



Northwest Georgia Housing Authority  
Annual and Five Year Plan  
Fiscal Years 2010 – 2014



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# Northwest Georgia Housing Authority

2010 – 2014

PHA 5-Year and Annual  
Plan

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<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>Northwest Georgia Housing Authority</u>		PHA Code: <u>GA285</u>			
	PHA Type: <input type="checkbox"/> Small	<input checked="" type="checkbox"/> High Performing	<input type="checkbox"/> Standard	<input type="checkbox"/> HCV (Section 8)		
	PHA Fiscal Year Beginning: <u>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>1187</u>		Number of HCV units: <u>495</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> N/A <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	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:					
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.					
<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 Northwest Georgia Housing Authority is to provide safe, decent, and sanitary housing for eligible families; to promote self-sufficiency and economic independence for its residents; to establish drug and crime free communities; to ensure fiscal integrity in all programs administered by this Authority.</b>					
<b>5.2</b>	<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.  <b>2010 – 2014 Goals and Objectives</b>  <b>(A) PHA Goal – Expand supply of assisted housing.</b> Objective: (1) Acquire and build units, replacing units approved for demolition (2) Leverage Department of Community Affairs (DCA) funds and other stimulus funds to create additional housing units (3) Apply for mainstream housing choice vouchers (4) Apply for permanent supportive housing funds to build affordable apartments.					



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ga285v03

**(B) PHA Goal – Improve quality of public housing and assisted housing.**

Objective:

- (1) Increase customer satisfaction
- (2) Renovate public housing units to change the overall appearance of public housing
- (3) Demolish and dispose of obsolete public housing
  
- (4) Provide replacement public housing for Charles High Homes (GA285100104) and Park Homes (GA285200104)
- (5) Category 1 – CFRC Funds have been requested to improve accessibility for elderly and disabled residents (GA285100104). NWGHA will leverage \$350,000 to add a sprinkler system to the development. A community center/cafeteria will be built to assist with the forthcoming Assisted Living Program.
- (6) Modernization is underway to renovate 123 units (GA285400108).
- (7) Category 4 – CFRC Funds have been requested to renovate Westview Property (GA2855000011) – 45 public housing units and to build a community center and gym. Land for the Gymnasium/Community Center will be donated by the City of Rockmart.

**(C) PHA Goal – Increase assisted housing choices.**

Objective:

- (1) Conduct outreach efforts to potential voucher landlords
- (2) Provide semi-annual dinner meeting with landlords and potential landlords to update and inform landlords of HUD Rules and Regulations.
- (3) Increase the number of Housing Choice Voucher Homeownership participants.
- (4) Increase the number of Public Housing Homeownership participants.

**(D) PHA Goal – Promote Self-Sufficiency and asset development of assisted households.**

Objective:

- (1) Continue to provide job placement, adult literacy and child-care services near.
- (2) Provide supportive services in GA285100104, designated near elderly/elderly development by providing assisted living utilizing fifty (50) Medicaid waivers, establishing a licensed assisted living program for NWGHA low-income elderly population.
- (3) Increase the number and percentage of employed persons in assisted families by annually assisting public housing and Housing Choice Voucher residents in attaining their goals for economic self-sufficiency.
- (4) Attract supportive services to increase independence for the elderly or families with disabilities by annually providing or attracting supportive services at GA285100104 that service elderly-designated elderly population.
- (5) Provide measures and opportunities to increase the income of residents to compliment de-concentration and income targeting.
- (6) Encourage and support resident participation in an existing ROSS Family/Homeownership and ROSS Neighborhood Network Programs.

**(E) PHA Goal – Ensuring equal opportunity and affirmatively further fair housing objectives:**

Objective:

- (1) Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size requirements.
- (2) Continue to provide suitable living conditions/environment for families living in public housing regardless of race, color, religion, national origin, sex, familial status and disability.
- (3) Conduct ongoing training to educate staff.
- (4) Continue on-going efforts to educate and provide information to the general population and to landlords.
- (5) Work with the City of Rome and the City of Rockmart to update the Fair Housing Analysis of Impediments.

**(F) PHA Goal –**

NWGHA recognizes and supports the Violence Against Women Act (“VAWA”) to respond to domestic violence, dating violence, sexual assault and stalking in a way that protects victims while holding perpetrators accountable. The NWGHA endeavors to assist in protecting the safety and confidentiality of victims living or seeking to live in our housing units and is available to assist in ensuring that victims in public housing have access to the criminal justice system without jeopardizing their current or future housing. Pursuant to the VAWA, any incidence of abuse shall not be good cause for terminating a lease held by the victim, and the abuser’s criminal activity directly related to abuse and beyond the control of the victim shall not be grounds for eviction or termination of the victim. Victims must certify their status as victims and that the incident in question was a bona fide incident of domestic violence by presenting appropriate documentation to the Housing Authority. However, nothing [prevents a victim who has committed a crime or violated a provision of his/her lease from being evicted or having his/her lease terminated by NWGHA.



