

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

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

Part I: Summary					
PHA Name: Housing Authority of the City of Jackson		Grant Type and Number Capital Fund Program Grant No: GA06P185501-07 Date of CFFP: _____		Replacement Housing Factor Grant No: FFY of Grant: 2007 FFY of Grant Approval: 2007	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <u>June 30, 2009</u> <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	18,497		1,258.82	1,258.82
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	124,124		38,083.68	38,083.68
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	142,621		39,342.50	39,342.50
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				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> 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  
 Expires 4/30/2011

Part I: Summary					
PEA Name: Housing Authority of the City of Jackson		Grant Type and Number Capital Fund Program Grant No: GA06P185501-07 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2007 FFY of Grant Approval: 2007	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: June 30, 2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director 		Date 11-24-09		Signature of Public Housing Director Date	





Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of Jackson					Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
GA185-2	09/12/2009		09/12/2011		
	09/12/2009		09/12/2011		

<sup>1</sup> 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.

**Supporting Document**  
**Housing Authority of the City of Jackson, GA**  
**Five-Year Plan**  
**Fiscal Years 1/01/2010 – 1/01/2014**  
**Membership of the Resident Advisory Board**

The following is a current listing of the membership of the Resident Advisory Board:

**Mildred Moore**  
**Barbara Boone**  
**Lillie Banks**  
**Pennie Lewis**  
**Cathy Walls**  
**Helen Stodghill**  
**Virginia Robinson**  
**Belinda Bostick**  
**Evangeline Goodrum**

## Supporting Document

### Housing Authority of the City of Jackson

#### Five-Year Plan

Fiscal Years 1/01/2010 – 1/01/2014

#### Deconcentration and Income Mixing

- a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

#### **DOCUMENTATION**

The Housing Authority of the City of Jackson owns and operates a total of 89 public housing units located on two public housing developments. All are designed for general occupancy.

In accordance with 24 CFR 903.2 (b) (2), the Housing Authority of the City of Jackson is exempt from Deconcentration requirements because it operates fewer than 100 public housing units.

## **Supporting Document**

### **Housing Authority of the City of Jackson**

#### **Five-Year Plan**

**Fiscal Years 01/01/2010 – 01/31/2014**

#### **Definition of Substantial Deviation and Significant Amendment or Modification**

**The following is the Housing Authority of the City of Jackson Definition of Substantial Deviation and Significant Amendment or Modification: The following actions are defined as substantial deviation and significant amendment or modification.**

##### **a. Substantial Deviation from the 5-Year Plan**

A “Substantial Deviation” from the 5-Year Plan is an overall change in the direction of the Housing Authority pertaining to the Authority’s Goals and Objectives. This includes changing the Authority’s Goals and Objectives.

##### **b. Significant Amendment or Modification to the Annual Plan**

A “Significant Amendment or Modification” to the Annual Plan is a change in a policy or policies pertaining to the operation of the Housing Authority. This includes the following:

- Changes to rent or admissions policies or organization of the waiting list.
- Additions of non-emergency work items over \$25,000 (items not included in the current Annual Statement or 5 – Year Action Plan) or change in use of replacement reserve funds under the Capital Fund Program.
- Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

An exception to the above definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements since HUD does not consider such changes significant amendments.

## **Supporting Document**

### **Housing Authority of the City of Jackson**

#### **Five-Year Plan**

**Fiscal Years 01/01/2010 – 01/31/2014**

#### **Violence Against Women Act Report**

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

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

**Through cooperation with the local domestic violence agency and City of Jackson Police Department, any cases of violence as described are referred for assistance. The local agency provider is the Christian Women's Center, located approximately 15 miles away in Griffin, GA.**

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

**The Christian Women's Center's domestic violence program staff is aware of our housing program and has made client referrals to our office. Apparently eligible clients are placed on our waiting list.**

