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

1.0 PHA Information

PHA Name: Housing Authority of Newnan PHA Code: GA095

PHA Type: ☐ Small ☐ High Performing X Standard ☐ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): 7/2010

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: 397 Number of HCV units: 73

3.0 Submission Type

X 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	Participating PHAs	Participating PHAs	Participating PHAs	Participating PHAs	
PHA 1:	PHA 1:	PHA 1:	PHA 1:	PHA 1:	PHA 1:
PHA 2:	PHA 2:	PHA 2:	PHA 2:	PHA 2:	PHA 2:
PHA 3:	PHA 3:	PHA 3:	PHA 3:	PHA 3:	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 Housing Authority of the City of Newnan, Georgia ("HAN") is committed to achieving excellence in providing safe, clean and modern housing assistance while promoting self-sufficiency. Our goal is to be a leader in the City of Newnan housing industry by building a reputation for excellent community service and customer satisfaction.

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. PHA Goal #1- Improve service delivery to customers by enhancing operational efficiency, coordinating with community providers, and improving facilities. Objectives: 1. Implement Management Recommendations. 2. Execute Memoranda of Understandings. 3. Provide Community/Service Provider Listing. 4. Continue Staff Training. 5. Continue Modernization/Renovation Activities. PHA Goal #2 – Investigate redevelopment alternatives, identify professional support, and quantify sources of funding. Objectives: 1. Acquire New Affordable Housing Resources. 2. Acquire Existing Property (ies). 3. Modernization of Existing Apartments. 4. Development through Partnerships. 5. Interaction with other Redevelopment Entities. PHA Goal #3 – Enhance the attractiveness and marketability of the housing stock and neighborhoods in order to attract working families. Objectives: 1. Updated Occupancy and Leasing Documents. 2. Lease Enforcement. 3. Curb Appeal and Maintenance. 4. Economic Independence Pathway. 5. Neighborhood Improvement Plans. 6. HAN will continue to advertise affordable daycare Neighborhood Daycare: PHA Goal #4 – Improve the public and community image of the HAN by updating and executing a comprehensive Public Relations and Marketing Strategy. Objectives: 1. Execute HAN's Public Relations and Marketing Strategy. 2. City's Planning Meetings. 3. Participating in Business Organizations. 4. Enhance Marketing and Publishing Activities. 5. Nurture Development of Income and Information Resources. PHA Goal #5 – Enhance employee services and support systems. Objectives: 1. HAN Reorganization. 2. Standard Operating Procedures. 3. Employee Incentives. 4. Training.

PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: **Sections: 5.2; 8.0; 9.0; 10 & 11.**
(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.
The Plan will be available at the Housing Authority's Adm. Office located at 48 Ball Street, Newnan. The members of the Advisory Board will be given a copy of the Five-Year Plan.

PHA Policies Governing Eligibility, Selection, and Admissions
[24 CFR Part 903.12 (b), 903.7 (b)]

1. Public Housing
Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility – The Housing Authority of Newnan verifies eligibility for admission when families are within a certain number of being offered a unit. (Top 5) The Authority screen all applicants for criminal or drug-related activity, rental history and housekeeping to establish eligibility for admission

(2) Waiting List Organization – The Housing Authority utilizes a community-wide waiting list. When the waiting is open an applicant will come into the office to complete an application.

(3) Assignment – All applicants are given one vacant unit choice before they fall to the bottom of or are removed from the waiting list.

(4) Admissions Preferences – The Housing Authority does not plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income. Transfers will be given precedence over new admissions

2. Statement of Financial Resources
[24 CFR Part 903.7 9 (b)]
List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year.
The Housing Authority of Newnan anticipates the following Financial Resources: Operating Fund - $1,672,153; CFP-$627,871; RHF-$127,047; Rental Income-$443,475; Other Income-$25,000. The funds listed above will be used to support the daily operations of the Authority to include Administration and Maintenance functions of the Authority.

3. PHA Rent Determination Policies
[24 CFR Part 903.12(b), 903.7(d)]

(1) Income Based Rent Policies
Describe the PHA's income based rent setting policies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

The Housing Authority will not employ any discretionary rent-setting policies for income-based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent. The Authority will charge a minimum rent of $50. The Authority will give consideration for verified hardships.

Between income reexaminations, the tenants must report changes in income or family composition to the PHA such that the changes result in an adjustment to rent any time the family experiences an income increase.

The Authority will utilize Flat Rents determined by a market comparability study which will be completed by a consultant.

4. Operations and Management
[24 CFR Part 903.7 9 (e)]
The Housing Authority of Newnan uses the following public housing management, section 8 management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing:
(1) Public Housing Maintenance and Management:
- (a) Admissions and Continued Occupancy Policy
- (b) Dwelling Lease
- (c) Rules and Regulations
- (d) Uniform Resident Housekeeping Standards
- (e) Pet Addendum
- (f) Small-Scale In-Home Business Rules
- (g) Economic and Life-style Self-sufficiency Program
- (h) Standard Operating Procedures
- (i) Routine and Preventive Maintenance Schedules
- (j) Maintenance Charges Schedule

(2) Section 8 Management:
- (a) Administrative Plan
- (b) Family Self-sufficiency Program
- (c) Voucher Homeownership Program

Management and Maintenance Policies
The Housing will follow established Standard Operating Procedures that govern Management, Maintenance, pest control and all operation of the Authority.

6.0

5. PHA Grievance Procedures
[24 CFR Part 903.7 9 (f)]
All grievances shall be heard by the Housing Authority's Hearing Officer appointed to hear such matters. The Hearing Officer is empowered to rule on the grievance in the manner and in accordance with the time frames which are set forth in the Policy. Prior to initiating a formal grievance, the resident must seek to have the grievance resolved informally. The complaint must be in writing and submitted to the Administrative Office within ten (10) days from the date when the grievance arose. The informal discussion must be held within seven (7) days and there must be an attempt to resolve the complaint without a formal hearing. A summary of the discussion shall be prepared by the Authority within ten (10) days after the discussion. If the resident disagrees with the decision of the informal discussion the resident can file a request for a Grievance Hearing. The resident shall be entitled to a fair and private hearing and may be represented by legal counsel or another person chosen as a representative. At the hearing the resident should show why the Authority's proposed action is improper. The burden of proof will then be on the Authority to justify the action or inaction proposed by it. The decision of the Hearing Officer shall be based solely and exclusively upon the facts and documents presented at the hearing The decision shall be issued in writing within ten (10) calendar days after the hearing. The decision of the Hearing Officer shall be binding upon the parties unless such decision violated Federal Regulations or the Grievance Policy. Should this be the case the decision will be amended. The Final Decision can be appealed to the Executive Director within seven day. The Executive Director will issue a written decision within a reasonable period after consideration of the appeal.

6. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities
[24 CFR Part 903.7 9 (i)]
The Housing Authority of Newnan has designated public housing for occupancy only by elderly families and families with disabilities.

95-5A – William L. Bonnell Homes – 24 units
95-7.3 – Milo Hunter Homes – 34 units
95-8 – Southside Homes – 34 units
95-9 – Mary Freeman Homes – 60 units

7. PHA Community Service and Self-sufficiency Programs
[24 CFR Part 903.7 9 (l)]
Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

1) The Housing Authority of Newnan has entered into a cooperative agreement with the Department of Family & Children Services' TANF Agency to share information and/or target supportive services. Coordination efforts include: client referrals, information sharing regarding mutual clients, coordinating the provision of specific social and self-sufficiency services and programs to eligible families.

2) The Housing Authority of Newnan uses the following discretionary policies to enhance the economic and social self-sufficiency of assisted families in the following areas: Public Housing rent determination policies, Public housing admissions policies, Section 8 admissions policies, Preference in admission to Section 8 for certain public housing families, Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA, Preference/eligibility for public housing homeownership option participation, & Preference/eligibility for section 8 homeownership option participation.

3) The Housing Authority of Newnan provides the following programs to enhance the economic and social self sufficiency of residents: Economic Self-Sufficiency program, Breakaway After-School program, Childcare program, & Transportation.

8. PHA Safety and Crime Prevention Measures
[24 CFR Part 903.7 9 (m)]
Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

The Housing Authority will institute measures to ensure the safety of all residents. Management has observed low level of crime and vandalism on the property but has observed people on the waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime. The Housing Authority has used safety and security survey of residents, analysis of crime statistics over time for crimes committed "in and around" public housing authority, resident reports, PHA employee reports, police reports, and demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs to determine the need for PHA actions to improve safety of residents.

The Housing Authority of Newnan will implement activities targeted to at-risk youth, adults & seniors. The Authority will also continue to implement the following programs: volunteer Resident Patrol/Block Watchers Program/Neighborhood Watch, crime awareness information in selected HAN Monthly Newsletter to residents and participants, off duty Police Officers (as needed), Red Ribbon Week Activities, & National Night Out.

9. Pets – Housing Authority residents who desire to keep a pet may only do so in strict accordance with the procedures described in the Pet Policy. Residents are permitted to keep only common household pets excluding: Birds of Prey, overly aggressive cats, fighting dogs, vicious dogs. Residents must have a Pet Permit before housing any pet in an Authority apartment. The resident must pay an application fee and deposit and comply with all rules and regulation related to all pets.

10. Civil Rights Certifications
[24 CFR Part 903.12 (b), 903.7 (o)]
The Housing Authority certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fail Housing Act, Section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990 and will affirmatively further fair housing.—see Attachment

6.0	**11. Fiscal Audit** [24 CFR Part 903.7 9 (p)] The Housing Authority has a audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U S.C. 1437c(h)). The Audit was submitted to HUD and there were 2 Audit findings. The findings have be addressed by Management. **12. PHA Asset Management** [24 CFR Part 903.7 9 (q)] Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component. The Authority plans to continue engaging in activities that will contribute to the long-term asset management of its public housing stock. The Authority has implemented Project-Based accounting and management of its development. **13. Violence Against Women Act (VAWA) – See Attachment** The mission of the Housing Authority of Union City is to provide a safe environment for women and their children free from domestic violence. To promote emergency and short term transitional housing, economic opportunity and a suitable living environment free from discrimination and abuse. The objectives will be accomplished by establishing a partnership with local Community Agencies that provide Medical, Social Work, Counseling, Budgeting, Food, Clothing, Furniture, Life Skills, Interview skills, Job Search and Coping skills. The Authority will assist abused families to find suitable permanent housing and assist the family with self-sufficiency, independent of abuser.
	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. The Housing Authority plans to purchase additional Public Housing units from the Newnan Housing Development Corporation utilizing RHF, CFP and other HUD funds from. The Housing Authority will also submit a Second Increment RHF Application to leverage its RHF funds to provide additional Public Housing and affordable housing for Coweta County. HAN is administering its Home Ownership Program through the Housing Choice Program. On April 16, 2007 HAN's Board of Commissioners approved the new Housing Choice Homeownership Program as Attachment A of the Housing Choice Program's Administrative Plan. The Home Ownership Program is described within the Housing Choice Homeownership Programs Administrative Plan and is available as a Supporting Document to this FFY2010 Annual Plan.
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 *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing. **See Attachment**
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* 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 Attachment**
8.3	**Capital Fund Financing Program (CFFP).** ☐ **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. N/A**

9.0	**<u>Housing Needs</u>. 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.** Newnan is located in Coweta County. The county's other incorporated municipalities are Grantville, Haralson, Moreland, Sharpsburg, and Turin. Coweta County is bordered by Fulton County, in which the City of Atlanta is located. Coweta County is located in the Atlanta metropolitan statistical area (MSA). According to the Georgia Department of Industry, Trade and Tourism; Coweta County's population increased by 38% from 1990 to 1996. The 2000 Census reported Coweta's population as 89,215 which is a 65.7% change from 1990-2000. The 2003 estimated populated was 101,395. The county's per capita income increased by 117% from 1980 ($8,292) to 1994 ($18,021). There was a 22% from 1994 to 2000. ($21,949) According to 2000 Census data, the median household income for Coweta County was $62,786. Newnan's 2000 population was 1,738 and had a median income of $50,089. Approximately 46% of the households in Coweta County have incomes between 0% and 80% of the Area Median Income, thus qualifying them for public housing. There are 33,182 total housing units in Coweta County, of which 31,442 are occupied (95%), leaving approximately 5% vacant. Over half of the total number of housing units are owner occupied (78%). The median value of homes is $121,700 and the median gross rent is $628. **<u>Public Housing Waiting List</u>** The Housing Authority has 408 families on the Public Housing waiting list. All of the families have incomes less than or equal to 30% of the AMI. 284 families have children, sixteen are elderly and seven applicants are disabled. Of the 408 families, 338 are black, 67 white, two Hispanic and one other. **<u>Section 8 Waiting List</u>** The Housing Authority has 27 families on the Section 8 waiting list. All of the families have incomes less than or equal to 30% of the AMI. 19 families have children, one is elderly and one applicant is disabled. All 27 families are black.