<p><b>6.0</b></p>	<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>ACOP REVISIONS- 2008</b>      Section XXI - Identification Cards – The age requirement for ID cards was reduced to 13 years of age from 14 years old.      Section XIII Security Deposit – The security deposit was increased to \$225 from \$125, effective February 2008. The payment schedule is now \$50.00 at lease-up and \$35.00 per month until paid in full.      Section XV Re-certifications – Annual re-examinations are completed by anniversary date of admission.</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><b>The public may obtain a copy of the Annual Plan from the following locations:</b>  <b>AMP #1 – 906 North 5<sup>th</sup> Avenue/AMP #2 – 1322 Carver Avenue/AMP #3 – 201 Reservoir Street/AMP #4 – 1 Brookwood Avenue</b>  <b>AMP #5 – 811 Forrest Court/ Administrative Office – 800 North Fifth Avenue</b></p> <p><b>PHA Plan Elements</b>      PHA plan elements (24CFR – 903.7) are included in the NWGHA Admissions and Continued Occupancy Policy (ACOP) and are readily available to the public at the following locations:  <b>AMP #1 – 906 North 5<sup>th</sup> Avenue/AMP #2 – 1322 Carver Avenue/AMP #3 – 201 Reservoir Street/AMP #4 – 1 Brookwood Avenue</b>  <b>AMP #5 – 811 Forrest Court/ Administrative Office – 800 North Fifth Avenue</b></p> <p><b>THE FOLLOWING POLICIES ARE ALSO AVAILABLE AT THE LOCATIONS ABOVE:</b></p> <p><b>Note: ACOP refers to the Admissions and Continued Occupancy Policy document</b></p> <p><b>The statement for below items as it relates to the ACOP can be found in NWGHA ACOP Manual</b></p> <ol style="list-style-type: none"> <li>1. <b>Eligibility, Selection and Admissions, and Wait List Policies:</b> ACOP Sections 5, 9, 10, 11  <b>De-concentration Policy:</b> ACOP Section 11</li> <li>2. <b>Statement of Financial Resources:</b> On file</li> <li>3. <b>Rent Determination Policy:</b> ACOP Section 15, 17</li> <li>4. <b>Operation Management:</b> On File</li> <li>5. <b>Grievance Procedures:</b> ACOP Section 20</li> <li>6. <b>Designated Housing for Elderly and Disabled Families –</b> On file</li> <li>7. <b>Community Service and Self-Sufficiency:</b> ACOP Section 11</li> <li>8. <b>Safety and Crime Prevention:</b> On file</li> <li>9. <b>Pet Policy:</b> ACOP Section 22</li> <li>10. <b>Civil Rights Certification:</b> On file</li> <li>11. <b>Fiscal Year Audit:</b> On file</li> <li>12. <b>Asset Management:</b> On file</li> <li>13. <b>Violence Against Women Act (VAWA) activities:</b> ACOP Section 26</li> <li>14. <b>Non-Smoking Policy:</b> ACOP Section 23</li> </ol>
<p><b>7.0</b></p>	<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> <p><b>Hope VI – NWGHA plans to apply for the HOPEVI grant to revitalize the Altoview Terrace development – AMP 2 - East Rome Community. Renovation and Disposition - AMP 1 – NWGHA has received approval for demolition/disposition of Charles Hight Homes, 150 units. Approval was granted on 5/13/2008. AMP 3 – NWGHA received approval to demolish the Fairground Development, 36 units on 1/29/2009. Plans are to replace the 46 apartments and to build 30 Permanent Supportive Housing Units.</b></p> <p><b>Homeownership Programs –</b> NWGHA works well with its non-profit Appalachian Housing Redevelopment Corporation – Housing Counseling Agency in providing credit repair services and Home Buyer Education Workshops for its public housing and Housing Choice Voucher residents.</p> <p><b>Project Based Vouchers –</b> NWGHA issued an RFP for interested agencies to apply for HCV project based vouchers. A total of 25% (as specified in 24CFR983) of the vouchers are available. Mercy Housing Inc. responded and was allocated 25 pbv (25% of its housing) for its Tax-Credit Project – Etowah Terrace Development.</p>
<p><b>8.0</b></p>	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>