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

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

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

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

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

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

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

**Supporting Document**

**Housing Authority of the City of Jackson**

**Annual Plan**

**Fiscal Year 01/01/2010 – 12/31/2010**

**Resident Member on the PHA Governing Board**

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

**Mildred Moore**

B. How was the resident board member selected: (select one)?

- Elected  
 Appointed

C. The term of appointment is (include the date term expires): **One year expiring 12/31/2009**

2. **(Question Not Applicable)**

A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? Not Applicable

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis  
 the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  
 Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

# Thank You for using the PHA Plan Submission System

## Your PHA Plan files have been successfully submitted to:

Field Office:	<b>Atlanta</b>
PHA Code & Name:	<b>GA185, Jackson</b>
Fiscal Year:	<b>2010</b>
Total number of uploaded files:	<b>3 file(s)</b>

Your PHA Plan will be processed and posted for review by the HUD Field Office within 48 hours of the next business day. Your field office has been notified.

The [Received Plans](#) web page will be updated within 48 hours as well.

If you need to submit another PHA Plan, you may do so at the [Submit Plans](#) web page.

You may return to the [PHA Plans homepage](#) or go to [HUD's main page](#).

Last modified: December 22, 2005 15:22

 [Back to top](#)



U.S. Department of Housing and Urban Development  
451 7th Street S.W., Washington, DC 20410  
Telephone: (202) 708-1112 TTY: (202) 708-1455

[Home](#) | [Privacy Statement](#)



