

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Housing Authority of the City of Fort Valley, GA</u> PHA Code: <u>ga 205</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/01/2010</u>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>100 units</u> Number of HCV units: <u>0</u>																										
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update. See below for completed sections.																										
<b>5.1</b>	<b>Mission.</b> 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: <b>The mission of the FTVHA is to provide safe, decent and affordable housing for the populace in the city of Fort Valley, Georgia. The Housing Authority under the administration of the Executive Director, Florine Statham, is committed to ensuring that the Agency continues to implement programs and services designed to foster self-sufficiency and economic independence for the residents while providing quality, affordable housing.</b>																										
<b>5.2</b>	<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>Through the maximization of resources the FTVHA will continue to strive toward accomplishing quantifiable goals and objectives developed through a Strategic Plan established during the Five Year Plan (2005-2009) which included:</p> <ol style="list-style-type: none"> <li>(1) Manage the Housing Authority's existing public housing program in an efficient and effective manner thereby striving to become a high performer under HUD's Management Assessment criteria.</li> <li>(2) Provide a decent, safe, and sanitary environment in our communities.</li> <li>(3) Reduce public housing vacancies.</li> <li>(4) Increase customer satisfaction.</li> <li>(5) Offer classes and training seminars designed to foster increased and enhanced employability and life skills for residents.</li> <li>(6) Pursue homeownership options for residents.</li> <li>(7) Maximize the use of the FTVHA resources.</li> <li>(8) Develop and/or strengthen community partnerships.</li> </ol> <p>The FTVHA made significant progress accomplishing many of the goals listed above but the most significant was the removal of the "troubled designation in FY 2009. The Board of Commissioners and the Executive Director are committed to continuing to offer quality, affordable housing of choice versus a domicile of need.</p>																										
<b>6.0</b>	<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>Since the last Annual Plan submission in January 2009, the FTVHA revised the Procurement Policy and the ARRA Procurement Policy to include the Buy American Requirement Policy. All policies and procedures have been forwarded to HUD as the FTVHA was designated as a troubled Agency and was under an MOU during the early part of FY09. The policies and documents are also on file in specific locations cited in 6.0 (b).</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>The FY2010-2015 Five Year Plan and FY2010 Annual Plan including attachments and PHA Plan Elements are available for public inspection at the Main Administrative Office of the FTVHA, the Main Administrative Office of the local government (City Hall) and the Public Library.</p>																										
<b>7.0</b>	<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> <b>NOT APPLICABLE</b>																										

8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable. <b>SEE ATTACHED HUD-50075.1 and HUD-50075.2</b>
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. <b>SEE ATTACHED REQUIRED REPORTS FOR GA06P205501-06; GA06P205501-07; GA06P205501-08; GA06P205501-09; and GA06P205501-10 and GA06S20550109 (ARRA).</b>
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. <b>SEE ATTACHED PLAN FOR FY2011-2014.</b> .
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. <b>NOT APPLICABLE</b>

9.0

**Housing Needs.** Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

**The Comprehensive Plan of the City of Fort Valley does not list the statistics as applicable for compilation of the referenced data therefore; the FTVHA will continue to capture statistics in the format prescribed on the previous 50075 by citing the Housing Needs of the Families on the FTVHA Waiting List (see chart listed below). The FTVHA has reviewed the Consolidated Plan for the City of Fort Valley which states that the housing and community development needs are:**

- **Regardless of tenure, income or household size, the most common problem affecting all households is cost burden.**
- **Cost burden is the most significant problem affecting both elderly and small family households. Overcrowding is the most significant concern of this household type,**
- **Insufficient income is the single largest barrier to affordable housing.**
- **Low and moderate income households are at high-risk of exposure to lead-based paint hazards such as chipping or peeling paint and dust.**

**The Housing and Community Development Strategic Plan anticipates providing assistance to put extremely low, low, and moderate income households in affordable housing free of overcrowded, structurally substandard conditions, with supportive services where appropriate for populations with special need. The Strategic Plan Five-Year Objectives includes:**

- **Rehabilitate or construct affordable rental units**
- **Provide rental assistance for very low and low income households**
- **Assist households to achieve or maintain homeownership in housing free of overcrowded and structurally substandard conditions.**
- **Assist organizations annually to provide housing and supportive services to the homeless.**
- **Assist organizations annually to provide housing and supportive services to Georgia's Special Need populations.**