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8.1	<p><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 Attachment H</b></p>																																																																																																			
8.2	<p><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 Attachment I</b></p>																																																																																																			
8.3	<p><b>Capital Fund Financing Program (CFFP).</b> <input checked="" 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>See Attachment J – Bond Financing Budget Final Report – Express Loan Fund 922</b> <b>See Attachment K – 2007 P &amp; E – Replacement Housing Factor GA06R28550107</b> <b>See Attachment L – 2008 P &amp; E – Replacement Housing Factor GA06R28550108</b></p>																																																																																																			
9.0	<p><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.</p> <p style="text-align: center;"><b>Housing Needs of Families on the Public Housing Waiting List</b></p> <table border="1" data-bbox="167 1014 1425 1346"> <thead> <tr> <th></th> <th># of families</th> <th>% of total families</th> </tr> </thead> <tbody> <tr><td>Waiting list total</td><td>523</td><td></td></tr> <tr><td>Extremely low income &lt;=30% AMI</td><td>469</td><td>90%</td></tr> <tr><td>Very low income (&gt;30% but &lt;=50% AMI)</td><td>47</td><td>9%</td></tr> <tr><td>Low income (&gt;50% but &lt;80% AMI)</td><td>5</td><td>1%</td></tr> <tr><td>Families with children</td><td>261</td><td>49.9%</td></tr> <tr><td>Elderly families</td><td>52</td><td>9.9%</td></tr> <tr><td>Families with Disabilities</td><td>13</td><td>2.4%</td></tr> <tr><td>White</td><td>237</td><td>45%</td></tr> <tr><td>Black</td><td>270</td><td>51.6%</td></tr> <tr><td>Hispanic</td><td>12</td><td>2%</td></tr> <tr><td>American Indian, etc.</td><td>1</td><td>.002%</td></tr> <tr><td>Asian/Pacific Islander/Other</td><td>2</td><td>.003%</td></tr> </tbody> </table> <p style="text-align: center;"><b>Characteristics by Bedroom Size (Public Housing Only)</b></p> <table border="1" data-bbox="167 1402 1425 1556"> <thead> <tr> <th></th> <th># of families</th> <th>% of total families</th> </tr> </thead> <tbody> <tr><td>1 Bedroom and Studio</td><td>338</td><td>65%</td></tr> <tr><td>2 Bedroom</td><td>140</td><td>27%</td></tr> <tr><td>3 Bedroom</td><td>36</td><td>7%</td></tr> <tr><td>4 Bedroom</td><td>8</td><td>1%</td></tr> <tr><td>5 Bedroom</td><td>1</td><td>.001%</td></tr> <tr><td>5 + Bedroom</td><td>0</td><td></td></tr> </tbody> </table> <p style="text-align: center;"><b>Housing Needs of Families on the Section 8 Waiting List</b></p> <table border="1" data-bbox="167 1619 1425 1948"> <thead> <tr> <th></th> <th># of families</th> <th>% of total families</th> </tr> </thead> <tbody> <tr><td>Waiting list total</td><td>77</td><td></td></tr> <tr><td>Extremely low income &lt;=30% AMI</td><td>73</td><td>95%</td></tr> <tr><td>Very low income (&gt;30% but &lt;=50% AMI)</td><td>2</td><td>7.0%</td></tr> <tr><td>Low income (&gt;50% but &lt;80% AMI)</td><td>1</td><td>2.0%</td></tr> <tr><td>Families with children</td><td>48</td><td>62%</td></tr> <tr><td>Elderly families</td><td>4</td><td>5%</td></tr> <tr><td>Families with disabilities</td><td>19</td><td>25%</td></tr> <tr><td>White</td><td>28</td><td>35%</td></tr> <tr><td>Black</td><td>50</td><td>65%</td></tr> <tr><td>Hispanic</td><td>0</td><td></td></tr> <tr><td>American Indian, etc.</td><td>0</td><td></td></tr> <tr><td>Asian/Pacific Islander/Other</td><td>0</td><td></td></tr> </tbody> </table>		# of families	% of total families	Waiting list total	523		Extremely low income <=30% AMI	469	90%	Very low income (>30% but <=50% AMI)	47	9%	Low income (>50% but <80% AMI)	5	1%	Families with children	261	49.9%	Elderly families	52	9.9%	Families with Disabilities	13	2.4%	White	237	45%	Black	270	51.6%	Hispanic	12	2%	American Indian, etc.	1	.002%	Asian/Pacific Islander/Other	2	.003%		# of families	% of total families	1 Bedroom and Studio	338	65%	2 Bedroom	140	27%	3 Bedroom	36	7%	4 Bedroom	8	1%	5 Bedroom	1	.001%	5 + Bedroom	0			# of families	% of total families	Waiting list total	77		Extremely low income <=30% AMI	73	95%	Very low income (>30% but <=50% AMI)	2	7.0%	Low income (>50% but <80% AMI)	1	2.0%	Families with children	48	62%	Elderly families	4	5%	Families with disabilities	19	25%	White	28	35%	Black	50	65%	Hispanic	0		American Indian, etc.	0		Asian/Pacific Islander/Other	0	
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9.1

**Strategy for Addressing Housing Needs.** Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.**

**A. NEED: SHORTAGE OF AFFORDABLE HOUSING FOR ALL ELIGIBLE POPULATIONS**

**Strategy 1: Maximize the number of affordable units available to the PHA within its current resources:**

- Employ effective maintenance and management policies to minimize the number of vacant public housing units.
- Reduce turnover time for vacated public housing units by outsourcing where appropriate.
- Seek replacement of public housing units lost to the inventory through partners with the City of Rome and the City of Rockmart to develop affordable apartments using HOME funds.
- Maintain or increase Housing Choice Voucher lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction.
- Maintain or increase Housing Choice Voucher lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration.
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies.

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

- Apply for additional Housing Choice Voucher should they become available.
- Leverage affordable housing resources in the community through the creation of affordable housing utilizing 9% tax credits.
- Pursue housing resources other than public housing or Housing Choice Voucher tenant-based assistance.

