	Subtotal	68,000.00	Subtotal	68,000.00
	C. Administration	34,000.00	C. Administration	34,000.00
	D. Fees & Cost	5,000.00	D. Fees & Cost	5,000.00
	Subtotal of Estimated Cost	\$340,000.00	Subtotal of Estimated Cost	\$340,000.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY 2013		Work Statement for Year: 5 FFY 2014	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	HA Wide		HA Wide	
Annual Statement	A. Housing operations	233,000.00	A. Housing operations	233,000.00
	B. Management Improvements		B. Management Improvements	
	1.) Resident Services	25,000.00	1.) Resident Services	25,000.00
	2.) Community Policing	39,000.00	2.) Community Policing	39,000.00
	3.) Software/hardware upgrades	4,000.00	3.) Software/hardware upgrades	4,000.00
	Subtotal	68,000.00	Subtotal	68,000.00
	C. Administration	34,000.00	C. Administration	34,000.00
	D. Fees & Cost	5,000.00	D. Fees & Cost	5,000.00
	Subtotal of Estimated Cost	\$340,000.00	Subtotal of Estimated Cost	\$340,000.00

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

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

Part I: Summary					
PHA Name: Eastman Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>GA06S080501-09</u>		Replacement Housing Factor Grant No:	
				FFY of Grant: <u>2009</u>	
				FFY of Grant Approval: <u>2009</u>	
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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09		<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)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,500.00	4,500.00	4,500.00	4,500.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	366,777.00	371,792.00	371,792.00	366,777.00
11	1465.1 Dwelling Equipment—Nonexpendable	20,000.00	20,000.00	20,000.00	20,000.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	6,000.00	985.00	985.00	985.00
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	397,277.00	397,277.00	397,277.00	392,262.00
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				

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					
PHA Name: Eastman Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>GA06S080501-09</u>		Replacement Housing Factor Grant No:	
				FFY of Grant: <u>2009</u>	
				FFY of Grant Approval: <u>2009</u>	
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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <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
Signature of Executive Director <i>Calvin W. Yarn</i>		Date <i>3-23-10</i>		Signature of Public Housing Director	
				Date	

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Part II: Supporting Pages								
PHA Name: Eastman Housing Authority		Grant Type and Number Capital Fund Program Grant No: GA06S080501-09 Replacement Housing Factor Grant No:			CFFP (Yes/No): 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	
GA 080-10	Fees & Costs							
	A/E Fees, Clerk of Works	1430	LS	4,500.00	4,500.00	4,500.00	4,500.00	Complete
	Dwelling Structures							
	Funds for comprehensive modernization of dwelling – kit. cabinets & countertops, bath fixtures, flooring, roof, electrical, plumbing, ceiling, insulation, sheetrock etc.	1460	30 Units	366,777.00	371,792.00	371,792.00	366,777.00	99% Complete
	Dwelling Equipment Nonexpendable							
	Range & refrigerators	1465.1	30 Units	20,000.00	20,000.00	20,000.00	20,000.00	Complete
	Relocation Costs							
	Reimbursement for families cost in relocation	1495.1	30 Units	6,000.00	985.00	985.00	985.00	Complete
	Grand Total			397,277.00	397,277.00	397,277.00	392,262.00	

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

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				FFY of Grant: <u>2009</u> FFY of Grant Approval: <u>2009</u>	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <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	64,500.00		64,500.00	64,500.00
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	5,000.00		3,092.00	3,092.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	243,498.00		157,366.00	157,366.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	25,000.00		21,210.00	21,210.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	337,998.00		246,168.00	246,168.00
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				

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.