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.**

(1) Strategies

Need: Shortage of affordable housing for all eligible populations
Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

X Employ effective maintenance and management policies to minimize the number of public housing units off-line
X Reduce turnover time for vacated public housing units
X Reduce time to renovate public housing units
X Participate in City of Newnan Community Redevelopment Committee meetings to ensure that the need and availability of affordable housing is raised

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

X Apply for additional section 8 units should they become available
X Leverage affordable housing resources in the community through the creation of mixed - finance housing
X 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 1: Target available assistance to families at or below 30 % of AMI

X Adopt rent policies to support and encourage work
X Encourage greater networking with and participation of families in economic, social and/or life-style self-sufficiency and independence programs (including, but not limited to, HAN's Economic Independence Programs) designed to increase the family's self-sufficiency efforts.

Need: Specific Family Types: Families at or below 50% of median
Strategy 1: Target available assistance to families at or below 50% of AMI

X Employ admissions preferences aimed at families who are working
X Adopt rent policies to support and encourage work
X Encourage greater networking with and participation of families in economic, social and/or life-style self-sufficiency and independence programs (including, but not limited to, HAN's Economic Independence Programs) designed to increase the family's self-sufficiency efforts.

Need: Specific Family Types: The Elderly
Strategy 1: Target available assistance to the elderly:

X Apply for special-purpose vouchers targeted to the elderly, should they become available

Need: Specific Family Types: Families with Disabilities
Strategy 1: Target available assistance to Families with Disabilities:

X Apply for special-purpose vouchers targeted to families with disabilities, should they become available
X Affirmatively market to local non-profit agencies that assist families with disabilities
X To the extent financially feasible, take into consideration mobility disabilities when renovating and modernizing ground floor public housing apartments

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs
Strategy 1: Conduct activities to affirmatively further fair housing:

X Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
X Market the section 8 program to owners outside of areas of poverty /minority concentrations
X Encourage greater networking with and participation of families with economic, social and/or life-style self-sufficiency and I independence programs (including, but not limited to, HAN's Economic Independence, and Family Self-Sufficiency Programs) designed to increase the family's self-sufficiency efforts.

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

X Funding constraints
X Limited availability of sites for assisted housing
X Influence of the housing market on PHA programs

10.0 **Additional Information.** Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.
(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

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.

1. PHA Goal : Improve the REAC Inspection Score by 20 points – January 16, 2009 – Score went from 46% to 76%
2. PHA Goal: Expand the supply of assisted housing – May 2009 - The Housing Authority reduced vacancy turnaround days from 32 days to 17 days
3. PHA Goal: Improve the quality of assisted housing - Security Screen doors were installed on all units.
4. PHA Goal: Enhance the attractiveness and marketability of the housing stock and neighborhoods in order to attract working families. --
   - The PHA updated the Occupancy and Leasing Documents - ACOP, Dwelling Lease, Rules and Regulations and ensure that all residents understand what is required of them and what services the Authority will provide.
   - Lease Enforcement – The Authority ensures that the Lease is swiftly and strictly enforced, including but not limited to, the collection of rent and a timely manner; additional charges for delinquent rent, unacceptable housekeeping, and trash in the yards; and swift enforcement against those residents engaging in criminal activity.
   - Curb Appeal and Maintenance-The Authority ensures that the curb appeal of each community is maintained at an acceptable marketable level and that routine maintenance is performed within acceptable times.
5. PHA Goal: Investigate redevelopment alternatives, identify professional support and quantify sources of funding. The Housing Authority Will administer a portion of the NSP Program for the City of Newnan. The Housing Authority will also function as the Redevelopment Authority for the City.

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

HAN FY2010 - 2014 Five-Year Plan.

A "substantial deviation" or "significant amendment or modification" to HAN's FY2010 – 2014 five-Year Plan ("Five-Year Plan") is defined as substantial changes, modifications, or amendments to the Five-Year Plan that materially and significantly modify HAN's goals listed in Section B of the Five-Year Plan. A change in HAN's objectives or strategies in reaching those goals will not be considered a "substantial deviation" or "significant amendment or modification." Other than for "substantial deviation" or "significant amendment or modifications," as defined above, HAN may make changes to its Five-Year Plan without the necessity of re-submitting the entire Five-Year Plan document, conducting a public hearing, or otherwise engaging in Five-Year Plan Resident Advisory Board or resident consultation.

HAN FY2010 Annual Plan.

A "substantial deviation" or "significant amendment or modification" to HAN's FY2010 Annual Plan ("Annual Plan") is defined as substantial changes, modifications, or amendments to the Annual Plan that materially and significantly modify HAN's goals listed in Section B of the Five-Year Plan or materially and significantly modify the strategies outlined in the Annual Plan. Notwithstanding the foregoing, HAN may, from time to time, make changes in the Annual Plan and any attachments thereto, in order to maximize the flexibility provided for in the regulations of the programs administered by HAN and included in the FY 2010 Annual Plan and such changes shall not be considered a "substantial deviation" or a "significant amendment or modification." Specifically, HAN anticipates that it may need to make changes to its Physical Needs Assessment and/or Management Needs Assessment and/or Capital Fund plans and expenditures from time to time, (including, but not limited to, a change in use of replacement reserve funds under the Capital Fund) and such changes shall not be deemed to be a "substantial deviation or a "significant amendment or modification" to the FY 2010 Annual Plan.

11.0 **Required Submission for HUD Field Office Review.** In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office.