**B. NEED: SPECIFIC FAMILY TYPES: FAMILIES AT OR BELOW 30% OF MEDIAN**

**Strategy 1: Target available assistance to families at or below 30% of AMI**

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing.
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based Housing Choice Voucher assistance.
- Continue to offer supportive services for residents to encourage work.

**C. NEED: SPECIFIC FAMILY TYPES: FAMILIES AT OR BELOW 50% OF MEDIAN**

**Strategy 1: Continue to provide admission preference for working families.**

**D. NEED: SPECIFIC FAMILY TYPES: FAMILIES WITH DISABILITIES**

**Strategy 1: Target available assistance to Families with Disabilities:**

- Carry out the modification needed in public housing based on the Needs Assessment for Public Housing.
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available.
- Continue to work with Atlanta Housing Authority to collaborate to acquire medical vouchers to provide Assisted Living for its elderly residents residing in Highrise #1 – Wilson Hardy Apartments (AMP 1).

**E. NEED: SPECIFIC FAMILY TYPES: RACES OR ETHNICITIES WITH DISPROPORTIONATE HOUSING NEEDS**

**Strategy 1: Conduct activities to affirmatively further fair housing**

- Continue to counsel Housing Choice Voucher tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units.
- Continue to market the Housing Choice Voucher Program to owners outside of areas of poverty or minority concentrations.

**Reasons for Selecting Strategies**

- Need for affordable, decent, sanitary housing due to the increase in applications (Approximately 120 per month) which is the result of the present economy – loss of jobs and home foreclosures.
- Evidence of housing needs as demonstrated in Consolidated Plan and other information available to the PHA.
- Community priorities regarding housing assistance.



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

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

**Previous Goals – Progress**

- (A) Expand the supply of assisted housing:  
NWGHA partnered with the City of Rome and acquired for \$1.00, six additional apartments designated for low and very low income residents. NWGHA also received NSP 1 funds and purchased eight apartments. These apartments were being renovated with ARRA funds and will serve as replacement housing for AMP 1 – Charles Hight Homes Development.
- (B) Reduced public housing vacancies, due to the economy NWGHA receives approximately 120 applications per month which has resulted in a significant reduction in vacant units.
- (C) Improve the quality of assisted housing:  
Housing management score remained 29 out of 30 points; however, the SEMAP score went from 96 to 100% (Goal was met). Customer satisfaction score remained the same – scored 9 out of 10 points.
- (D) Renovate or modernize public housing units:  
AMP 4 - Rebuilt twenty seven housing apartments – Complete  
AMP 3 - Added central heat and air - Complete  
AMP 5 – Added central heat and air, total renovation of 19 apartments - Complete  
Submitted and received approval to demolish 36 units at AMP 3 and 150 units at AMP 1.
- (E) Provide Improved Living Conditions:  
Provided security camera in AMP 2 to deter criminal activities which has resulted in a 90% reduction in crime.
- (F) Promote Self-Sufficiency and Asset Development of families and individuals:  
NWGHA applied for and received ROSS Family Grant , ROSS Neighborhood Network Grant and Service Coordinator Grants for AMP 1 and AMP 3. A Resident Services Coordinator was also hired to coordinate the programs and activities to enhance self sufficiency.

**Other PHA Goals and Objectives:**

- To work with the State Medicaid Agency in providing (Converting 35 highrise apartments) Assisted Living for NWGHA elderly who reside in Public Housing. **Consultants have completed the proposal. NWGHA shall meet with the Commission this year to finalize the receipt of the waiver.**
- Maintain High Performer Status: **FY 2009 – Met goal with a score of 91.**

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

**Definition of Substantial Deviation, Significant Amendment or Modification**

"Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Northwest Georgia Housing Authority that fundamentally change the mission, goals, objectives or plans of the agency and which require formal approval of the Board of Commissioners".

10.0



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

**NWGHA will submit the following attachments:**

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only)
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only)
- (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only)
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only)
- (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.
- (g) Challenged Elements
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only)
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)
- (j) Bond Financing Budget Final Report – Express Loan Fund 922
- (k) 2007 P & E – Replacement Housing Factor GA06R28550107
- (l) 2008 P & E – Replacement Housing Factor GA06R28550108
- (m) 2007 P & E – GA06P28550107
- (n) 2008 P & E – GA06P28550108
- (o) Certification – Compliance with Declarations of Trust
- (p) 2009 P & E – Stimulus Funds GA06S28550109
- (v) Annual and Five Year Plan (Fiscal Years 2010-2014)

**Brinson, Askew, Berry, Seigler, Richardson & Davis, LLP**

A Limited Liability Partnership

Attorneys at Law

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October 15, 2009

Department of Housing and Urban Development  
451 Seventh Street, S.W.  
Room 4130  
Washington, DC 20410-5000

**Re: Declaration of Trust (DOT) Compliance / Certification**

Dear Sir:

This law firm is general counsel for the Northwest Georgia Housing Authority (hereinafter "PHA"). In such capacity, we acted as counsel to the PHA in connection with the updating, verifying, and recording of its Declarations of Trusts (hereinafter "DOT") against all public housing property located both in Polk and Floyd Counties, which grants HUD an interest in all such public housing property.

