

2010 PHA 5-Year and Annual Plan Version 2

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

**OMB No. 2577-0226
Expires 4/30/2011**

1.0	PHA Information PHA Name: The Housing Authority of the City of Lavonia, Lavonia, GA PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Troubled <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 7/2010 PHA Code: GA094				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 179 Number of HCV units: N/A				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input checked="" 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.) N/A				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	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: SEE ATTACHMENTS				
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 ATTACHMENTS				
6.0	PHA Plan Update **THIS SECTION NOT REQUIRED FOR QUALIFIED/SMALL AUTHORITIES**				
7.0	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> **THIS SECTION NOT REQUIRED FOR QUALIFIED/SMALL AUTHORITIES**				
8.0	Capital Improvements. <i>Please complete Parts 8.1 through 8.3, as applicable.</i>				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. <i>As part of the PHA 5-Year and Annual Plan, annually complete and submit the Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</i> SEE ga094a02				
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 ATTACHMENTS				
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. **THIS SECTION IS NOT APPLICABLE TO THIS AUTHORITY**				
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 ATTACHMENTS.**REQUIRED ONLY WITH 5-YEAR PLAN FOR SMALL AND HIGH PERFORMING AUTHORITIES**				

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. SEE ATTACHMENTS-**REQUIRED ONLY WITH 5-YEAR PLAN FOR SMALL AND HIGH PERFORMING AUTHORITIES**</p>
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 ATTACHMENTS-**REQUIRED ONLY WITH 5-YEAR PLAN FOR SMALL AND HIGH PERFORMING AUTHORITIES**</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" SEE ATTACHMENTS-**REQUIRED ONLY WITH 5-YEAR PLAN FOR SMALL AND HIGH PERFORMING AUTHORITIES**</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> <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) SEE ga094c02</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) SEE ga094c02</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) SEE ga094c02</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) SEE ga094c02</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) SEE ga094c02</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. SEE ga094b02</p> <p>(g) Challenged Elements SEE ga094b02</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) SEE ga094a02 **NOTE-HARD COPIES OF ALL BUDGETS WITH ORIGINAL SIGNATURES WILL BE MAILED TO LOCAL HUD OFFICE**</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) SEE ATTACHMENT SECTION 8.2</p>

ATTACHMENTS

5.1-Mission

The Lavonia Housing Authority mission is to provide comfortable and affordable housing in a clean, safe and pleasant environment for elderly, disabled and family individuals while maintaining a high level of customer service and caring.

5.2-Goals and Objectives

Goal One: Increase the availability of decent, safe, and affordable housing.

Objectives:

To expand our supply of assisted housing by reducing public housing vacancies. We will accomplish this goal by reoccupying vacant units after modernization work is complete.

To improve the quality of assisted housing by continuing to renovate and modernize our public housing units. We will continue to expend at least half of our Capital Funds to modernize and improve our dwelling structures.

Goal Two: Promote self-sufficiency and asset development of families and individuals.

Objectives:

To promote self-sufficiency and asset development of assisted households by continuing to communicate on a regular basis with our Resident Advisory Board and by encouraging our residents to utilize the local library and school systems.

**8.1-Capital Fund Program Annual Statement/Performance and Evaluation Report
50075.1**

Signed 2010 CFP Annual Statement & all open grant P&E reports can be found in ga094a02