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing as of 01/13/10			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	31		3
Extremely low income <=30% AMI	1	3.22	
Very low income (>30% but <=50% AMI)	3	9.67	
Low income (>50% but <80% AMI)	27	87.09	
Families with children	29	93.55	
Elderly families	1	3.22	
Families with Disabilities	1	3.22	
Race/ethnicity (w)	1	3.22	
Race/ethnicity (b)	30	96.77	
Race/ethnicity (a)	0	0	
Race/ethnicity (h/l)	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	5	16.13	
2 BR	6	19.35	
3 BR	15	48.39	
4 BR	5	16.13	
5 BR	0	0	
5+ BR	0	0	
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
<b>HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?</b>			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

<p><b>9.1</b></p>	<p><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></p> <p><b>The FTVHA plans to address the housing needs of the families on the waiting list for the upcoming year through the following strategies:</b> (1) Maximizing the number of affordable units available to the PHA within its current resources by employing effective maintenance and management policies to minimize the number of public housing units off-line; (2) Reducing turnover time for vacated public housing units; (3) Reducing the time it takes maintenance to renovate public housing units; (4) Utilizing proactive maintenance strategies for unit-turnaround; (5) participating with the City of Fort Valley in the Consolidated Plan development process to ensure coordination with the strategies for addressing affordable housing issues; (6) Continuing to employ rent policies to support and encourage self-sufficiency; and (7) Continuing to extend preferences to the elderly.</p>
<p><b>10.0</b></p>	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The activities during the Five Year Plan of (2010-2014) will be directed towards continued improvement of all management systems, procedures and administrative structure of the Agency to include, continuing to increase the number and quality of affordable housing units available to low income families by improving maintenance and management operations. The FTVHA did achieve most of the objectives established for FY 2009 as the Agency completed all of the components of the MOU for removal of the “troubled designation and was restored to a standard performer status in FY09. The Executive Director has implemented a comprehensive administrative and operations strategy to include a housekeeping component which serves to assist with maintaining the units. Additional personnel were hired to assist with improving the delivery of services.</p> <p>It is the intent of the FTVHA to continue to implement the goals and objectives established in the Five-Year Plan (2005-2009) previously submitted and continue these strategies for FY 2010-2014 as they are consistent with the Comprehensive Plan for the City of Fort Valley, Georgia.</p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>The FTVHA in the submission of the FY 2010-2014 Five Year Plan and the FY 2010 Annual Plan has not deviated or significantly amended the goals and objectives established through the previous FY 2005-2009 Five-Year Plan. The same strategies and overall goals and objectives were reestablished for the upcoming Five Years as they meet the needs of the agency and are a continuation of resources and efforts. The FTVHA will consider the following to be changes in the Agency Plan necessary and sufficient to require a full review by the Resident Advisory Board and by the City for a public hearing before a corresponding change in the Agency Plan can be adopted. A significant deviation or alteration would have included the following:</p> <ol style="list-style-type: none"> <li>1. Any alteration of the Authority’s Mission Statement;</li> <li>2. Any change or amendment to a stated Strategic Goal;</li> <li>3. Any change or amendment to a stated Strategic Objective except in a case where the change results from the objective having been met;</li> <li>4. Any introduction of a new Strategic Goal;</li> <li>5. Any alteration in the Capital Fund Program Annual Plan that affects expenditure greater than \$50,000 of the CFP Annual Budget for that year.</li> <li>6. Changes to rent or admissions policies or organization of the waiting list;</li> <li>7. Additions of work items (items not included in the current Annual Statement or 5-Year Plan) or change in use of replacement reserve funds under the Capital Fund that affects expenditure greater than \$50,000 of the CFP Annual Budget for that year.</li> <li>8. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.</li> </ol> <p>In setting the above criteria, the FTVHA intends by “Strategic Goal” specifically those items under those headings in its 5-Year Plan. Because the Annual Plan already requires annual review by the Resident Advisory Board and by Public Hearing, the Authority believes this annual process sufficient to meet the spirit of the Quality Housing and Work Responsibility Act of 1998. It expects that changes to the Annual Plan will be primarily administrative in nature. It believes, however, as shown in item #5 above, that significant changes in its planned modernization expenditures should be subject to a resident/public process.</p> <p>The FTVHA has also reviewed the requirements set out in HUD Notice PIH 99-51. It here incorporates the several additional criteria established by HUD for “substantial deviation” or “significant amendment or modification” to its Agency Plan. The FTVHA will also consider the following events to require a public process before amending such changes to its Agency Plan. The FTVHA acknowledges that an exception will be made by HUD to compliance with the above criteria for any of the above changes that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD.</p> <p>The FTVHA did not have any significant changes to the FY 2010-2014 Five Year Plan or the FY 2010 Annual Plan based on the criteria established as referenced for a significant alteration or deviation.</p> <p>(c) <b>Memorandum of Agreement:</b> The FTVHA is no longer is required to submit on a monthly basis a progress report to the HUD Field Office addressing items as the troubled designation was removed in FY09. The FTVHA is committed to ensuring all strategies employed for removal of the troubled status are still being maintained as effective management strategies.</p>