(a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) – **See Attachment**
(b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) - **See Attachment**
(c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) - **See Attachment**
(d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) - **See Attachment**
(e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) - **See Attachment**
(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 Attachment**
(g) Challenged Elements
(h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) - **See Attachment**
(i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only) - **See Attachment**

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011

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 _X_ 5-Year and/or _X_ Annual PHA Plan for the PHA fiscal year beginning **7/2010**, *hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

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

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

Housing Authority of Newnan
PHA Name

GA095
PHA Number/HA Code

X 5-Year PHA Plan for Fiscal Years 2010 - 2014

X Annual PHA Plan for Fiscal Years 2010 - 2011

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

Name of Authorized Official	Title
Willie Pritchett	Chairman
Signature	Date 4/12/2010

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

Civil Rights Certification

Annual Certification and Board Resolution

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

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

Housing Authority of Newnan	GA095
PHA Name	PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official Willie Pritchett	Title Chairman
Signature Willie Pritchett	Date 04/12/2010

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of Newnan

Program/Activity Receiving Federal Grant Funding

Operating Fund, CFP, HCV

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.)

48 Ball Street, Newnan, GA
3 Octavia Place, Newnan, GA

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	Title
Sandra M. Strozier	President/CEO
Signature	Date
X	4/12/2010

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

OMB Approval No. 2577-0157 (Exp. 3/31/2010)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of Newnan

Program/Activity Receiving Federal Grant Funding

Operating Fund, CFP, HCV

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
Sandra M. Strozier	President/CEO

Signature	Date (mm/dd/yyyy)
	4/12/2010

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

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

1. Type of Federal Action:
[B] a. contract
b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

2. Status of Federal Action:
[B] a. bid/offer/application
b. initial award
c. post-award

3. Report Type:
[A] a. initial filing
b. material change
For Material Change Only:
year _____ quarter _____
date of last report _____

4. Name and Address of Reporting Entity:
[x] Prime [ ] Subawardee
Tier _____, *if known*:

Congressional District, *if known*: 4c

5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:

Congressional District, *if known*:

6. Federal Department/Agency:
U. S. Department of HUD

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: [signature]
Print Name: Sandra M. Strozier
Title: President/CEO
Telephone No.: (770) 253-6461 Date: 4/12/2010

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** _____

Authorized for Local Reproduction
Standard Form - LLL-A

Housing Authority of Newnan
Resident Advisory Board
March 11, 2010
12:00 p.m.

Advisory Board Members:	Helen Jackson	Ronda Murray
	Beverly Rutledge	Antoinette Long
	Betty Snelling	

Members Present:	Helen Jackson	Ronda Murray
	Beverly Rutledge	Antoinette Long
	Betty Snelling	

The Agency Plan Updates were reviewed and discussed with members present. The following items were discussed.

Discussion Item #1: On Spence Avenue, there is a lot of traffic on the grass. This makes lawn look bare in places. How can management address this issue?

Response: Please report issues of this nature to the housing managers. Providing a pleasing curb appeal is an objective in our plan. Residents have a responsibility also in improving or the upkeep of improvement made to the property. Residents can also be fined for negligence and neglect on their part.

Discussion Item #2: Safety and Crime Prevention have become major concerns for areas represented (Spence Ave., Binion Ct., East Broad St., Cliff Circle, Camp St.). Police are slow to respond on East Broad Street. Spence Avenue residents have drug traffic in parking lot and across street on property not of the Housing Authority.

Response: All criminal related activities should be reported to the proper authorities. The call can be anonymous. Also report such activities to you property manager for follow-up.

Discussion Item #3: Lawn Care needs improvement. Workers clean the gutters and leave debris on windows and porches. They also blow the leaves in a pile instead of removing them. They are then blown throughout the yards and porches again. It defeats the purpose.

Response: Contact the property managers when you have this problem.

Meeting adjourned at 1:15 p.m.

PHA 5-Year and Annual Plan – Housing Authority of Newnan

Section 11.0

(g) Challenged Elements – The Housing Authority of Newnan do not have any Challenged Elements.

Sandra M. Strozier, President/CEO

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 Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06P095501-10 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2010** **FFY of Grant Approval: 2010**

Type of Grant
☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	$ 5,000.00			
3	1408 Management Improvements	$ 49,000.00			
4	1410 Administration (may not exceed 10% of line 21)	$ 62,787.20			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$ 15,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	$ 5,000.00			
10	1460 Dwelling Structures	$182,666.72			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition	$ 6,000.00			
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]	$125,000.00			

[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: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06P095501-10 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2010** **FFY of Grant Approval: 2010**

Type of Grant

☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$177,418.08			
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	$627,872.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
[signature]	4/12/10		

[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.

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06P095501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2010**

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]	
PHA Wide	Operations	1406	L.S.	$ 5,000.00				
PHA Wide	Childcare Director	1408	L.S.	$ 49,000.00				
PHA Wide	Management Fee	1410	L.S.	$ 62,787.20				
PHA Wide	A/E Fees/Clerk of Works/Consultant	1430	L.S.	$ 15,000.00				
PHA Wide	Landscaping/Playgrounds	1450	L.S.	$ 5,000.00				
GA 95-9	Replace Roof, Soffit & Fascia, Gable porches.	1460	5 Bldgs	$ 40,000.00				
GA 95-6B	Mechanical , HVAC, dryer vents, plumbing, water heaters,	1460	3 Units	$142,666.72				
	Risers, Kit. & bath & fixtures, drains and supply lines to slabs, Elect Windows, Doors, Security Screens doors, drywall, rails, interior walls, shutters, painting , carpentry,							
GA 95-2	Domolition 1 Bldg.	1485		$ 6,000.00				
PHA Wide	Purchase Public Housing Units	1499		$125,000.00				
	Collateralization of Debt Service	9000		$177,418.08				
	Grant Total			$627,872.00				

[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.