8.2-Capital Fund Program Five Year Action Plan-50075.2

Part I: Summary						
PHA Name/Number: The Housing Authority of the City of Lavonia; Lavonia, GA/GA094		Locality: Lavonia, Georgia			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number GA094	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	\$254,000.00	\$229,000.00	\$254,000.00	\$154,000.00
C.	Management Improvements		\$0.00	\$0.00	\$0.00	\$0.00
D.	PHA-Wide Non-dwelling Structures and Equipment		\$0.00	\$25,000.00	\$0.00	\$100,000.00
E.	Administration		\$0.00	\$0.00	\$0.00	\$0.00
F.	Other		\$18,500.00	\$18,500.00	\$18,500.00	\$18,500.00
G.	Operations		\$19,952.00	\$19,952.00	\$19,952.00	\$19,952.00
H.	Demolition		\$0.00	\$0.00	\$0.00	\$0.00
I.	Development		\$0.00	\$0.00	\$0.00	\$0.00
J.	Capital Fund Financing – Debt Service		\$0.00	\$0.00	\$0.00	\$0.00
K.	Total CFP Funds		\$292,452.00	\$292,452.00	\$292,452.00	\$292,452.00
L.	Total Non-CFP Funds		\$0.00	\$0.00	\$0.00	\$0.00
M.	Grand Total		\$292,452.00	\$292,452.00	\$292,452.00	\$292,452.00

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	AMP-GA094000001 (PHA-Wide)			AMP-GA094000001 (Old Site 1)		
	Reroofing (Phase I)	42 Units	\$75,000.00	Provide Visitability	24 Units	\$24,000.00
				Add Parking Spaces	5 Spaces	\$25,000.00
	AMP-GA094000001 (Old Site 4)			Add Front Porches and sidewalks	22 Units	\$45,000.00
				Subtotal		\$94,000.00
	Repair Septic Tanks & Drain Fields	8 Units	\$10,000.00			
	Convert 1-4BR to 2-1BR H.C. Units	1 Unit	\$25,000.00	AMP-GA094000001 (Old Site 9)		
	Subtotal		\$35,000.00	Renovate Kitchens	16 Units	\$75,000.00
	AMP-GA094000001 (Old Site 5)			(cabinets, tops, sinks, faucets, hoods, lights, etc.)		
	Replace Fascia & Soffits	30 Units	\$31,000.00	Renovate Bathrooms	16 Units	\$60,000.00
	Convert 1-4BR to 2-1BR H.C. Units	1 Unit	\$25,000.00	(vanities, tops, sinks, faucets, tubs, toilets, floors)		
	Subtotal		\$56,000.00	Subtotal		\$135,000.00
	AMP-GA094000001 (Old Site 6)					
	Replace Fascia & Soffits	6 Units	\$8,000.00			
	Convert 2-4BR to 4-1BR H.C. Units	2 Units	\$50,000.00			
	Subtotal		\$58,000.00			
	AMP-GA094000001 (Old Site 8)					
	Convert One Unit to H.C.	1 Unit	\$20,000.00			
	AMP-GA094000001 (Old Site 10)					
	Repair Septic Tanks & Drain Fields	8 Units	\$10,000.00			
	Subtotal of Estimated Cost		\$254,000.00	Subtotal of Estimated Cost		\$229,000.00

9.0-Housing Needs

(**NOTE- REQUIRED ONLY WITH 5-YEAR PLAN FOR SMALL AND HIGH PERFORMING AUTHORITIES**)

The Lavonia Housing Authority currently maintains a single site open waiting list. There are a total of 41 families on the waiting list. 7.32% of these applicants are “Extremely Low Income”; 85.37% are “Very Low Income” and 7.31% are “Low Income”. Of the families on our waiting list, 42% of applicants have children, 18% are elderly, 15% are families with disabilities, 24% are African American applicants, 76% are Caucasian and there are neither Hispanic applicants nor applicants of other nationalities.

The breakdown of number of applicants by bedroom size is as follows- One bedroom-21 or 52%; Two Bedrooms-12 or 30%; Three Bedrooms-6 or 15%; and Four Bedrooms-2 or 3%.

The Housing Authority plans to address the needs of this community by continuing good management and maintenance practices to ensure that all units are ready and prepared for occupancy.

The Housing Authority participates in the Consolidated Plan Development process to ensure coordination with broader community strategies. Additionally the Housing Authority works with city managers and project managers of the cities of Lavonia, Carnesville and Canon to ensure that our plans for improvements enhance the overall appearance, safety and functionality of each respective city.

Over the past 10-15 years, the Housing Authority has experienced the need for additional 1-bedroom units to accommodate the growing elderly population which is due to the area being a mecca for retirees because of the proximity to the North Georgia Mountains and Hartwell Lake plus the influx of the baby-boom generation whom are beginning to retire.