5.2	<p><b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p><b>A. GOALS &amp; OBJECTIVES FOR FISCAL YEARS 2010 – 2014:</b></p> <p>Goal: <b>Improve the quality of assisted housing</b></p> <p style="padding-left: 40px;">Improve public housing management (Baseline PHAS Score 98): <b>Maintain High Performer status for each fiscal year through 12/31/2014</b></p> <p style="padding-left: 40px;">Renovate or modernize public housing units: <b>The Housing Authority will continue to modernize its developments using available CFP funds.</b></p> <p>Goal: <b>Manage the Authority's public housing program in an efficient and effective manner</b></p> <p style="padding-left: 40px;">Objectives:</p> <p style="padding-left: 80px;"><b>Continue participation in available training on various management issues</b></p> <p style="padding-left: 80px;"><b>When undertaking unit modernizations and unit turnovers, the Housing Authority shall strive to make the public housing properties as energy efficient as possible</b></p> <p><b>B. PROGRESS ON GOALS &amp; OBJECTIVES ESTABLISHED FOR FISCAL YEARS 2005 – 2009:</b></p> <table border="1" data-bbox="277 852 1528 1255"> <thead> <tr> <th colspan="2" data-bbox="277 852 1528 877">GOAL ONE: IMPROVE THE QUALITY OF ASSISTED HOUSING.</th> </tr> <tr> <th data-bbox="277 877 911 905">Objective</th> <th data-bbox="911 877 1528 905">Progress</th> </tr> </thead> <tbody> <tr> <td data-bbox="277 905 911 1079"> <b>Increase customer satisfaction:</b>             Achieve a level of customer satisfaction that gives the agency the highest score possible in this element of the Public Housing Assessment System by 12/31/09.         </td> <td data-bbox="911 905 1528 1079">           We scored 9 out of 10 in the RASS component of the PHAS for FY 2006 (most recent survey conducted by HUD). Even though the RASS survey is no longer being conducted by HUD, we are still striving to increase customer satisfaction.         </td> </tr> <tr> <td data-bbox="277 1079 911 1255"> <b>Renovate or modernize public housing units:</b>             The Housing Authority of the City of Jackson shall complete the renovation of 185-1 and -2 by 12/31/09         </td> <td data-bbox="911 1079 1528 1255">           Renovation of 185-1 is complete. Renovation of 185-2 is not quite complete. This did not happen as quickly as we projected due to cutback in CFP funds, rising construction costs, and other needed work that happened in the interim.         </td> </tr> </tbody> </table> <table border="1" data-bbox="277 1304 1528 1535"> <thead> <tr> <th colspan="2" data-bbox="277 1304 1528 1381">GOAL: ENHANCE THE MARKETABILITY OF THE HOUSING AUTHORITY OF THE CITY OF JACKSON'S PUBLIC HOUSING UNITS</th> </tr> <tr> <th data-bbox="277 1381 911 1409">Objective</th> <th data-bbox="911 1381 1528 1409">Progress</th> </tr> </thead> <tbody> <tr> <td data-bbox="277 1409 911 1535">           The Housing Authority of the City of Jackson shall achieve proper curb appeal for its public housing developments by improving its landscaping, keeping its grass cut, making the properties litter-free and other actions by December 31, 2009         </td> <td data-bbox="911 1409 1528 1535">           Housing Authority has contracted with a lawn service. They are scheduled to mow the properties every two weeks during the growing season. Annually, the Housing Authority tries to plant new grass where it has worn down.         </td> </tr> </tbody> </table>	GOAL ONE: IMPROVE THE QUALITY OF ASSISTED HOUSING.		Objective	Progress	<b>Increase customer satisfaction:</b>  Achieve a level of customer satisfaction that gives the agency the highest score possible in this element of the Public Housing Assessment System by 12/31/09.	We scored 9 out of 10 in the RASS component of the PHAS for FY 2006 (most recent survey conducted by HUD). Even though the RASS survey is no longer being conducted by HUD, we are still striving to increase customer satisfaction.	<b>Renovate or modernize public housing units:</b>  The Housing Authority of the City of Jackson shall complete the renovation of 185-1 and -2 by 12/31/09	Renovation of 185-1 is complete. Renovation of 185-2 is not quite complete. This did not happen as quickly as we projected due to cutback in CFP funds, rising construction costs, and other needed work that happened in the interim.	GOAL: ENHANCE THE MARKETABILITY OF THE HOUSING AUTHORITY OF THE CITY OF JACKSON'S PUBLIC HOUSING UNITS		Objective	Progress	The Housing Authority of the City of Jackson shall achieve proper curb appeal for its public housing developments by improving its landscaping, keeping its grass cut, making the properties litter-free and other actions by December 31, 2009	Housing Authority has contracted with a lawn service. They are scheduled to mow the properties every two weeks during the growing season. Annually, the Housing Authority tries to plant new grass where it has worn down.
GOAL ONE: IMPROVE THE QUALITY OF ASSISTED HOUSING.															
Objective	Progress														
<b>Increase customer satisfaction:</b>  Achieve a level of customer satisfaction that gives the agency the highest score possible in this element of the Public Housing Assessment System by 12/31/09.	We scored 9 out of 10 in the RASS component of the PHAS for FY 2006 (most recent survey conducted by HUD). Even though the RASS survey is no longer being conducted by HUD, we are still striving to increase customer satisfaction.														
<b>Renovate or modernize public housing units:</b>  The Housing Authority of the City of Jackson shall complete the renovation of 185-1 and -2 by 12/31/09	Renovation of 185-1 is complete. Renovation of 185-2 is not quite complete. This did not happen as quickly as we projected due to cutback in CFP funds, rising construction costs, and other needed work that happened in the interim.														
GOAL: ENHANCE THE MARKETABILITY OF THE HOUSING AUTHORITY OF THE CITY OF JACKSON'S PUBLIC HOUSING UNITS															
Objective	Progress														
The Housing Authority of the City of Jackson shall achieve proper curb appeal for its public housing developments by improving its landscaping, keeping its grass cut, making the properties litter-free and other actions by December 31, 2009	Housing Authority has contracted with a lawn service. They are scheduled to mow the properties every two weeks during the growing season. Annually, the Housing Authority tries to plant new grass where it has worn down.														
6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p>														
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p>														

8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.
8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	<b>Housing Needs.</b> 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.