This letter certifies that in our opinion the PHA has satisfied its continuing legal responsibility to record DOTs against all of its property that has been acquired, developed, or maintained and that the PHA is in full compliance with DOT requirements.

If you have questions or require additional information, please let me know.

Very truly yours,

BRINSON, ASKEW, BERRY, SEIGLER,  
RICHARDSON & DAVIS, LLP

  
I. STEWART DUGGAN

ISD:cag  
cc: Sandra D. Hudson

<b>Part I: Summary</b>		<b>Attachment N</b>		<b>ga285n03</b>	
<b>PHA Name: Northwest Georgia Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P28550108 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <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: 6/30/2009 <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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	161,971.51	161,971.51	161,971.51	157,954.58
3	1408 Management Improvements	245,023.76	220,023.76	220,023.76	100,785.81
4	1410 Administration (may not exceed 10% of line 21)	186,277.00	211,277.00	211,277.00	60,989.63
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	65,000.00	55,000.00	55,000.00	20,001.25
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	15,000.00	38,910.00	38,910.00	38,910.00
10	1460 Dwelling Structures	559,044.76	559,044.76	559,044.76	286,917.42
11	1465.1 Dwelling Equipment—Nonexpendable	63,400.00	30,490.00	30,490.00	20,964.49
12	1470 Non-dwelling Structures	0	3,807.96	3,807.96	3,807.96
13	1475 Non-dwelling Equipment	0	86,192.04	86,192.04	863.65
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	46,000.00	25,000.00	25,000.00	18,730.89
17	1499 Development Activities <sup>4</sup>	252,155.29	202,155.29	202,155.29	165,548.24

<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 I: Summary</b>		<b>Attachment N</b>		<b>ga285n03</b>	
<b>PHA Name:</b> Northwest Georgia Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P28550108 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <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"/> <b>Performance and Evaluation Report for Period Ending: 6/30/2009</b> <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	434,671.68	434,671.68	434,671.68	0
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)	2,028,544.00	2,028,544.00	2,028,544.00	875,473.92
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				
<b>Signature of Executive Director</b>  Date 10/15/2009			<b>Signature of Public Housing Director</b> 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 CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>		<b>Attachment N</b>			<b>ga285n03</b>			
PHA Name: Northwest Georgia Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P28550108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</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	Transfer to Operations	1406		161,971.51	161,971.51	161,971.51	157,954.58	
PHA WIDE	Finance Staff	1408		15,107.00	0	0	0	
	Investigator w/benefits	1408		0	0	0	0	
	Staff Training	1408		40,948.00	40,948.00	40,948.00	12,205.73	
	Resident Initiative Program	1408		58,500.00	73,607.00	73,607.00	58,545.54	
	Security Salary	1408	5	78,000.00	78,000.00	78,000.00	21,375.00	
	Security Highrises w/benefits	1408		0	0	0	0	
	Computer Systems/Software	1408		27,468.76	27,468.76	27,468.76	8,659.54	
	Telephone Cost	1410		5,000.00	5,000.00	5,000.00	2,641.03	
	Sundry	1410		8,000.00	8,000.00	8,000.00	943.38	
	Fleet	1410		12,000.00	12,000.00	12,000.00	6,042.39	
PHA WIDE	Administrative Staff	1410		13,466.00	13,466.00	13,466.00	9,123.30	
	Modernization Staff	1410		172,811.00	172,811.00	182,811.00	42,239.53	
PHA WIDE	Fees & Costs	1430		65,000.00	55,000.00	55,000.00	20,001.25	
AMP 4	Greenery & Landscaping	1450	10	15,000.00	38,910.00	38,910.00	38,910.00	
AMP 4	Renovation & Patching	1460	10 Units	5,000.00	5,000.00	5,000.00	5,000.00	
	Asbestos Removal	1460	10 Units	20,000.00	15,000.00	15,000.00	0	
	New Insulation	1460	10 Units	7,000.00	7,000.00	7,000.00	0	
	Carpentry	1460	10 Units	35,000.00	35,000.00	35,000.00	6,933.55	
	Replace Concrete Floors	1460	10 Units	49,000.00	49,000.00	49,000.00	24,886.00	
	Doors & Windows	1460	10 Units	78,542.00	78,542.00	78,542.00	32,141.12	
	Flooring	1460	10 Units	24,000.00	41,132.28	41,132.28	41,132.28	
	Drywall	1460	10 Units	35,000.00	20,329.25	20,329.25	20,329.25	
	Painting	1460	10 Units	4,000.00	4,000.00	4,000.00	0	
	Plumbing & Fixtures	1460	10 Units	45,000.00	45,000.00	45,000.00	16,509.08	

<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>			<b>Attachment N</b>		<b>ga285n03</b>
PHA Name: Northwest Georgia Housing Authority					<b>Federal FFY of Grant: 2008</b>
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 1406	10/1/2008		6/30/2009		
PHA WIDE 1408	10/1/2008		12/31/2009		
PHA WIDE 1410	10/1/2008		12/31/2009		
AMP 4 - 1450	1/1/2009		12/31/2009		
AMP 1, 4, 5 – 1460	1/1/2009		12/31/2009		
AMP 4 – 1465.1	1/1/2009		12/31/2009		
AMP 4 – 1495.1	10/1/2008		6/30/2010		
PHA WIDE 9002	10/1/2007		6/30/2009		