The Housing Authority considers all funding sources for possible development of additional housing units. We have applied in the past for Rural Housing and Economic Development Funds and will do so again in the future as appropriate.

9.1-Strategy for Addressing Housing Needs

(**NOTE- REQUIRED ONLY WITH 5-YEAR PLAN FOR SMALL AND HIGH PERFORMING AUTHORITIES**)

The Lavonia Housing Authority has several strategies to address the needs of families in our jurisdiction and on our waiting list. We will address these needs by adopting effective management policies to minimize the number of public housing units off-line, participate in the Consolidated Plan development process to ensure coordination with broader community and state strategies.

We will also try to increase the number of affordable housing units by pursuing funding resources other than public housing by continuing to apply for state and federal funds & possible other funding sources.

Some of the factors that influenced our selection of strategies are funding constraints, staffing constraints, the influence of the housing market on our programs, community priorities regarding housing assistance and the results of consultation with our local and state governments.

10.0 (a)-Additional Information-Progress In Meeting Missions & Goals

(**NOTE- REQUIRED ONLY WITH 5-YEAR PLAN FOR SMALL AND HIGH PERFORMING AUTHORITIES**)

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

PHA Goal: Expand the supply of assisted housing

Objectives:

Reduce public housing vacancies: **Reoccupy vacant units after modernization work is complete.**

Progress: The PHA has met this goal and is continuing existing procedures.

PHA Goal: Improve the quality of assisted housing

Objectives:

Renovate or modernize public housing units: **Expend one half of yearly capital funds to modernize dwelling structures.**

Progress: The PHA expends more than one half of CFP funds for unit improvements.

HUD Strategic Goal: Improve community quality of life and economic vitality

PHA Goal: Provide an improved living environment

Objectives:

Implement public housing security improvements: **Remove large trees & and provide additional security lighting in two developments within two fiscal years.**

Progress: The PHA is currently under modernization with one of our developments to remove large trees and install additional security lighting.

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

Other: (list below) **Provide semi-annual workshops or provide literature to promote self-sufficiency and asset management.**

Progress: The PHA has not provided semi-annual workshops to promote self sufficiency due to lack of resident interest. However, the PHA does communicate with our resident advisory board every other month and encourages self sufficiency through our local library and local school systems.

10.0 (b)-Significant Amendment and Substantial Deviation/Modification

(**NOTE- REQUIRED ONLY WITH 5-YEAR PLAN FOR SMALL AND HIGH PERFORMING AUTHORITIES**)

a. Substantial Deviation from the 5-Year Plan

Substantial deviations are defined as discretionary in the 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 or as may be required by HUD.

b. Significant Amendment or Modification to the Annual Plan

Significant amendments or modifications are defined as discretionary in the 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 or as may be required by HUD.

10.0 (c)

Not required for small and high performing authorities

10.0 (d)-VAWA Statement

A goal of the Lavonia Housing Authority 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 Lavonia Housing Authority 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:

1. LHA refers and works with the “Harmony House”, a children and adult sexual assault center for the five county judicial circuit. The Harmony House assists with counseling, housing, medical matters and legal assistance.
2. LHA refers and works with “Heart Haven”, a center for women who have been victimized by domestic violence. The Heart Haven assists with counseling, housing, medical and legal matters.
3. LHA refers and works with “Heart Ministries of Lavonia”, a center for women who are addicted to alcohol or drugs and/or whom have been abused.

The Lavonia Housing Authority provides or offers the following activities, services or programs **that help child or adult victims** of domestic violence, dating violence, sexual assault or stalking to maintain housing:

1. Harmony House (see 1 above).
2. Heart Haven (see 2 above).
3. Heart Ministries (see 3 above).

The Lavonia Housing Authority provides or offers the following activities, services or programs to prevent domestic violence, dating violence, sexual assault or stalking OR to enhance victim safety in assisted families:

1. LHA works closely with the Lavonia Police, Canon Police and Franklin County Sheriffs Office and reports all suspected crimes or violence against any resident of Lavonia Housing Authority.