9.1	<b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p style="padding-left: 40px;"><b>Progress on the Housing Authority’s goals was already included in Section 5.2 on page 2</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p style="padding-left: 40px;"><b><i>The following is the Housing Authority of the City of Barnesville Definition of Substantial Deviation and Significant Amendment or Modification:</i></b></p> <p style="padding-left: 80px;">a. Substantial Deviation from the 5-Year Plan</p> <p style="padding-left: 120px;">A “Substantial Deviation” from the 5-Year Plan is an overall change in the direction of the Authority pertaining to the Authority’s Goals and Objectives. This includes changing the Authority’s Goals and Objectives.</p> <p style="padding-left: 80px;">b. Significant Amendment or Modification to the Annual Plan</p> <p style="padding-left: 120px;">A “Significant Amendment or Modification” to the Annual Plan is a change in a policy or policies pertaining to the operation of the Authority. This includes the following:</p> <ul style="list-style-type: none"> <li>➤ Changes to rent or admissions policies or organization of the waiting list.</li> <li>➤ Additions of non-emergency work items over \$25,000(items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund.</li> <li>➤ Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.</li> </ul> <p><i>An exception to the above definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements since HUD does not consider such changes significant amendments.</i></p>

<p><b>11.0</b></p>	<p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(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. <b>See Attachment A</b></li> <li>(g) Challenged Elements – <b>See Attachment B</b></li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>
--------------------	---

**Attachment B**

**Housing Authority of the City of Jackson**

**Five-Year Plan**

**Fiscal Years 01/01/2010 – 01/01/2014**

**Challenged Elements**

There were no challenged elements to the Housing Authority's Five-Year Agency Plan

  
Patty Henry, Executive Director  
Housing Authority of the City of Jackson

September 10, 2009

**Attachment A**

**Housing Authority of the City of Jackson**

**Five-Year Plan**

**Fiscal Years 01/01/2010 – 01/01/2014**

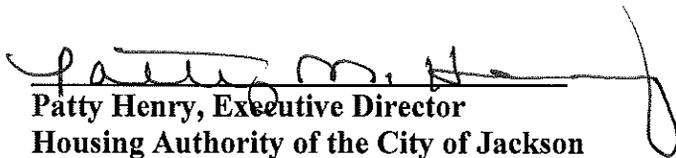
**Comments of the Resident Advisory Board**

The Housing Authority of the City of Jackson conducted a meeting with the Resident Advisory Board (RAB) on August 27, 2009.

Elements of the PHA Five-Year Plan Template and the Capital Fund Program grants were discussed.

Residents requested icemakers in the new refrigerators. PHA will research possible maintenance issues associated with the ice makers and make a decision from there.

The RAB members agreed with the rest of the Plan as presented and no suggestions or changes were offered by them.

  
**Patty Henry, Executive Director**  
**Housing Authority of the City of Jackson**

**September 10, 2009**



---

## Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient, Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box (es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box (es). Check all boxes that apply. If other, specify nature.
14. Provide specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just the time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a continuation sheet(s) are attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

---

Public Reporting Burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please do not return your completed form to the Office of Management and Budget; send it to the address provided by the sponsoring agency .

Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the \_\_\_ 5-Year and/or \_\_\_ Annual PHA Plan for the PHA fiscal year beginning \_\_\_\_\_, 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.

\_\_\_\_\_  
PHA Name

\_\_\_\_\_  
PHA Number/HA Code

\_\_\_\_\_ 5-Year PHA Plan for Fiscal Years 20\_\_\_\_ - 20\_\_\_\_\_

\_\_\_\_\_ Annual PHA Plan for Fiscal Years 20\_\_\_\_ - 20\_\_\_\_\_

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
Signature	Date

# Certification of Payments to Influence Federal Transactions

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

---

Applicant Name

---

Program/Activity Receiving Federal Grant Funding

---

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
Signature	Date

X

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Program/Activity Receiving Federal Grant Funding