<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		Attachment M		ga285m03	
<b>PHA Name: Northwest Georgia Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P28550107 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <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: 6/30/2009 <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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)	0	53,973.01	53,973.01	53,973.01
3	1408 Management Improvements	234,000.00	229,901.39	229,901.39	229,901.39
4	1410 Administration (may not exceed 10% of line 21)	186,227.00	186,227.00	186,227.00	186,227.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	82,600.00	38,433.08	38,433.08	38,433.08
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	245,000.00	232,741.01	232,741.01	232,741.01
11	1465.1 Dwelling Equipment—Nonexpendable	36,000.00	20,655.00	20,655.00	20,655.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	0	24,444.67	24,444.67	24,444.67
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	657,243.32	654,695.16	654,695.16	654,695.16

<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>Attachment M</b>		<b>ga285m03</b>	
<b>PHA Name:</b> Northwest Georgia Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P28550107 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <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: 6/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA	434,671.68	434,671.68	434,671.68	398,449.04
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)	1,875,742.00	1,875.742.00	1,875,742.00	1,839,519.36
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				
<b>Signature of Executive Director</b>  Date 10/15/2009			<b>Signature of Public Housing Director</b> 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 CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>		<b>Attachment M</b>		<b>ga285m03</b>				
PHA Name: Northwest Georgia Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P28550107 CFFP (Yes/ No): Replacement Housing Factor Grant No:		<b>Federal FFY of Grant: 2007</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	Transfer to Operation	1406		0	53,973.01	53,973.01	53,973.01	
PHA WIDE	Finance Staff	1408		15,107.00	0	0	0	
	Investigator w/benefits	1408		58,500.00	51,566.78	51,566.78	51,566.78	
	Staff Training	1408		10,000.00	18,713.98	18,713.98	18,713.98	
	Resident Initiative Program	1408		58,500.00	67,695.36	67,695.36	67,695.36	
	Security Salary	1408	5	52,000.00	52,125.00	52,125.00	52,125.00	
	Security Highrises w/ benefits	1408		30,448.00	25,484.94	25,484.94	25,484.94	
	Computer System	1408		17,445.00	14,315.33	14,315.33	14,315.33	
	Telephone Cost	1408		6,400.00	0	0	0	
	Sundry	1408		8,000.00	0	0	0	
	Fleet	1408		14,000.00	0	0	0	
PHA WIDE	Administrative Staff	1410		13,416.00	18,572.40	18,572.40	18,572.40	
	Modernization Staff	1410		144,411.00	167,654.60	167,654.60	167,654.60	
PHA WIDE	Fees & Costs	1430		82,600.00	38,433.08	38,433.08	38,433.08	
AMP 4	Renovation & Patching	1460	3 Units	1,500.00	1,500.00	1,500.00	1,500.00	
	Asbestos Removal	1460	3 Units	6,000.00	6,000.00	6,000.00	6,000.00	
	New Insulation	1460	3 Units	2,100.00	2,100.00	2,100.00	2,100.00	
	Carpentry	1460	3 Units	10,500.00	10,500.00	10,500.00	10,500.00	
	Replace Concrete Floors	1460	3 Units	14,700.00	44,614.96	44,614.96	44,614.96	
	Doors & Windows	1460	3 Units	24,600.00	38,645.44	38,645.44	38,645.44	
	Flooring	1460	3 Units	7,200.00	0	0	0	
	Drywall	1460	3 Units	10,500.00	5,280.61	5,280.61	5,280.61	
	Painting	1460	3 Units	1,200.00	0	0	0	
	Plumbing & Fixtures	1460	3 Units	19,500.00	19,500.00	19,500.00	19,500.00	
	HVAC	1460	3 Units	12,600.00	0	0	0	
	Electrical & Fixtures	1460	3 Units	16,500.00	0	0	0	
	New Cabinets	1460	3 Units	13,500.00	0	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>			<b>Attachment M</b>		<b>ga285m03</b>
PHA Name: Northwest Georgia Housing Authority					<b>Federal FFY of Grant:</b>
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 1406	10/1/2007		6/30/2008		
PHA WIDE 1408	10/1/2007		12/31/2008		
PHA WIDE 1410	10/1/2007		12/31/2008		
AMP 4 – 1450	1/1/2008		6/30/2009		
AMP 4 – 1460	1/1/2008		6/30/2009		
AMP 1 – 1460	1/1/2008		12/31/2008		
AMP 4 – 1465.1	1/1/2008		6/30/2009		
AMP 1 – 1465.1	1/1/2008		12/31/2008		
AMP 4 – 1495.1	10/1/2007		6/30/2009		
PHA WIDE – 1501	10/1/2007		6/30/2008		

<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.