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

1. At lease signing, LHA discusses the VAWA policy with the resident; informs them of their rights under the terms of the law, the resident then signs the policy and they are given a copy of the policy.
2. A copy of the VAWA Policy is posted on the office bulletin board located in the main lobby.
3. Maintains collaborative arrangements between the LHA and law enforcement authorities, victim service providers, faith based organizations and others to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking.
4. LHA mails periodic newsletters to resident households informing them of the VAWA and their rights under the law.

11.0 (a)-Form HUD-50077

See ga094c02

11.0 (b)-Form HUD-50070

See ga094c02

11.0 (c)-Form HUD-50071

See ga094c02

11.0 (d)-Form SF-LLL

See ga094c02

11.0 (e)-Form SF-LLL-A

See ga094c02

11.0 (f)-Resident Advisory Board Comments

See ga094b02

11.0 (g)-Challenged Elements

See ga094b02

11.0 (h)-Form HUD-50075.1

See ga094a02

11.0 (i)-Form HUD-50075.2

See Section 8.2

8.1-Capital Fund Program Annual Statement/Performance and Evaluation Report-50075.1

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: Housing Authority of the City of Lavonia, Georgia	Grant Type and Number Capital Fund Program Grant No: GA06P09450110 Date of CFFP:	Replacement Housing Factor Grant No:	FFY of Grant: 2010 FFY of Grant Approval: 2010
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/ Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) Final Performance and Evaluation Report		Total Actual Cost ¹
			Original	Revised ²	
1	Summary by Development Account				
2	Total non-CFP Funds				
3	1406 Operations (may not exceed 20% of line 20) ³		\$17,952.00		
4	1408 Management Improvements				
5	1410 Administration (may not exceed 10% of line 20)				
6	1411 Audit				
7	1415 Liquidated Damages				
8	1430 Fees and Costs		\$21,500.00		
9	1440 Site Acquisition				
10	1450 Site Improvement				
11	1460 Dwelling Structures		\$253,000.00		
12	1465.1 Dwelling Equipment—Nonexpendable				
13	1470 Non-dwelling Structures				
14	1475 Non-dwelling Equipment				
15	1485 Demolition				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities ⁴				
19	1501 Collateralization or Debt Service paid by the PHA				
20	1502 Collateralization or Debt Service paid via System of Direct Payment				
21	1502 Contingency (may not exceed 8% of line 20)		\$292,452.00		
22	Amount of Annual Grant: (sum of lines 2-19)				
23	Amount of line 20 Related to LBP Activities				
24	Amount of line 20 Related to Section 504 Activities				
25	Amount of line 20 Related to Security – Soft Costs				
26	Amount of line 20 Related to Security – Hard Costs				
27	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.

Part I: Summary

PHA Name: Housing Authority of the City of Lavonia, Lavonia, Georgia		Grant Type and Number Capital Fund Program Grant No: GA06P09450110 Date of CFFP:		Replacement Housing Factor Grant No:		FFY of Grant: 2010 FFY of Grant Approval: 2010	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Estimated Cost		Total Actual Cost ¹	
Signature of Executive Director 		Date 05-24-2010		Signature of Public Housing Director		Date	