<b>11.0</b>	<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.</li> <li>(g) Challenged Elements</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>
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**Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

Notwithstanding the provisions of Section 9 of this Lease, or any other provision contained herein, the following shall not be considered violations of the Lease constituting defaults and bases for terminating the tenancy or occupancy rights of a victim of domestic violence:

1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking perpetrated against the victim.
2. Criminal activity directly relating to domestic violence, dating violence or stalking, engaged in by a member of the Tenant's Household or any Guest or Other Person under the Tenant's Control, if the Tenant or immediate member of the Tenant's Household is a victim of that domestic violence, dating violence, or stalking; provided, however, landlord may divide this Lease for the purpose of evicting, removing or terminating the occupancy rights of a Household member, whether or not such Household member is a signatory to this Lease, who engages in criminal acts of physical violence against Family members or others, without evicting, removing or otherwise penalizing the victim of such violence, who is also a Tenant or lawful occupant of the Unit.

The foregoing exceptions shall not apply unless the victim delivers to the landlord a certification on one of the following forms:

- a. A HUD-approved form supplied by HACP attesting that she/he is a victim of domestic violence, dating violence, or stalking and that the incident(s) in question are bona fide violations of such actual or threatened abuse; or
- b. Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, stalking, or the effects of the abuse, in which the professional states under penalty of perjury that the professional's belief that the incident(s) in question are bona fide incidents of abuse and the victim has signed or attests to the documentation; or
- c. A federal, state, or local police report or court record describing the crime or incident(s) in question.

The victim must deliver the certification to the landlord within fourteen (14) business days after landlord requests the certification. If the victim does not deliver the certification to landlord within the aforesaid period, landlord may terminate the tenancy of the Tenant or any lawful occupant of the Unit including the victim.

The foregoing exceptions, however, shall not limit the authority of the landlord to (i) honor court orders addressing rights of access or control of property, including civil protection orders issued to address the distribution or possession of property among Household members, (ii) evict a Tenant for any violation of this Lease not based on or connected with the act or acts of violence in question against the Tenant or member of Tenant's Household, provided that such victim is not held to a more demanding standard than other Tenants, and (iii) evict any Tenant if landlord can demonstrate an actual and imminent threat to other Tenants or those employed at or providing service to the property if that Tenant is not evicted.

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

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

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

Housing Authority of the City of Fort Valley

GA205

PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2014

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

Florine Statham

Title

Executive Director

Signature



Date

01/14/2010

**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 the City of Fort Valley

GA205

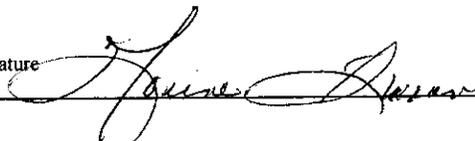
PHA Name

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	Florine Statham	Title	Executive Director
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Signature



Date 01/14/2010

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the City of Fort Valley

Program/Activity Receiving Federal Grant Funding

FY2010 Agency Plan

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 Federal agency 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

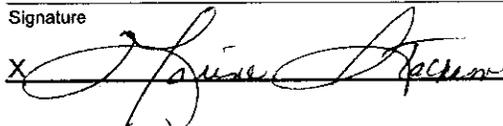
Title

Florine Statham

Executive Director

Signature

Date

X 

01/14/2010

**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 the City of Fort Valley

Program/Activity Receiving Federal Grant Funding

FY2010 Agency Plan

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)

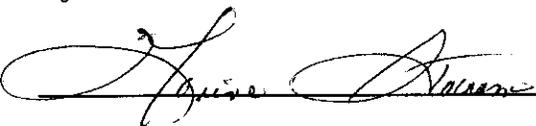
Name of Authorized Official

Florine Statham

Title

Executive Director

Signature



Date (mm/dd/yyyy)

01/14/2010

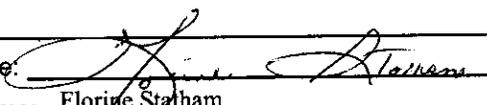
## DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