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

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:**

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]	

[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.

form **HUD-50075.1** (4/2008)

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of Newnan

Federal FFY of Grant: 2010

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	
PHA Wide/Operations	06/30/11		6/30/13		
PHA Wide/Management F	06/30/11		6/30/13		
GA 95-9	06/30/11		6/30/13		
GA 95-2 Domolition	06/30/11		6/30/13		
PHA Wide/Childcare Dire.	06/30/11		6/30/13		
PHA Wide/A/e Fees/Cl of Works	06/30/11		6/30/13		
PHA Wide/Landscaping/signage	06/30/11		6/30/13		
PHA Wide/Pur Publ Hous Units	06/30/11		06/30/13		
Collateralization/Debt Service	06/30/11		6/30/13		

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

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 Newnan	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: GA06R09550110 Date of CFFP:	**FFY of Grant: 2010** **FFY of Grant Approval:**

Type of Grant
☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds	$0			
2	1406 Operations (may not exceed 20% of line 21) [3]	$0			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	$0			
5	1411 Audit	$0			
6	1415 Liquidated Damages	$0			
7	1430 Fees and Costs	$0			
8	1440 Site Acquisition	$0			
9	1450 Site Improvement	$0			
10	1460 Dwelling Structures	$0			
11	1465.1 Dwelling Equipment—Nonexpendable	$0			
12	1470 Non-dwelling Structures	$0			
13	1475 Non-dwelling Equipment	$0			
14	1485 Demolition	$0			
15	1492 Moving to Work Demonstration	$0			
16	1495.1 Relocation Costs	$0			
17	1499 Development Activities [4]	$127,047.00			

[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: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: GA06R09550110 Date of CFFP:	**FFY of Grant:2010** **FFY of Grant Approval:**

Type of Grant

☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☐ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$0			
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	$127,047.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
[signature]	4/12/10		

[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.

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

Part II: Supporting Pages

PHA Name: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: GA06R09550110	**Federal FFY of Grant: 2010**

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 GA095	Development Activity	1499		$127,047.00				
	Totals			$127,047.00				

[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.

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:**

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]	

[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.

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of Newnan

Federal FFY of Grant: 2010

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	
GA 095- Development	12/31/10		12/31/12		

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

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 Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06P095501-08 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2008** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/2008** ☐ **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	$0			
2	1406 Operations (may not exceed 20% of line 21) [3]	$ 51,994.00		$ 51,994.00	$ 51,994.00
3	1408 Management Improvements	$0			
4	1410 Administration (may not exceed 10% of line 21)	$ 61,602.00		$ 61,602.00	$ 61,602.00
5	1411 Audit	$0			
6	1415 Liquidated Damages	$0			
7	1430 Fees and Costs	$ 16,886.50		$ 16,886.50	$ 16,886.50
8	1440 Site Acquisition	$0			
9	1450 Site Improvement	$		$0	$0
10	1460 Dwelling Structures	$310,118.42		$310,118.42	$310,118.42
11	1465.1 Dwelling Equipment—Nonexpendable	$		$0	$0
12	1470 Non-dwelling Structures	$0			
13	1475 Non-dwelling Equipment	$0			
14	1485 Demolition	$		$0	$0
15	1492 Moving to Work Demonstration	$0			
16	1495.1 Relocation Costs	$0			
17	1499 Development Activities [4]	$0			

[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: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06P095501-08 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2008** **FFY of Grant Approval:**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	$0			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$177,418.08		$177,418.08	$177,418.08
19	1502 Contingency (may not exceed 8% of line 20)	$0			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	$618,019.00		$618,019.00	$618,019.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
[signature]	4/12/10		

[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.

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

Part II: Supporting Pages

PHA Name: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06S095501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2008**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
GA 95-2	Operations	1406		$51,994.00		$51,994.00	$51,994.00	
GA 95-2	Administration	1410		$61,602.00		$61,602.00	$61,602.00	
GA 95-2	A/E Fees & Costs	1430		$16,886.50		$16,886.50	$16,886.50	
GA 95-2	Landscaping/Parking	1450		$		$0	$0	
GA 95-2	Modernization of Baths, Kitchens, interior carpentry, exterior capentry,	1460	4	$310,118.42		$310,118.42	$310,118.42	
	HVAC, drywall, interior painting, exterior painting, insultaion columns,							
	porches, flooring, windows, doors							
GA 95-6B GA 95-5A GA 95-08	Replace roof, gable front porches, fascia, columns, exterior painting and trim, rails, and carpentry							
GA 95-2	Stoves & Refrigerators	1465		$		$0	$0	
GA 95-2	Demolition of Building F-1	1485		$		$0	$0	
	Loan Debt Obligation	9002		$177,418.08		$177,418.08	$177,418.08	
	Grant Total			$618,019.00		$618,019.00	$618,019.00	

[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.

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:					**Federal FFY of Grant:**
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	
GA 95-2- Fees & Costs	5/30/09		12/30/09		
GA 95-2 - Site Improvement	5/30/09		12/30/09		
GA 95-2 - Dwelling Structures	5/30/09		12/30/09		
GA 95-2 - Dwelling Equipment-Nonexpendable	5/30/09		12/30/09		
GA 95-2 - Demolition	5/30/09		12/30/09		

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

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 Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06P095501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **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	$0			
2	1406 Operations (may not exceed 20% of line 21) [3]	$ 67,787.20		$0	$0
3	1408 Management Improvements	$0			
4	1410 Administration (may not exceed 10% of line 21)	$ 67,787.20		$0	$0
5	1411 Audit	$0			
6	1415 Liquidated Damages	$0			
7	1430 Fees and Costs	$ 24,000.00		$0	$0
8	1440 Site Acquisition	$0			
9	1450 Site Improvement	$ 3,000.00		$0	$0
10	1460 Dwelling Structures	$288,879.52		$0	$0
11	1465.1 Dwelling Equipment—Nonexpendable	$ 3,000.00		$0	$0
12	1470 Non-dwelling Structures	$0			
13	1475 Non-dwelling Equipment	$0			
14	1485 Demolition	$ 6,000.00		$0	$0
15	1492 Moving to Work Demonstration	$0			
16	1495.1 Relocation Costs	$0			
17	1499 Development Activities [4]	$0			

[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: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06P095501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2009** **FFY of Grant Approval:**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	$0			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$177,418.08		$0	$0
19	1502 Contingency (may not exceed 8% of line 20)	$0			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	$627,872.00		$0	$0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
[signature]	4/12/10		

[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.