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Lavonia, Lavonia, Georgia		Grant Type and Number Capital Fund Program Grant No: GA06P09450110		CFPP (Yes <input type="checkbox"/> /No <input checked="" type="checkbox"/>)		Federal FFY of Grant: 2010		Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		
				Original	Revised ⁵	Funds Obligated ⁶	Funds Expended ²	
PHA Wide	OPERATIONS Operations	1406	179 Units	\$17,952.00				
	SUBTOTAL			\$17,952.00				
PHA Wide	<u>FEES & COSTS</u> a. Architects fee to prepare bid and contract documents, drawings, specifications and assist the PHA at bid opening, awarding the contract, and to supervise the construction work on a periodic basis. Fee to be negotiated Contract Labor	1430.1	179 Units	\$16,000.00				
	Subtotal			\$16,000.00				
PHA Wide	b. Consulting fees for Agency Plan preparation	1430.2	179 Units	\$2,500.00				
	Subtotal			\$2,500.00				
PHA Wide	c. Consulting fees for Needs Assessment preparation	1430.2	179 Units	\$3,000.00				
	Subtotal			\$3,000.00				
	SUBTOTAL			\$21,500.00				
	<u>DWELLING STRUCTURES</u>							
GA094000001 (old site 8A)	a. Renovate kitchens (cabinets, tops, sinks, faucets, hoods, lights, etc.)	1460	30 Units	\$126,500.00				
	Subtotal			\$126,500.00				
GA094000001 (old site 8A)	b. Renovate bathrooms (vanities, tops, sinks, faucets, tubs, toilets, floors)	1460	30 Units	\$126,500.00				
	Subtotal			\$126,500.00				
	SUBTOTAL			\$253,000.00				
	GRAND TOTAL			\$292,452.00				
GA094-1 24 Units	GA094-2 12 Units	GA094-3 12 Units	GA094-4 8 Units	GA094-5 30 Units				
GA094-6 6 Units	GA094-7 20 Units	GA094-8 41 Units	GA094-9 16 Units	GA094-10 8 Units				

⁵ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

⁶ To be completed for the Performance and Evaluation Report.

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

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

APPROVED BY HUD 3/25/10

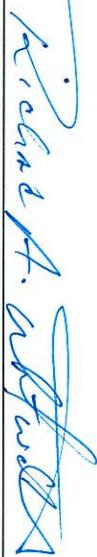
PHA Name: The Housing Authority of the City of Lavonia, Lavonia, Georgia		Grant Type and Number Capital Fund Program Grant No: GA06P09450109	Replacement Housing Factor Grant No:	FFY of Grant: 2009
		Date of CFFP:		FFY of Grant Approval: 2009

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09	<input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ⁷
		Summary by Development Account	Original	
1	Total non-CFP Funds			
2	1406 Operations (may not exceed 20% of line 20) ⁹			
3	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 20)			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs	\$18,000.00	\$18,000.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$25,000.00	\$0.00
9	1450 Site Improvement	\$100,000.00	\$142,300.00	\$0.00
10	1460 Dwelling Structures	\$174,452.00	\$107,152.00	\$81,893.26
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 ¹⁰			
18a	1501 Collateralization or Debt Service paid by the PHA			
18b	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)	\$292,452.00	\$292,452.00	\$0.00
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security – Soft Costs			
24	Amount of line 20 Related to Security – Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures			

⁷ To be completed for the Performance and Evaluation Report.
⁸ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
⁹ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
¹⁰ RHF funds shall be included here.

Part I: Summary

APPROVED BY HUD 3/25/10

PHA Name: The Housing Authority of the City of Lavonia, Lavonia, Georgia		Grant Type and Number Capital Fund Program Grant No: GA06P09450109 Date of CFFP:	Replacement Housing Factor Grant No:	FY of Grant: 2009 FY of Grant Approval: 2009
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 Report				
Line <input type="checkbox"/> Summary by Development Account	Signature of Executive Director	Date	Total Estimated Cost	Total Actual Cost ⁷
		05-24-2010		
	Signature of Public Housing Director			