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

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known:	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  N/A  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>  N/A	<b>7. Federal Program Name/Description:</b>  N/A  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>  N/A	<b>9. Award Amount, if known:</b>  \$ N/A	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):  N/A	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):  N/A	
<b>11.</b> 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 reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: <u>Florine Statham</u> Title: <u>Executive Director</u> Telephone No.: <u>(478) 825-5056</u> Date: <u>01/14/2010</u>	
<b>Federal Use Only:</b>	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

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

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

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

I, John Stumbo the Mayor certify that the Five Year and  
Annual PHA Plan of the Housing Authority of the City of Fort Valley is consistent with the Consolidated Plan of  
Fort Valley prepared pursuant to 24 CFR Part 91.

---

Signed / Dated by Appropriate State or Local Official

**ga205f01 (Attachment f)**

The Resident Advisory Board & Resident Council met with the Housing Authority for the City of Fort Valley's Executive Director. The purpose of the meeting was to ensure adequate input and participation into the Annual Plan process. Residents indicated that they would like to see the following resident initiatives offered through the Housing Authority for the City of Fort Valley. Many of the elements and activities are currently in implementation but they would like to see them continued. It is the intent of the FTVHA to offer these activities or provide access from supporting service agencies.

- Adult Computer Classes
- Homeownership Opportunities
- Job Skills Classes
- Youth Activities
- Literacy/GED Classes
- Basic Life Skills
- Budgeting and Financial Management
- Stress Management
- Housekeeping Tips
- Child Care

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 Fort Valley	Grant Type and Number Capital Fund Program Grant No: GA06P20550106 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2006 FFY of Grant Approval:

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:3 effec 01/2010 )  
 Performance and Evaluation Report for Period Ending: 09/30/09       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>	5,151	5,151	5,151	5,151
3	1408 Management Improvements	3,500	3,500	3,500	2,750
4	1410 Administration (may not exceed 10% of line 21)	0	0	0	0
5	1411 Audit	0	3,000	3,000	3,000
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	15,000	12,000	12,000	12,000
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	4,376	4,376	4,376	4,376
10	1460 Dwelling Structures	99,462	99,462	99,462	6,801.65
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	15,000	15,000	15,000	0
13	1475 Non-dwelling Equipment	10,000	10,000	10,000	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities <sup>4</sup>	0	0	0	0

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

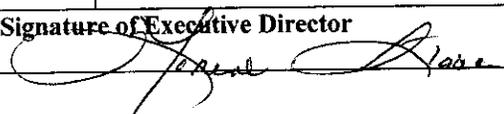
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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: Housing Authority of the City of Fort Valley		Grant Type and Number Capital Fund Program Grant No: GA06P20550106 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2006 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 effec 01/2010 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/09 <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	0	0	0	0
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant:: (sum of lines 2 - 19)	148,113	152,489	152,489	34,078.65
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security - Soft Costs	0	0	0	0
24	Amount of line 20 Related to Security - Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	99,462	99,462	99,462	34,078.65
Signature of Executive Director		Date		Signature of Public Housing Director	
		1-14-10			
				Date	
				1-14-10	

<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.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Fort Valley			Grant Type and Number Capital Fund Program Grant No: GA06P20550106 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
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>	
PHA-WIDE	Operations	1406						
	Putting funds in Operations		1	5,151	5,151	5,151	5,151	completed
	TOTAL			5,151	5,151	5,151	5,151	
PHA-WIDE	Management Improvements	1408						
	Training for Board, Staff and Residents		1	3,500	3,500	3,500	2,750	in progress
	Computer Upgrades			0	0	0	0	
	Resident Services			0	0	0	0	
	TOTAL			3,500	3,500	3,500	2,750	
PHA-WIDE	Administration	1410						
	% of Salaries for CFP Exec. Director, Occupancy Specialist, Maintenance Specialist and Crime Watch from Law enforcement		1	0	0	0	0	deleted
	TOTAL			0	0	0	0	
PHA-WIDE	Audit	1411	1	0	3,000	3,000	3,000	completed
PHA-WIDE	Fees and Costs	1430	1	15,000	12,000	12,000	12,000	completed
	Reimbursable costs submission of annual plan and A&E							