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

Part II: Supporting Pages

PHA Name: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06S095501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
GA 95-2	Operations	1406		$62,787.20		$0	$0	
GA 95-2	Administration	1410		$62,787.20		$0	$0	
GA 95-2	A/E Fees & Costs	1430		$24,000.00		$0	$0	
GA 95-2	Landscaping/Parking	1450		$ 3,000.00		$0	$0	
GA 95-2	Modernization of Baths, Kitchens, interior carpentry, exterior capentry,	1460	5	$288,879.52		$0	$0	
	HVAC, drywall, interior painting, exterior painting, insultaion columns,							
	porches, flooring, windows, doors							
GA 95-6B GA 95-5A GA 95-08	Replace roof, gable front porches, fascia, columns, exterior painting and trim, rails, and carpentry							
GA 95-2	Stoves & Refrigerators	1465	8	$ 3,000.00		$0	$0	
GA 95-2	Demolition of Building F-1	1485		$ 6,000.00		$0	$0	
	Loan Debt Obligation	9002						
	Grant Total			$627,872.00		$0	$0	

[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.

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:					**Federal FFY of Grant:**
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	
GA 95-2- Fees & Costs	5/30/09		12/30/09		
GA 95-2 - Site Improvement	5/30/09		12/30/09		
GA 95-2 - Dwelling Structures	5/30/09		12/30/09		
GA 95-2 - Dwelling Equipment-Nonexpendable	5/30/09		12/30/09		
GA 95-2 - Demolition	5/30/09		12/30/09		

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

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 Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06S095501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **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	$0			
2	1406 Operations (may not exceed 20% of line 21) [3]	$0			
3	1408 Management Improvements	$0			
4	1410 Administration (may not exceed 10% of line 21)	$47,533.65		$47,533.65	$15,957.00
5	1411 Audit	$0			
6	1415 Liquidated Damages	$0			
7	1430 Fees and Costs	$15,850.00		$15,850.00	$13,624.00
8	1440 Site Acquisition	$0			
9	1450 Site Improvement	$			
10	1460 Dwelling Structures	$873,289.35		$873.289.35	$160,564.32
11	1465.1 Dwelling Equipment—Nonexpendable	$14,000.00		$14,000.00	
12	1470 Non-dwelling Structures	$0			
13	1475 Non-dwelling Equipment	$0			
14	1485 Demolition	$0			
15	1492 Moving to Work Demonstration	$0			
16	1495.1 Relocation Costs	$0			
17	1499 Development Activities [4]	$0			

[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: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06S095501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2009** **FFY of Grant Approval:**

Type of Grant

☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	$0			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$0			
19	1502 Contingency (may not exceed 8% of line 20)	$0			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	$950,673.00		$950.673.00	$190,145.32
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
[signature]	4/12/10		

[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.

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

Part II: Supporting Pages

PHA Name: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06S095501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
GA 95-2	Administration	1410		$47,533.65		$47,533.65	$15,957.00	
GA 95-2	A/E Fees & Costs	1430		$10,850.00		$10,850.00	$13,624.00	
GA 95-2	Clerk of Work/Consultant Fees	1430		$5,000.00		$5,000.00		
GA 95-2	Landscaping/Parking	1450		$$0				
GA 95-2	Modernization of Baths, Kitchens, interior carpentry, exterior capentry,	1460	15	$728,465.60		$728,465.60	$160,564.32	
	HVAC, drywall, interior painting, exterior painting, insultaion columns,							
	porches, flooring, windows, doors							
GA 95-6B GA 95-5A GA 95-08	Replace roof, gable front porches, fascia, columns, exterior painting and trim, rails, and carpentry		12 8 3	$53,809.75 $67,958.00 $23,056.00		$53,809.75 $67,958.00 $23,056.00		
GA 95-2	Stoves & Refrigerators	1465.1	30	$14,000.00		$14,000.00		
GA 95-2	Demolition of Building F-1	1485	4	$0				
	Grant Total			$950,673.00		$950,673.00	$190,145.32	

[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:					**Federal FFY of Grant:**
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	
GA 95-2- Fees & Costs	5/30/09		12/30/09		
GA 95-2 - Site Improvement	5/30/09		12/30/09		
GA 95-2 - Dwelling Structures	5/30/09		12/30/09		
GA 95-2 - Dwelling Equipment-Nonexpendable	5/30/09		12/30/09		
GA 95-2 - Demolition	5/30/09		12/30/09		

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

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 Newnan	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: GA06R09550107 Date of CFFP:	**FFY of Grant: 2007** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **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	$0			
2	1406 Operations (may not exceed 20% of line 21) [3]	$0		$0	$0
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	$0		$0	$0
5	1411 Audit	$0			
6	1415 Liquidated Damages	$0			
7	1430 Fees and Costs	$0		$0	$0
8	1440 Site Acquisition	$0			
9	1450 Site Improvement	$0			
10	1460 Dwelling Structures	$0		$0	$0
11	1465.1 Dwelling Equipment—Nonexpendable	$0			
12	1470 Non-dwelling Structures	$0			
13	1475 Non-dwelling Equipment	$0			
14	1485 Demolition	$0			
15	1492 Moving to Work Demonstration	$0			
16	1495.1 Relocation Costs	$0			
17	1499 Development Activities [4]	$125,951.00		$124,783.18	$124,783.18

[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: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06R09550107 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2007** **FFY of Grant Approval:**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$0		$0	$0
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	$125,951.00		$124,783.18	$124,783.18
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
[signature]	4/12/10		

[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 II: Supporting Pages

PHA Name: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06R09550107 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2007**

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 GA095	Development Activity	1499		$125,951.00		$124,783.18	$124,783.18	
	Totals			$125,951.00		$124,783.18	$124,783.18	

[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 II: Supporting Pages

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:**

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]	

[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: Housing Authority of Newnan

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	
GA 095- Development	12/31/08		12/31/10		

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

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 Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06R09550108 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2008** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **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	$0			
2	1406 Operations (may not exceed 20% of line 21) [3]	$0		$0	$0
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	$0		$0	$0
5	1411 Audit	$0			
6	1415 Liquidated Damages	$0			
7	1430 Fees and Costs	$0		$0	$0
8	1440 Site Acquisition	$0			
9	1450 Site Improvement	$0			
10	1460 Dwelling Structures	$0		$0	$0
11	1465.1 Dwelling Equipment—Nonexpendable	$0			
12	1470 Non-dwelling Structures	$0			
13	1475 Non-dwelling Equipment	$0			
14	1485 Demolition	$0			
15	1492 Moving to Work Demonstration	$0			
16	1495.1 Relocation Costs	$0			
17	1499 Development Activities [4]	$133,025.00		$0	$0

[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: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06R09550108 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2008** **FFY of Grant Approval:**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$0		$0	$0
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	$133,025.00		$0	$0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date** 4/12/10	**Signature of Public Housing Director**	**Date**

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

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

Part II: Supporting Pages

PHA Name: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06R09550108 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2008**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
GA GA095	Development Activity	1499		$133,025.00			$0	
	Totals			$133,025.00			$0	

[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.