Part II: Supporting Pages

12/31/09 P&E

PHA Name: The Housing Authority of the City of Lavonia; Lavonia, Georgia		Grant Type and Number Capital Fund Program Grant No: GA06P09450109 Replacement Housing Factor Grant No:		CFPP (Yes <input type="checkbox"/> /No <input checked="" type="checkbox"/>)		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 ¹¹	Funds Obligated ¹²	Funds Expended ²	
PHA Wide	FEES & COSTS a. Architects fee to prepare bid and contract documents, drawings, specifications and assist the PHA at bid opening, awarding the contract, and to supervise the construction work on a periodic basis. Fee to be negotiated Contract Labor	1430.1	179 Units	\$16,000.00	\$16,000.00	\$0.00	\$0.00	No Progress
	Subtotal			\$16,000.00	\$16,000.00	\$0.00	\$0.00	
PHA Wide	b. Consulting fees for Agency Plan preparation	1430.2	179 Units	\$2,000.00	\$2,000.00	\$0.00	\$0.00	No Progress
	Subtotal			\$2,000.00	\$2,000.00	\$0.00	\$0.00	
	SUBTOTAL			\$18,000.00	\$18,000.00	\$0.00	\$0.00	
GA094000001 (old site 2)	<u>SITE ACQUISITION</u> Land Purchase.	1440	12 Units	\$0.00	\$25,000.00	\$0.00	\$0.00	Added
	SUBTOTAL			\$0.00	\$25,000.00	\$0.00	\$0.00	
	<u>SITE IMPROVEMENTS</u> Miscellaneous site improvements (Phase I) (includes tree removal, paving/concrete, fencing, landscaping, drainage correction, handrails @ walks, security and street lighting)	1450	12 Units	\$100,000.00	\$142,300.00	\$142,300.00	\$0.00	Contracted
	SUBTOTAL			\$100,000.00	\$142,300.00	\$142,300.00	\$0.00	
	<u>DWELLING STRUCTURES</u> a. Complete renovation of interiors (Phase II) (walls, ceilings, kitchens, bathrooms, doors, floors)	1460	12 Units	\$103,282.00	\$81,893.26	\$81,893.26	\$0.00	Contracted
	Subtotal			\$103,282.00	\$81,893.26	\$81,893.26	\$0.00	
PHA Wide	b. Install cable tv & new phone lines in each	1460	141 Units	\$71,170.00	\$25,258.74	\$0.00	\$0.00	No Progress

¹¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

¹² To be completed for the Performance and Evaluation Report.

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

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

Part I: Summary

PHA Name: Housing Authority of the City of Lavonia, Lavonia, Georgia	Grant Type and Number Capital Fund Program Grant No: GA06S09450109 Date of CFFP:	Replacement Housing Factor Grant No:	FFY of Grant: 2009 FFY of Grant Approval: 2009
---	--	--------------------------------------	---

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹³		
		Summary by Development Account	Original Total Estimated Cost	Revised ¹⁴	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 20) ¹⁵					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 20)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	\$24,750.00	\$24,700.00	\$24,700.00	\$9,386.00	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	\$347,661.00	\$347,661.00	\$347,661.00	\$0.00	
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 ¹⁶					
18a	1501 Collateralization or Debt Service paid by the PHA					
18b	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)	\$372,361.00	\$372,361.00	\$372,361.00	\$9,386.00	
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					

¹³ To be completed for the Performance and Evaluation Report.
¹⁴ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
¹⁵ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
¹⁶ RHF funds shall be included here.

Part I: Summary

PHA Name: Housing Authority of the City of Lavonia, Lavonia, Georgia	Grant Type and Number Capital Fund Program Grant No: GA06S09450109 Date of CFFP:	Replacement Housing Factor Grant No:	FFY of Grant: 2009 FFY of Grant Approval: 2009
---	--	--------------------------------------	---

Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09	<input type="checkbox"/> Reserve for Disasters/ Emergencies	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report
Line	Summary by Development Account	Date
Signature of Executive Director		Date

<i>Richard A. Stewart</i>	05-24-2010	Total Estimated Cost	Total Actual Cost ¹³
		Signature of Public Housing Director	Date