<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 II: Supporting Pages								
PHA Name: Housing Authority of the City of Fort Valley			Grant Type and Number Capital Fund Program Grant No: GA06P20550106 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
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>	
PHA-WIDE	Site Improvements	1450						
	Cutting Trees, Re-Sod, Landscaping		1	4,376	4,376	4,376	4,376	completed
	TOTAL			4,376	4,376	4,376	4,376	
GA205-1 Young Homes	Dwelling Structures	1460						
	Central HVAC @ \$5,500 per unit		11	60,500	60,500	60,500	0	in progress
GA205-2 Tabor Heights	Central HVAC @ \$5,500 per unit		7	38,962	38,962	38,962	6,801.65	in progress
	TOTAL			99,462	99,462	99,462	6,801.65	
PHA	Non-Dwelling Structures	1470						
	Renovate Main Office		1	15,000	15,000	15,000	0	in progress
PHA	Non-Dwelling Equipment	1475						
	Office Furniture		1	10,000	10,000	10,000	0	in progress
	TOTAL FOR GRANT			148,113	152,489	152,489	34,078.65	

<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.







<b>Part I: Summary</b>					
PHA Name: Housing Authority of the City of Fort Valley		Grant Type and Number Capital Fund Program Grant No: GA06P20550107 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2007 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:3 effec 01/2010 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/09 <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>	14,000	14,000	14,000	6,000
3	1408 Management Improvements	3,500	3,500	3,500	3,500
4	1410 Administration (may not exceed 10% of line 21)	3,750	3,750	3,750	3,750
5	1411 Audit	0	6,000	6,000	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	8,000	9,045.52	9,045.52	9,045.52
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	27,377	21,377	21,377	7,976
10	1460 Dwelling Structures	99,462	98,416.48	98,416.48	0
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities <sup>4</sup>	0	0	0	0

<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

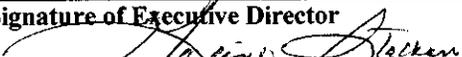
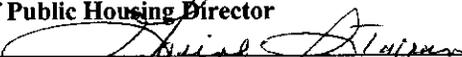
<b>Part I: Summary</b>	
PHA Name: Housing Authority of the City of Fort Valley	Grant Type and Number Capital Fund Program Grant No: GA06P20550107 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant:2007 FFY of Grant Approval:	

Type of Grant

Original Annual Statement
  Reserve for Disasters/Emergencies
  Revised Annual Statement (revision no: 3 effec 01/2010 )

Performance and Evaluation Report for Period Ending: 09/30/09
  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	0	0	0	0
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant:: (sum of lines 2 - 19)	156,089	156,089	156,089	30,271.52
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security - Soft Costs	0	0	0	0
24	Amount of line 20 Related to Security - Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	99,462	98,416.48	98,416.48	0

Signature of Executive Director 	Date 1-14-10	Signature of Public Housing Director 	Date 1-14-10
---	-----------------	---	-----------------

<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.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Fort Valley			Grant Type and Number Capital Fund Program Grant No: GA06P20550107 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	Operations	1406						
	Putting funds in Operations		1	14,000	14,000	14,000	6,000	in progress
	TOTAL			14,000	14,000	14,000	6,000	
PHA-WIDE	Management Improvements	1408						
	Training for Board, Staff and Residents		1	3,500	3,500	3,500	3,500	completed
	Computer Upgrades			0	0	0	0	deleted
	Resident Services			0	0	0	0	deleted
	TOTAL			3,500	3,500	3,500	3,500	
PHA-WIDE	Administration	1410						
	% of Salaries for CFP Exec. Director, Occupancy Specialist, Maintenance Specialist and Crime Watch from Law enforcement		1	3,750	3,750	3,750	3,750	completed
	TOTAL			3,750	3,750	3,750	3,750	
PHA-WIDE	Audit	1411	1	0	6,000	6,000	0	in progress
PHA-WIDE	Fees and Costs	1430						
	A & E		1	8,000	9,045.52	9,045.52	9,045.52	completed

<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.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Fort Valley			Grant Type and Number Capital Fund Program Grant No: GA06P20550107 CFPP (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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	Site Improvements	1450						
	Cutting Trees, Re-Sod, Landscaping		1	27,377	21,377	21,377	7,976	in progress
	TOTAL			27,377	21,377	21,377	7,976	
GA205-1 Young Homes	Dwelling Structures	1460						
	Insulation \$320 per unit (6)		6	1,920	1,920	1,920	0	in progress
	Central HVAC @ \$5,500 per unit (6)		6	33,000	31,954.48	31,954.48	0	in progress
	Vinyl Siding		30	4,946	4,946	4,946	0	
GA205-2 Tabor Heights	Dwelling Structures	1460						
	Insulation \$320 per unit (10)		10	3,200	3,200	3,200	0	in progress
	Central HVAC @ \$5,500 per unit (10)		10	55,000	55,000	32,160.99	0	in progress
	Vinyl Siding		10	1,396	1,396	1,396	0	in progress
	TOTAL Dwelling Structures			99,462	98,416.48	98,416.48	0	in progress
	TOTAL FOR GRANT			156,089	156,089	156,089	30,271.52	