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Name of Authorized Official

Title

Signature

Date

X

**Attachment B**

**Housing Authority of the City of Jackson**

**Five-Year Plan**

**Fiscal Years 01/01/2010 – 01/01/2014**

**Challenged Elements**

There were no challenged elements to the Housing Authority's Five-Year Agency Plan

  
Patty Henry, Executive Director  
Housing Authority of the City of Jackson

September 10, 2009

**Attachment A**

**Housing Authority of the City of Jackson**

**Five-Year Plan**

**Fiscal Years 01/01/2010 – 01/01/2014**

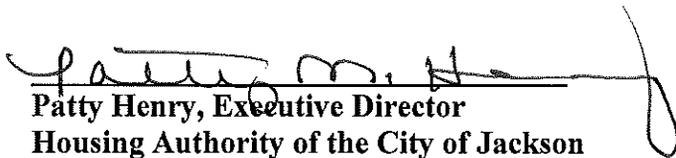
**Comments of the Resident Advisory Board**

The Housing Authority of the City of Jackson conducted a meeting with the Resident Advisory Board (RAB) on August 27, 2009.

Elements of the PHA Five-Year Plan Template and the Capital Fund Program grants were discussed.

Residents requested icemakers in the new refrigerators. PHA will research possible maintenance issues associated with the ice makers and make a decision from there.

The RAB members agreed with the rest of the Plan as presented and no suggestions or changes were offered by them.

  
**Patty Henry, Executive Director**  
**Housing Authority of the City of Jackson**

**September 10, 2009**

**Capital Fund Program—Five-Year Action Plan**

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

<b>Part I: Summary</b>						
PHA Name/Number <b>Jackson Housing Authority</b>			Locality ( <b>Jackson/Butts /GA</b> )		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
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
	GA185					
B.	Physical Improvements Subtotal	Annual Statement	155,025	151,025	155,025	155,025
C.	Management Improvements			4,000		
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		<b>155,025</b>	<b>155,025</b>	<b>155,025</b>	<b>155,025</b>
L.	Total Non-CFP Funds					
M.	Grand Total	<b>155,025</b>	<b>155,025</b>	<b>155,025</b>	<b>155,025</b>	<b>155,025</b>

**Capital Fund Program—Five-Year Action Plan**

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

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number <b>Jackson Housing Authority</b>		Locality ( <b>Jackson/Butts /GA</b> )			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b>	<input type="checkbox"/> <b>Revision No:</b>
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY2011	Work Statement for Year 3 FFY2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
		Annual Statement				
	<b>AMP-WIDE</b> <i>AMP GA 185000001</i>		155,025	155,025		
	<b>GA 185-1</b>				155,025	
	<b>GA 185-2</b>					155,025









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

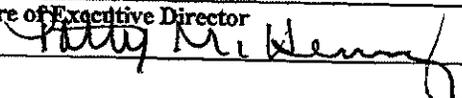
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name: Jackson Hosing Authority		Grant Type and Number Capital Fund Program Grant No: GA06P185501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2010 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	31,000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	40,000			
11	1465.1 Dwelling Equipment—Nonexpendable	76,025			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	8,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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

<b>Part I: Summary</b>					
PHA Name: Jackson Housing Authority		Grant Type and Number Capital Fund Program Grant No: GA06P185501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2010 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	155,025			
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 09/04/2009		Signature of Public Housing Director Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> 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

<b>Part I: Summary</b>					
PHA Name: Housing Authority of the City of Jackson		Grant Type and Number Capital Fund Program Grant No: GA06S185501-09 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2009
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <u>June 30, 2009</u>		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition	15,000			
9	1450 Site Improvement	179,253			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	194,253			
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				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name: Housing Authority of the City of Jackson		Grant Type and Number Capital Fund Program Grant No: GA06S185501-09 Date of CFFP: _____		Replacement Housing Factor Grant No: FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: June 30, 2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director <i>Patricia M. Henry</i>		Date 11-27-09		Signature of Public Housing Director Date	