<b>Part I: Summary</b>		<b>Attachment L</b>	<b>ga285103</b>
<b>PHA Name: Northwest Georgia Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06R28550108 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 6/30/2009       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				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	57,956.00		57,956.00	

<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>Attachment L</b>		<b>ga285103</b>	
<b>PHA Name:</b> Northwest Georgia Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06R28550108 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <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: 6/30/2009 <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
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)	57,956.00		57,956.00	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>  10/15/2009		<b>Date</b>		<b>Signature of Public Housing Director</b>   _____ <b>Date</b>	

<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 I: Summary</b>		<b>Attachment K</b>	<b>ga285k03</b>
<b>PHA Name: Northwest Georgia Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06R28550107 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 6/30/2009       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				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	53,586.00		53,586.00	

<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 I: Summary</b>		<b>Attachment K</b>		<b>ga285k03</b>	
<b>PHA Name:</b> Northwest Georgia Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06R28550107 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <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: 6/30/2009 <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
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)	53,586.00		53,586.00	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>  10/15/09		<b>Date</b>		<b>Signature of Public Housing Director</b>   _____ <b>Date</b>	

<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 I: Summary</b>		<b>Attachment J</b>	<b>ga285j03</b>
<b>PHA Name: Northwest Georgia Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Capital Fund Loan 922 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	

**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>				
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	361,117.13		361,117.13	361,117.13
8	1440 Site Acquisition				
9	1450 Site Improvement	0		0	0
10	1460 Dwelling Structures	3,053,253.07		3,053,253.47	3,053,253.47
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>	1,730,201.80		1,730,201.80	1,730,201.80

<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 I: Summary</b>		<b>Attachment J</b>		<b>ga285j03</b>	
<b>PHA Name:</b> Northwest Georgia Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: Capital Fund Loan 922 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" 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	512,641.00		512,640.60	512,640.60
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)	5,657,213.00		5,657,213.00	5,657,213.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>			<b>Date</b>		<b>Signature of Public Housing Director</b>
					<b>Date</b>
10/15/09					

<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.

Part II: Supporting Pages		Attachment J				ga285j03		
PHA Name: Northwest Georgia Housing Authority		Grant Type and Number Capital Fund Program Grant No: Capital Fund Loan 922 CFFP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Clerk of the Works/Architect	1430		361,117.13		361,117.13	361,117.13	
Amp 4	Water/Sewer/Landscaping	1450	20 Units	0		0	0	
	Renovation/Patching	1460	20 Units	4,931.00		4,931.40	4,931.40	
	Asbestos Removal	1460	20 Units	16,000.00		16,000.00	16,000.00	
	New Insulation	1460	20 Units	5,800.00		5,800.00	5,800.00	
	Carpentry	1460	20 Units	28,000.00		28,000.00	28,000.00	
	Replace Concrete Floor	1460	20 Units	40,000.00		40,000.00	40,000.00	
	Doors/Windows	1460	20 Units	67,000.00		67,000.00	67,000.00	
	Flooring	1460	20 Units	20,000.00		20,000.00	20,000.00	
	Drywall	1460	20 Units	53,271.85		53,271.85	53,271.85	
	Painting	1460	20 Units	3,200.00		3,200.00	3,200.00	
	Plumbing & Fixtures	1460	20 Units	53,000.00		53,000.00	53,000.00	
	HVAC	1460	20 Units	34,000.00		34,000.00	34,000.00	
	Electrical Fixtures	1460	20 Units	53,100.00		53,100.00	53,100.00	
	Cabinets	1460	20 Units	56,152.51		56,152.51	56,152.51	
Amp 3	Central Heat & Air Conditioning	1460	100 Units	926,134.00		926,134.00	926,134.00	
	Central Heat & Air Conditioning	1460	36 Units	0		0	0	
	Replace Weak Floors	1460	36 Units	0		0	0	
Amp 5	Renovation/Patching	1460	17 Units	72,000.00		72,000.00	72,000.00	

<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			Attachment J			ga285j03		
PHA Name: Northwest Georgia Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: Capital Fund Loan 922 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Amp 5 Continued	Asbestos Removal	1460	17 Units	39,000.00		39,000.00	39,000.00	
	New Insulation	1460	17 Units	30,000.00		30,000.00	30,000.00	
	Carpentry	1460	17 Units	310,000.00		310,000.00	310,000.00	
	Concrete Repairs	1460	17 Units	183,000.00		183,000.00	183,000.00	
	Doors & Windows	1460	17 Units	152,000.00		152,000.00	152,000.00	
	Flooring	1460	17 Units	136,297.00		136,297.00	136,297.00	
	Drywall	1460	17 Units	95,000.00		95,000.00	95,000.00	
	Painting	1460	17 Units	38,000.00		38,000.00	38,000.00	
	Plumbing & Fixtures	1460	17 Units	229,366.71		229,366.71	229,366.71	
	HVAC	1460	17 Units	151,000.00		151,000.00	151,000.00	
	Electrical & Fixtures	1460	17 Units	175,000.00		175,000.00	175,000.00	
	New Cabinets	1460	17 Units	77,000.00		77,000.00	77,000.00	
	Landscaping	1460	17 Units	5,000.00		5,000.00	5,000.00	
Amp 4	Replace Flood Units	1499	12 Units	1,730,201.80		1,730,201.80	1,730,201.80	
PHA Wide	Collateralization or Debt Service	1501		512,641.00		512,640.60	512,640.60	
	Grand Total			5,657,213.00		5,657,213.00	5,657,213.00	

<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.