<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 I: Summary**

PHA Name: Housing Authority of the City of Fort Valley	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P20550108 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:2 effec 01/2010 )  
 Performance and Evaluation Report for Period Ending: 09/30/09     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>	14,000	14,000	3,939.50	0
3	1408 Management Improvements	14,000	14,000	2,000	677.21
4	1410 Administration (may not exceed 10% of line 21)	14,000	14,000	0	0
5	1411 Audit	0	6,000	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	14,000	8,000	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	18,000	18,000	18,000	17,996.00
10	1460 Dwelling Structures	74,232	74,232	9,000	8,620
11	1465.1 Dwelling Equipment--Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities <sup>4</sup>	0	0	0	0

<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.

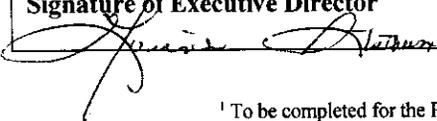
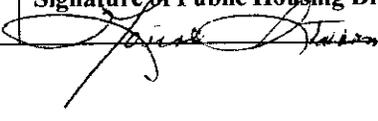
Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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: Housing Authority of the City of Fort Valley	Grant Type and Number Capital Fund Program Grant No: GA06P20550108 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: 2 effec 01/2010 )  
 Performance and Evaluation Report for Period Ending: 09/30/09       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	0	0	0	0
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant:: (sum of lines 2 - 19)	148,232	148,232	32,939.50	27,293.21
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security - Soft Costs	0	0	0	0
24	Amount of line 20 Related to Security - Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	74,232	74,232	32,939.50	27,293.21

<b>Signature of Executive Director</b>	<b>Date</b>	<b>Signature of Public Housing Director</b>	<b>Date</b>
	1-14-2010		1-14-2010

<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.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Fort Valley			Grant Type and Number Capital Fund Program Grant No: GA06P20550108 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>	
PHA-WIDE	Operations	1406						
	Putting funds in Operations		1	14,000	14,000	3,939.50	0	in progress
	TOTAL			14,000	14,000	3,939.50	0	
PHA-WIDE	Management Improvements	1408						
	Training for Board, Staff and Residents		1	5,000	5,000	2,000	677.21	in progress
	Computer Upgrades			4,000	4,000	0	0	
	Resident Services			5,000	5,000	0	0	
	TOTAL			14,000	14,000	2,000	677.21	
PHA-WIDE	Administration	1410						
	% of Salaries for CFP Exec. Director, Occupancy Specialist, Maintenance Specialist and Crime Watch from Law enforcement		1	14,000	14,000	0	0	in progress
	TOTAL			14,000	14,000	0	0	
PHA-WIDE	Audit	1411	1	0	6,000	0	0	not started
	Fees and Costs	1430						
	A & E		1	14,000	8,000	0	0	not started

<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.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Fort Valley			Grant Type and Number Capital Fund Program Grant No: GA06P20550108 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>	
PHA-WIDE	Site Improvements	1450						
	Cutting Trees, Re-Sod, Landscaping		1	18,000	18,000	18,000	17,996	in progress
	TOTAL			18,000	18,000	18,000	17,996	
GA205-1 Young Homes	Dwelling Structures	1460						
	Insulation \$320 per unit (6)		6	1,063	1,063	0	0	
	Central HVAC @ \$5,500 per unit (6)		6	32,000	32,000	0	0	
	Vinyl Siding		30	4,946	4,946	0	0	
	Unit Turnaround		3	5,000	5,000	0	0	
GA205-2 Tabor Heights	Dwelling Structures	1460						
	Insulation \$320 per unit (10)		10	3,200	3,200	1,000	620	in progress
	Central HVAC @ \$5,500 per unit (3)		3	16,500	16,500	8,000	8,000	in progress
	Vinyl Siding		4	1,523	1,523	0	0	
	Unit Turnaround		5	10,000	10,000	0	0	
	TOTAL Dwelling Structures			74,232	74,232	9,000	8,620	
	TOTAL FOR GRANT			148,232	148,232	32,939.50	27,293.21	