Part II: Supporting Pages

12/31/09 P&E Report Budget Revision #1

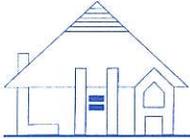
Development Number PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹⁷	Funds Obligated ¹⁸	Funds Expended ²	
PHA-WIDE	a. <u>FEES & COSTS</u> Architects fee to prepare bid and contract documents, drawings, specifications and assist the PHA at bid opening, awarding the contract, and to supervise the construction work on a periodic basis. Fee to be negotiated. Contract labor.	1430.1	177 Units	\$24,750.00	\$24,750.00	\$24,750.00	\$9,386.00	In Progress
	SUBTOTAL			\$24,750.00	\$24,750.00	\$24,750.00	\$9,386.00	
	<u>DWELLING STRUCTURES</u>							
GA094000001 (old site 2)	Complete renovation of interiors (Phase I) (walls, ceilings, kitchens, bathrooms, doors, floors)	1460	12 Units	\$347,361.00	\$347,661.00	\$347,661.00	\$0.00	Contracted
	SUBTOTAL			\$347,361.00	\$347,661.00	\$347,661.00	\$0.00	
	GRAND TOTAL			\$372,361.00	\$372,361.00	\$372,361.00	\$9,386.00	

Grant Type and Number
 Capital Fund Program Grant No: **GA06S09450109**
 Replacement Housing Factor Grant No:

CFFP (Yes /No)

Federal FFY of Grant: 2009

¹⁷ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
¹⁸ To be completed for the Performance and Evaluation Report.



LAVONIA HOUSING AUTHORITY

"A Better
Place
To Live"

Starr Whitlow Office Building

P.O. Box 453, 13032 Jones Street • Lavonia, Georgia 30553

Phone: 706-356-8224 • Fax: 706-356-1000

www.lavoniahousing.com

EXECUTIVE DIRECTOR

Richard A. Whitworth

E-Mail: rwhitworth@lavoniahousing.com

OFFICE MANAGER

Sabrina L. Weaver

E-Mail: sweaver@lavoniahousing.com

Lavonia Housing Authority

Resident Advisory Board Comments

The PHA Resident Advisory Board (RAB) expressed excitement and approval of the work items in the Plan's budgets. The RAB further approves of the director that the PHA is taking as evidence by the Plan.

There were NO challenged elements to the PHA Five-Year Plan.

Certified by:

Richard A. Whitworth, Executive Director

5-24-2010

Sandra Mayfield, President of Resident Advisory Board

Member of Board of Commissioners



**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 07/01/2010 ___, 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.

Lavonia Housing Authority

GA094

PHA Name

PHA Number/HA Code

x _____ 5-Year PHA Plan for Fiscal Years 20¹⁰ - 20¹⁴

x _____ Annual PHA Plan for Fiscal Years 20¹⁰ - 20¹⁰

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

Richard A. Whitworth

Title

Executive Director

Signature

Date

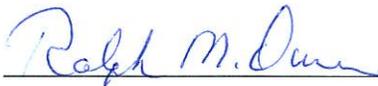
04/12/2010

**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, Ralph M. Owens the Mayor of the City of Lavonia certify that the Five Year and
Annual PHA Plan of the Lavonia Housing Authority is consistent with the Consolidated Plan of
City of Lavonia prepared pursuant to 24 CFR Part 91.



04/12/2010

Signed / Dated by Appropriate State or Local Official

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Lavonia Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Capital Fund Program, Five Year and Annual Plan Submission

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.)

AMP #GA094000001
City of Lavonia, zip 30553
City of Carnesville, zip 30521
City of Canon, zip 30520
Franklin County, Georgia

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
Richard A. Whitworth

Title
Executive Director

Signature

Date

X 

04/12/2010

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Lavonia Housing Authority

Program/Activity Receiving Federal Grant Funding

Capitol Fund Program, Five Year and Annual Plan Submission for 2010

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	Title
Richard A. Whitworth	Executive Director
Signature	Date (mm/dd/yyyy)
	04/12/2010

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

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: <div style="text-align: right; color: blue; font-size: 2em;">n/a</div> 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 (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
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: <u></u> Print Name: <u>Richard A. Whitworth</u> Title: <u>Executive Director</u> Telephone No.: <u>706-356-8224</u> Date: <u>04/12/2010</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

Approved by OMB
0348-0046

Reporting Entity: _____ Page _____ of _____

NONE

LAVONIA HOUSING AUTHORITY
13032 JONES STREET
P.O. BOX 453
LAVONIA, GA 30553
(706) 356-8224

Richard A. Whitworth 4-12-2010

Richard A. Whitworth
Executive Director