**Part III: Implementation Schedule for Capital Fund Financing Program**

PHA Name: Housing Authority of the City of Jackson				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 <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA WIDE	03/17/2010		03/17/2012		
HA WIDE	03/17/2010		03/17/2012		

<sup>1</sup> 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: <b>Housing Authority of the City of Jackson</b>		Grant Type and Number Capital Fund Program Grant No: <b>GA06P185 501 09</b> Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFF Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		155,025			
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2 - 19)		155,025			

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> 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

<b>Part I: Summary</b>					
PHA Name: <b>Housing Authority of the City of Jackson</b>		Grant Type and Number Capital Fund Program Grant No: <b>GA06P185 501 09</b> Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: <b>2009</b> FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
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 <i>[Signature]</i>		Date <b>09/04/2009</b>		Signature of Public Housing Director  Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> 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 the City of Jackson		Grant Type and Number Capital Fund Program Grant No: GA06P185501-08    Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2008 FFY of Grant Approval: 2008
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <u>June 30, 2009</u> <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	27,383			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	19,904			
10	1460 Dwelling Structures	57,114			
11	1465.1 Dwelling Equipment—Nonexpendable	49,062			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	153,463			
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				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> 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  
 Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of Jackson		Grant Type and Number Capital Fund Program Grant No: GA06P185501-08 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2008
					FFY of Grant Approval: 2008
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: June 30, 2009					
<input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director <i>Patricia M. H...</i>		Date 11-24-09		Signature of Public Housing Director Date	

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

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

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Jackson		Grant Type and Number Capital Fund Program Grant No: GA06P185501-08 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA WIDE	OPERATIONS	1406	LS	27,383				
	Subtotal Acct 1406			27,383				
	SITE IMPROVEMENT	1450	LS	19,904				
	Subtotal Acct 1450			19,904				
GA 185-1	DWELLING STRUCTURES	1460	37 units	57,114				
	Cable and TV Outlets							
	Subtotal Acct 1460			57,114				
	DWELLING STRUCTURES	1465.1	LS					
	NONEXPENDABLE							
GA 185-1	Ranges and Refrigerators	37 units		20,387				
GA 185-2	Ranges	52 units		11,100				
GA 185-2	Refrigerators	52 units		17,575				
	GRAND TOTAL			153,463				

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of Jackson					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 <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA WIDE	09/30/2010		09/30/2012		
GA 185-1	09/30/2010		09/30/2012		
GA 185-2	09/30/2010		09/30/2012		

<sup>1</sup> 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.

## Table of Contents

### Housing Authority of the City of Jackson

#### Five-Year Plan Fiscal Years 1/01/2010 – 1/01/2014

##### **HUD FILES:**

HUD Plan Template .....	Tab 1
Attachment A – RAB Comments .....	Tab 2
Attachment B – Challenged Elements .....	Tab 3

##### **\*CAPITAL FUND DOCUMENTS:**

FY 2010 CFP Annual Statement .....	Tab 4
FY 2009 CFP Annual Statement (Formula Budget).....	Tab 5
FY 2009 CFP P & E Report – (ARRA Stimulus Budget) .....	Tab 6
FY 2008 CFP P & E Report .....	Tab 7
FY 2007 CFP P & E Report .....	Tab 8
CFP Five-Year Action Plan.....	Tab 9

\* In the past, these files were submitted electronically to HUD’s PHA Plan web site. Due to the requirements under PIH Notice 2008-41, these files are no longer submitted electronically until “HUD requests them”.

##### **SUPPORTING DOCUMENTS:**

ACOP – Red-lined.....	Tab 10
ACOP – Changes Accepted.....	Tab 11
Lease.....	Tab 12
Lease Rider – Accessible Unit.....	Tab 13
Violence Against Women Act (VAWA) Report .....	Tab 14
Deconcentration Narrative.....	Tab 15
Resident Advisory Board .....	Tab 16
Resident on the Governing Board .....	Tab 17
Definition of Substantial Deviation.....	Tab 18
Confirmation of Plan Submission.....	Tab 19