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of Newnan

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	
GA 095- Development	12/31/10		12/31/12		

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

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 Newnan	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: GA06R09550109 Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **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	$0			
2	1406 Operations (may not exceed 20% of line 21) [3]	$0		$0	$0
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	$0		$0	$0
5	1411 Audit	$0			
6	1415 Liquidated Damages	$0			
7	1430 Fees and Costs	$0		$0	$0
8	1440 Site Acquisition	$0			
9	1450 Site Improvement	$0			
10	1460 Dwelling Structures	$0		$0	$0
11	1465.1 Dwelling Equipment—Nonexpendable	$0			
12	1470 Non-dwelling Structures	$0			
13	1475 Non-dwelling Equipment	$0			
14	1485 Demolition	$0			
15	1492 Moving to Work Demonstration	$0			
16	1495.1 Relocation Costs	$0			
17	1499 Development Activities [4]	$127,047.00		$0	$0

[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: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: GA06R09550109 Date of CFFP:	**FFY of Grant:2009** **FFY of Grant Approval:**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$0		$0	$0
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	$127,047.00		$0	$0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
[signature]	4/12/10		

[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.

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

Part II: Supporting Pages

PHA Name: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: GA06R09550109	**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 GA095	Development Activity	1499		$127,047.00		$0	$0	
	Totals			$127,047.00		$0	$0	

[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.

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:**

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]	

[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: Housing Authority of Newnan

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	
GA 095- Development	12/31/10		12/31/12		

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

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 Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06S095501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **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	$0			
2	1406 Operations (may not exceed 20% of line 21) [3]	$0			
3	1408 Management Improvements	$0			
4	1410 Administration (may not exceed 10% of line 21)	$47,533.65		$47,533.65	$15,957.00
5	1411 Audit	$0			
6	1415 Liquidated Damages	$0			
7	1430 Fees and Costs	$15,850.00		$15,850.00	$13,624.00
8	1440 Site Acquisition	$0			
9	1450 Site Improvement	$			
10	1460 Dwelling Structures	$873,289.35		$873.289.35	$160,564.32
11	1465.1 Dwelling Equipment—Nonexpendable	$14,000.00		$14,000.00	
12	1470 Non-dwelling Structures	$0			
13	1475 Non-dwelling Equipment	$0			
14	1485 Demolition	$0			
15	1492 Moving to Work Demonstration	$0			
16	1495.1 Relocation Costs	$0			
17	1499 Development Activities [4]	$0			

[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: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06S095501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2009** **FFY of Grant Approval:**

Type of Grant

☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	$0			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$0			
19	1502 Contingency (may not exceed 8% of line 20)	$0			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	$950,673.00		$950.673.00	$190,145.32
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
[signature]	4/12/10		

[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.

form **HUD-50075.1** (4/2008)

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

Part II: Supporting Pages

PHA Name: Housing Authority of Newnan	**Grant Type and Number** Capital Fund Program Grant No: GA06S095501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
GA 95-2	Administration	1410		$47,533.65		$47,533.65	$15,957.00	
GA 95-2	A/E Fees & Costs	1430		$10,850.00		$10,850.00	$13,624.00	
GA 95-2	Clerk of Work/Consultant Fees	1430		$5,000.00		$5,000.00		
GA 95-2	Landscaping/Parking	1450		$$0				
GA 95-2	Modernization of Baths, Kitchens, interior carpentry, exterior capentry,	1460	15	$728,465.60		$728,465.60	$160,564.32	
	HVAC, drywall, interior painting, exterior painting, insultaion columns,							
	porches, flooring, windows, doors							
GA 95-6B GA 95-5A GA 95-08	Replace roof, gable front porches, fascia, columns, exterior painting and trim, rails, and carpentry		12 8 3	$53,809.75 $67,958.00 $23,056.00		$53,809.75 $67,958.00 $23,056.00		
GA 95-2	Stoves & Refrigerators	1465.1	30	$14,000.00		$14,000.00		
GA 95-2	Demolition of Building F-1	1485	4	$0				
	Grant Total			$950,673.00		$950,673.00	$190,145.32	

[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.

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:					**Federal FFY of Grant:**
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	
GA 95-2- Fees & Costs	5/30/09		12/30/09		
GA 95-2 - Site Improvement	5/30/09		12/30/09		
GA 95-2 - Dwelling Structures	5/30/09		12/30/09		
GA 95-2 - Dwelling Equipment-Nonexpendable	5/30/09		12/30/09		
GA 95-2 - Demolition	5/30/09		12/30/09		

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

Part I: Summary

PHA Name/Number			Locality (City/County & State)		X Original 5-Year Plan ☐Revision No:	
A.	Development Number and Name PHA Wide	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	$182,666.72	$313,666.72	$313,666.72	$313,666.72
C.	Management Improvements		$ 49,000.00	$ 49,000.00	$ 49,000.00	$ 49,000.00
D.	PHA-Wide Non-Dwelling Structures and Equipment					
E.	Administration		$ 62,787.20	$ 62,787.20	$ 62,787.20	$ 62,787.20
F.	Fees and Costs		$ 15,000.00	$ 15,000.00	$ 15,000.00	$ 15,000.00
G.	Operations		$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00
H.	Demolition		$ 6,000.00	$	$	$
I.	Development		$ 125,000.00	$	$	$
J.	Capital Fund Financing – Debt Service		$177,418.08	$177, 418.08	$177, 418.08	$177, 418.08
K.	Total CFP Funds		$627,872.00	$627,872.00	$627,872.00	$627,872.00
L.	Total Non-CFP Funds					
M.	Grand Total					