<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.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Fort Valley				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	
PHA-WIDE	03/31/2010		03/31/2012		
GA205-1	03/31/2010		03/31/2012		
GA205-2	03/31/2010		03/31/2012		

<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: Housing Authority of the City of Fort Valley		Grant Type and Number Capital Fund Program Grant No: GA06P20550109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:2 effec 01/2010 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/09 <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	106,413	0	0	0	
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0	21,000	0	0	
3	1408 Management Improvements	30,404	14,000	0	0	
4	1410 Administration (may not exceed 10% of line 21)	15,202	14,000	0	0	
5	1411 Audit	0	6,000	0	0	
6	1415 Liquidated Damages	0	0	0	0	
7	1430 Fees and Costs	0	8,000	0	0	
8	1440 Site Acquisition	0	0	0	0	
9	1450 Site Improvement	0	23,787	0	0	
10	1460 Dwelling Structures	0	65,232	0	0	
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>					

<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

**Part I: Summary**

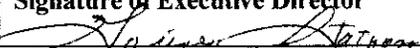
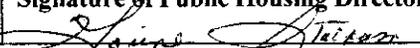
<b>PHA Name:</b> Housing Authority of the City of Fort Valley	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P20550109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>
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**Type of Grant**

Original Annual Statement                     
  Reserve for Disasters/Emergencies                     
  Revised Annual Statement (revision no: 2 effec 01/2010 )

Performance and Evaluation Report for Period Ending: 09/30/09                     
  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	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)	152,019	152,019	0	0
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Activities	0			
23	Amount of line 20 Related to Security - Soft Costs	0			
24	Amount of line 20 Related to Security - Hard Costs	0			
25	Amount of line 20 Related to Energy Conservation Measures	0	71,230	0	0

<b>Signature of Executive Director</b> 	<b>Date</b> 01-14-2010	<b>Signature of Public Housing Director</b> 	<b>Date</b> 01-14-2010
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<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.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Fort Valley			<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P20550109 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	Operations	1406						
	Putting funds in Operations		1	0	21,000	0	0	
	TOTAL			0	21,000	0	0	
PHA-WIDE	Management Improvements	1408						
	Training for Board, Staff and Residents		1	0	5,000	0	0	
	Computer Upgrades			0	3,000	0	0	
	Resident Services			0	6,000	0	0	
	TOTAL			0	14,000	0	0	
PHA-WIDE	Administration	1410						
	% of Salaries for CFP Exec. Director, Occupancy Specialist, Maintenance Specialist and Crime Watch from Law enforcement		1	0	14,000	0	0	
	TOTAL			0	14,000	0	0	
PHA-WIDE	Audit	1411	1	0	6,000	0	0	
	Fees and Costs	1430						
	A & E		1	0	8,000	0	0	
Not seperated into line items by HUD	Reserved Budget	0100			106,413	0	0	

<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.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Fort Valley		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P20550109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>			
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>	
PHA-WIDE	Site Improvements	1450						
	Cutting Trees, Re-Sod, Landscaping		1	0	23,787	0	0	
	TOTAL			0	23,787	0	0	
GA205-1 Young Homes	Dwelling Structures	1460						
	Insulation \$320 per unit (4)		4	0	1,280	0	0	
	Central HVAC @ \$5,500 per unit (5)		5	0	27,500	0	0	
	Vinyl Siding		3	0	1,220	0	0	
	TOTAL			0	30,000	0	0	
GA205-2 Tabor Heights	Dwelling Structures	1460						
	Insulation \$320 per unit (7)		7	0	2,232	0	0	
	Central HVAC @ \$5,500 per unit (7)		7	0	32,000	0	0	
	Vinyl Siding		1	0	1,000	0	0	
	Unit Turnaround (Mod work)		3	0	0	0	0	
	TOTAL			0	35,232	0	0	

<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.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Fort Valley				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	
PHA-WIDE	03/31/2011		03/31/2013		
GA205-1	03/31/2011		03/31/2013		
GA205-2	03/31/2011		03/31/2013		

<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.