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 Capital Fund Financing Program

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 OMB No. 2577-0226
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Part I: Summary				
PHA Name: Eastman Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>GA16P080501-09</u>		Replacement Housing Factor Grant No: FFY of Grant: <u>2009</u> FFY of Grant Approval: <u>2009</u>
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <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
Signature of Executive Director <i>Galvin W. Yawn</i>		Date <i>3-23-10</i>	Signature of Public Housing Director Date	

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EASTMAN HOUSING AUTH

PAGE 04/04

Part II: Supporting Pages								
PHA Name: Eastman Housing Authority		Grant Type and Number Capital Fund Program Grant No: GA06P080501-09 Replacement Housing Factor Grant No:			CFFP (Yes/No): 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	
AMP	Operations							
GA 080-01	PH Operations, resident services, security	1406	LS	64,500.00		64,500.00	64,500.00	Complete
	Fees & Costs							
	A/E Fees, Clerk of Works, related costs	1430	LS	5,000.00		3,092.00	3,092.00	60% Complete
	Dwelling Structures							
	Modernize interior of dwelling units	1460		243,498.00		157,366.00	157,366.00	65% Complete
	Non-Dwelling Equipment							
	Office equipment	1475		25,000.00		21,210.00	21,210.00	85% Complete
	Grand Total			337,998.00		246,168.00	246,168.00	

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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Eastman Housing Authority GA06P080501-09					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	
HA Wide	9/14/2011		9/14/2013		
AMP GA 080-01	9/14/2011		9/14/2013		

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

Part I: Summary					
PHA Name: Eastman Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>GA06P080501-08</u>		FFY of Grant: <u>2008</u> FFY of Grant Approval: <u>2008</u>	
Replacement Housing Factor Grant No:					
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <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	64,500.00		64,500.00	64,500.00
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	249,354.00		249,354.00	249,354.00
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 ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	313,854.00		313,854.00	313,854.00
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				

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				
PHA Name: Eastman Housing Authority		Grant Type and Number Capital Fund Date of CFPP Program Grant No: GA06P080501-08		Replacement Housing Factor Grant No: 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 type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <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
Signature of Executive Director <i>Calvin W. Yarn</i>		Date 3-23-10	Signature of Public Housing Director Date	

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Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Eastman Housing Authority GA06P080501-08					Federal FFY of Grant: 2008
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	
HA Wide	6/12/2010	12/31/2009	6/12/2012	12/31/2009	
AMP GA 080-01	6/12/2010	12/31/2009	6/12/2012	12/31/2009	

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.

9.0 Housing Needs

Housing Needs of Families on the Public Housing Waiting List

The waiting list is open.

	Number of families	% of total families	Annual Turnover
Waiting list total	26		68
Extremely low income <=30% AMI	3	11.5	
Very low income (>30% but <=50% AMI)	21	80.8	
Low income (>50% but <80% AMI)	2	7.7	
Families with children	10	38.5	
Elderly families	2	7.7	
Families with Disabilities	4	15.4	
Race/ethnicity White	12	46.2	
Race/ethnicity Black	13	50.0	
Race/ethnicity Asian	1	3.8	
Characteristics by Size			
1 Bedroom	15	57.7	25
2 Bedroom	5	19.2	18
3 Bedroom	2	7.7	21
4 Bedroom	4	15.4	4

9.1 Strategy for Addressing Housing Needs

Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the EHA within its current resources by:

- 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

Strategy 2: Increase the number of affordable housing units by:

- Pursue housing resources other than public housing or Section 8 tenant-based assistance.

Need: Specific Family Types: Families at or below 30% of median

Strategy: Target available assistance to families at or below 30 % of AMI

- Adopt rent policies to support and encourage work

Need: Specific Family Types: Families at or below 50% of median

Strategy: Target available assistance to families at or below 50% of AMI

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work

Need: Specific Family Types: Families with Disabilities

Strategy: Target available assistance to Families with Disabilities:

- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Affirmatively market to local non-profit agencies that assist families with disabilities

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy: Increase awareness of EHA resources among families of races and ethnicities with disproportionate needs:

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs

The factors listed below, influenced the EHA's selection of the strategies it will pursue:

- Funding and Staffing constraints
- Extent to which particular housing needs are met by other organizations in the community

10.0 (a) Statement of Progress in Meeting the FY 2005- 2009 5-Year Plan Goals and Objectives

The following table reflects the progress we have made in achieving our goals and objectives:

Goals	Objectives	Progress
Manage the existing public housing program in an efficient and effective manner.	HUD shall recognize the Eastman Housing Authority as a Standard Performer under the PHAS for its fiscal year ending June 30, 2009.	This objective was achieved.
	HUD shall recognize the Eastman Housing Authority as a High Performer under the PHAS for its fiscal year ending June 30, 2009 and each year thereafter.	This objective was achieved.
Enhance the marketability of the Eastman Housing Authority's public housing units.	The Eastman Housing Authority shall achieve a level of customer satisfaction that gives the agency the highest score possible in this element of the PHAS by June 30, 2009.	This objective was achieved.
	The Eastman Housing Authority shall continue to improve the quality of its public housing by continuing to modernize and add amenities to it's developments and dwelling units.	This is an on going objective. Grant monies are being utilized to the fullest to maintain modernized and environmentally sound units.
Provide a safe and secure environment in the Eastman Housing Authority's public housing developments.	The Eastman Housing Authority will extend the contract with the City Police Department to provide enhanced community policing services for our residents.	This objective was accomplished on an annual basis with PHDEP funds until they were discontinued. The Eastman Housing Authority continues to provide the residents with this service although no PHDEP funds are available, Capital Fund Program funds are used.
Deliver timely and high quality maintenance service to the residents of the Eastman Housing. Authority	The Eastman Housing Authority shall create and implement a Planned Maintenance Policy by June 30, 2009.	This objective was accomplished prior to June 2009.

Supporting Document
Housing Authority of the City of Eastman
Annual Plan
Fiscal Year 07/01/2009 – 06/30/2010
Violence Against Women Act Report

A goal of the Housing Authority of the City of Eastman is to fully comply with the Violence Against Women Act (VAWA). It is our objective to work with others to prevent offenses covered by VAWA to the degree we can.

The Housing Authority of the City of Eastman provides or offers the following activities, services, or programs, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking.

Through cooperation with the local domestic violence agencies and City of Eastman Police Department, any cases of violence as described are referred for assistance. The local domestic violence agencies are:

Women In Need of God's Shelter (W.I.N.G.S.)
P.O. Box 8277
Dublin, Georgia 31040
478-272-2129

Safe House of Central Georgia
277 MLK Jr. Blvd
Suite 204
Macon, Georgia 31201
478-738-9800

The Housing Authority of the City of Eastman provides or offers the following activities, services, or programs that help child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing.

The above listed agencies' program staff is aware of our housing program and makes client referrals to our office. Apparently eligible clients are placed on our waiting list.

For persons already living in a Housing Authority unit who become victims as described, these are referred to police and the listed agencies for assistance. If the management becomes aware of any violator who may be restricted through an order of protection, that person is prohibited from the premises and is considered a trespasser subject to arrest and removal. The Police Department is cooperative and supportive in cases such as this, and willingly responds and enforces the protective orders.

The Housing Authority of the City of Eastman provides or offers the following activities, services, or programs to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

The same methods as described herein are used, making referrals to WINGS and the Hannah Center for counseling and support services, and attempting to enforce orders of protection with the cooperation of Police Department personnel.

The Housing Authority of the City of Eastman has the following procedure in place to assure applicants and residents are aware of their rights under the Violence Against Women Act:

All residents have been notified of their rights and responsibilities under the Violence Against Women Act.

The orientation for new residents includes information on their rights and responsibilities under the Violence Against Women Act.

The Admissions & Continued Occupancy Policy (ACOP) and the Public Housing Dwelling Lease have been revised to include screening and termination language related to the Violence Against Women Act