Part I: Summary (Continuation)

PHA Name/Number			Locality (City/county & State)		☐Original 5-Year Plan ☐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
		Annual Statement				

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	GA 95-2 John Jordan Homes		$ 7,000.00	GA 95-4 McWorter Homes	5	$27,195.00
Annual	Landscape/Site Work/ Playground			Weather stripping, thresholds, screen doors, exterior doors, window blinds,		
Statement				Painting exterior rails, porches, replace		
				Loose gutters.		
				Landscape/Site Work/ Playground		
	GA 95-6B-Charlie Reese Homes	5.	$175,666.72	GA 95-5A William L. Bonnell Homes	12	$286,471.72
	Selective Domolition & Abatement			Selective Domolition & Abatement		
	Mechanical , Central Heat/Air, dryer vents, plumbing, water heaters, shower			Mechanical , Central Heat/Air, dryer vents, plumbing, water heaters, shower		
	risers, kitchen & bath fixtures, drains and			risers, kitchen & bath fixtures, drains and		
	supply lines to slabs, Kitchen, Baths,			supply lines to slabs, Kitchen, Baths,		
	Site Work			Electrical, Windows, Doors, Security Screens doors, Roofing, Fascia, Soffits		
				Exterior trim, porchcolumns, rails, interior walls, gable front porches, shutters, Site Work		
				Replace Roof, Soffit & Fascia		
				Stoves & Refrigerators		
	Subtotal of Estimated Cost		$182,666.72	Subtotal of Estimated Cost		$313,666.72

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	GA 95-5A William L. Bonnell Homes	8	$240,239.96	GA 95-6A Charlie Neal Homes	7	$298,720.04
Annual	Selective Domolition & Abatement			Selective Domolition & Abatement		
Statement	Mechanical , Central Heat/Air, dryer vents, plumbing, water heaters, shower			Mechanical , Central Heat/Air, dryer vents, plumbing, water heaters, shower		
	risers, kitchen & bath fixtures, drains and			risers, kitchen & bath fixtures, drains and		
	supply lines to slabs, Kitchen, Baths,			supply lines to slabs, Kitchen, Baths,		
	Electrical, Windows, Doors, Security Screens doors, Roofing, Fascia, Soffits			Electrical, Windows, Doors, Security Screens doors, Roofing, Fascia, Soffits		
	Exterior trim, porchcolumns, rails, interior walls, gable front porches, shutters, Site Work			Exterior trim, porchcolumns, rails, interior walls, gable front porches, shutters, Site Work		
	Replace Roof, Soffit & Fascia			Replace Roof, Soffit & Fascia		
	Stoves & Refrigerators			Stoves & Refrigerators		
	GA 95-5B Georgia Callaway Homes			GA 95-09 Mary Freeman Homes	4	$14,946.68
	Repair pavilion, gutter repair, exterior			Replace Roof, soffit, Fascia, Gable Front Porches		
	Porch painting			Replace patio fence, paint exterior, repair gutters, replace doorbell buttons,		
	Landscape/Site Work/ Playground /Fencing			Landscape/Site Work/ Playground /Fencing		
	GA-95-8 Southside Homes	2	$73,426.76			
	Replace Roof, Soffit & Fascia					
	Exterior trim, porchcolumns, rails, interior walls, gable front porches, shutters, Site					
	Subtotal of Estimated Cost		$313,666.72	Subtotal of Estimated Cost		$313,666.72

	Subtotal of Estimated Cost		Subtotal of Estimated Cost	

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	GA 95-7.1 –Roscoe Jenkins Homes	0	GA 95-7.2-Sallie Jones Mordicue Homes	0
Annual	Selective Domolition & Abatement		Selective Domolition & Abatement	
Statement	Mechanical , Central Heat/Air, dryer vents, plumbing, water heaters, shower		Mechanical , Central Heat/Air, dryer vents, plumbing, water heaters, shower	
	risers, kitchen & bath fixtures, drains and		risers, kitchen & bath fixtures, drains and	
	supply lines to slabs, Kitchen, Baths,		supply lines to slabs, Kitchen, Baths,	
	Electrical, Windows, Doors, Security Screens doors, Roofing, Fascia, Soffits		Electrical, Windows, Doors, Security Screens doors, Roofing, Fascia, Soffits	
	Exterior trim, porchcolumns, rails, interior walls, gable front porches, shutters		Exterior trim, porchcolumns, rails, interior walls, gable front porches, shutters	
	Replace Roof, Soffit & Fascia, Site work		Replace Roof, Soffit & Fascia, Site Work	
	Stoves & Refrigerators		Stoves & Refrigerators	
	Subtotal of Estimated Cost	$313,666.72	Subtotal of Estimated Cost	$313,666.72

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	GA 95-7.3-Milo Hunter Homes	0	GA 95-7.4-Sara Brown Homes	0
Annual	Selective Domolition & Abatement		Selective Domolition & Abatement	
Statement	Mechanical , Central Heat/Air, dryer vents, plumbing, water heaters, shower		Mechanical , Central Heat/Air, dryer vents, plumbing, water heaters, shower	
	risers, kitchen & bath fixtures, drains and		risers, kitchen & bath fixtures, drains and	
	supply lines to slabs, Kitchen, Baths,		supply lines to slabs, Kitchen, Baths,	
	Electrical, Windows, Doors, Security Screens doors, Roofing, Fascia, Soffits		Electrical, Windows, Doors, Security Screens doors, Roofing, Fascia, Soffits	
	Exterior trim, porchcolumns, rails, interior walls, gable front porches, shutters		Exterior trim, porchcolumns, rails, interior walls, gable front porches, shutters	
	Replace Roof, Soffit & Fascia		Replace Roof, Soffit & Fascia	
	Stoves & Refrigerators		Stoves & Refrigerators	
	GA 95-08-Southside Homes		GA 95-09-Mary C. Freeman Homes	
	Replace Roof, Soffit & Fascia		Replace Roof, Soffit & Fascia	
	Subtotal of Estimated Cost	$313,666.72	Subtotal of Estimated Cost	$313,666.72