**Part I: Summary**

PHA Name: Housing Authority of the City of Fort Valley	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P20550110 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>
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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 <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>	20,000			
3	1408 Management Improvements	14,000			
4	1410 Administration (may not exceed 10% of line 21)	14,000			
5	1411 Audit	6,000			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	8,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	10,000			
10	1460 Dwelling Structures	72,019			
11	1465.1 Dwelling Equipment—Nonexpendable	8,000			
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 <sup>4</sup>	0			

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

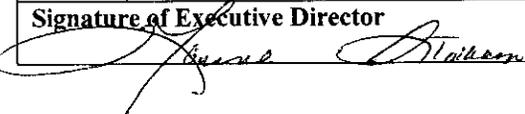
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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>					
<b>PHA Name:</b> Housing Authority of the City of Fort Valley		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P20550110 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 based on received amount ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	152,019			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Activities	0			
23	Amount of line 20 Related to Security - Soft Costs	0			
24	Amount of line 20 Related to Security - Hard Costs	0			
25	Amount of line 20 Related to Energy Conservation Measures	72,019			
<b>Signature of Executive Director</b> 		<b>Date</b> 01-14-2010	<b>Signature of Public Housing Director</b> 		<b>Date</b> 01-14-2010

<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.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Fort Valley			Grant Type and Number Capital Fund Program Grant No: GA06P20550110 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	Operations	1406						
	Putting funds in Operations		1	20,000				
	TOTAL			20,000				
PHA-WIDE	Management Improvements	1408						
	Training for Board, Staff and Residents		1	5,000				
	Computer Upgrades			3,000				
	Resident Services			6,000				
	TOTAL			14,000				
PHA-WIDE	Administration	1410						
	% of Salaries for CFP Exec. Director, Occupancy Specialist, Maintenance Specialist and Crime Watch from Law enforcement		1	14,000				
	TOTAL			14,000				
PHA-WIDE	Audit	1411	1	6,000				
	Fees and Costs	1430						
	A & E		1	8,000				

<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 II: Supporting Pages								
PHA Name: Housing Authority of the City of Fort Valley			Grant Type and Number Capital Fund Program Grant No: GA06P205501010 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	Site Improvements	1450						
	Cutting Trees, Re-Sod, Landscaping		1	10,000				
	TOTAL			10,000				
GA205-1 Young Homes	Dwelling Structures	1460						
	Insulation \$320 per unit (3)		4	640				
	Central HVAC @ \$5,500 per unit (3)		5	11,000				
	Vinyl Siding		3	979				
	TOTAL			12,619				
GA205-2 Tabor Heights	Dwelling Structures	1460						
	Insulation \$320 per unit (7)		7	3,200				
	Central HVAC @ \$5,500 per unit (7)		7	55,000				
	Vinyl Siding		1	1,200				
	Unit Turnaround (Mod work)		3	0				
	TOTAL			59,400				
GA205-1 GA205-2	Dwelling Equipment Stoves, refrigerators replace as needed	1465.1	20	8,000				

<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.







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: Fort Valley Housing Authority		Grant Type and Number Capital Fund Program Grant No: GA06S20550109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: FY09 ARRA FFY of Grant Approval:	
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: 09/30/09 <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)	18,763		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	168,869		0	0
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>				

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

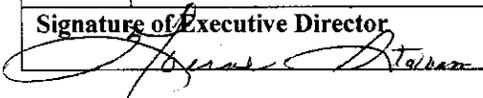
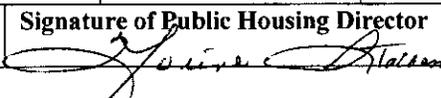
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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: Fort Valley Housing Authority		Grant Type and Number Capital Fund Program Grant No: GA06S20550109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: FY2009 FFY of Grant Approval:	
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: 09/30/09 <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)	187,632		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	187,632		0	0	
Signature of Executive Director		Date	Signature of Public Housing Director		Date	
		01-14-2010			01-14-2010	

<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.











**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 Fort Valley Housing Authority GA205		Locality (City/County & State) Fort Valley, Georgia			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name GA205-1 GA205-2	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
B.	Physical Improvements Subtotal and 1450	Annual Statement	90,019	75,019	73,420	72,000
C.	Management Improvements		14,000	14,000	14,000	14,000
D.	PHA-Wide Non-dwelling Structures and Equipment		0	15,000	16,599	18,019
E.	Administration		14,000	14,000	14,000	14,000
F.	Other 1411, 1430		14,000	14,000	14,000	14,000
G.	Operations		20,000	20,000	20,000	20,000
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		152,019	152,019	152,019	152,019
L.	Total Non-CFP Funds					
M.	Grand Total					

**Part I: Summary (Continuation)**

PHA Name/Number		Locality (City/county & State)				<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013	
		Annual Statement					