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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/20011

<b>Part I: Summary</b>		<b>Attachment I</b>			<b>ga285i03</b>	
PHA Name/Number Northwest Georgia Housing Authority – GA285		Locality (Rome/Floyd County, Georgia)			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010 GA06P28550110	Work Statement for Year 2 FFY 2011 GA06P28550111	Work Statement for Year 3 FFY 2012 GA06P2855112	Work Statement for Year 4 FFY 2013 GA06P28550113	Work Statement for Year 5 FFY 2014 GA06P28550114
B.	Physical Improvements Subtotal	Annual Statement	1,127,000.00	982,000.00	1,114,000.00	573,883.32
C.	Management Improvements		153,711.00	164,339.00	155,032.00	155,713.00
D.	PHA-Wide Non-dwelling Structures and Equipment		0	0	0	0
E.	Administration		187,444.00	188,696.00	189,975.00	191,276.00
F.	Other		73,000.00	78,000.00	83,000.00	88,000.00
G.	Operations		52,717.32	180,837.32	51,865.32	117,000.00
H.	Demolition		0	0	0	0
I.	Development		0	0	0	468,000.00
J.	Capital Fund Financing – Debt Service		434,671.68	434,671.68	434,671.68	434,671.68
K.	Total CFP Funds		2,028,544.00	2,028,544.00	2,028,544.00	2,028,544.00
L.	Total Non-CFP Funds					
M.	Grand Total		2,028,544.00	2,028,544.00	2,028,544.00	2,028,544.00

**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>		<b>ga285i03</b>				
PHA Name/Number		Locality (Rome/Floyd County, Georgia)			<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	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
	Northwest Georgia Housing Authority	Year 1 FFY 2010 GA06P28550110	FFY 2011 GA06P28550111	FFY 2012 GA06P28550112	FFY2013 GA06P28550113	FFY2014 GA06P28550114
		<b>Annual Statement</b>				
	<b>1406 Operations – PHA Wide</b>		52,717.32	180,837.32	51,865.32	117,000.00
	<b>1408 Mgmt .Imp. PHA Wide</b>		153,711.00	164,339.00	155,032.00	155,713.00
	<b>1410 Administration – PHA Wide</b>		187,444.00	188,696.00	189,975.00	191,276.00
	<b>1430 Fees &amp; Cost – AMP 4</b>		60,000.00	65,000.00	70,000.00	75,000.00
	<b>1450 Site Improvement AMP 1, 4 &amp; 5</b>		25,000.00	25,000.00	157,000.00	15,000.00
	<b>1460 Dwelling Structures AMP 1/3/4</b>		1,102,000.00	957,000.00	957,000.00	558,883.32
	<b>1465.1 Dwelling Equip. AMP 5</b>		7,000.00	7,000.00	7,000.00	7,000.00
	<b>1495.1 Relocation – AMP 4</b>		6,000.00	6,000.00	6,000.00	6,000.00
	<b>1499 Development Act. – AMP 4</b>		0	0	0	468,000.00
	<b>9002 Debt Service – PHA Wide</b>		434,671.68	434,671.68	434,671.68	434,671.68
	<b>TOTAL CFP FUNDS</b>		2,028,544.00	2,028,544.00	2,028,544.00	2,028,544.00
	<b>GRAND TOTAL</b>		2,028,544.00	2,028,544.00	2,028,544.00	2,028,544.00



<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>				<b>ga285i03</b>		
Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY GA06P28550113			Work Statement for Year: 5 FFY GA06P28550114		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	<b>1450 Site Improvement</b>			<b>1450 Site Improvement</b>		
Annual	AMP 4 Landscaping/Greenery	10	25,000.00	AMP 4 Landscaping/Greenery	10	25,000.00
Statement	AMP 1 Valve/Sewer Replacement		45,000.00			
	<b>AMP 5 Replace Mailboxes</b>		5,000.00	<b>1460 Dwelling Structures</b>		
	AMP 5 Paving Sidewalks		42,000.00	AMP 1 New Roof		50,000.00
	AMP 5 New Playground		20,000.00	AMP 1 Assisted Living Renovation		403,883.32
	AMP 5 Gutters/Downspouts		20,000.00	AMP 1 Replace Radiator Valves		70,000.00
				AMP 5 Install Drywall		25,000.00
	<b>1460 Dwelling Structures</b>					
	<b>AMP 4</b>					
	Renovation/Patching		5,000.00			
	Asbestos Removal		30,000.00			
	New Insulation		35,000.00			
	Carpentry		90,000.00			
	Replace Concrete Floors		80,000.00			
	Doors & Windows		70,000.00			
	Flooring		88,000.00			
	Drywall		80,000.00			
	Painting		12,000.00			
	Plumbing/Fixtures		112,000.00			
	HVAC		110,000.00			
	Electrical/Fixtures		105,000.00			
	Cabinets		50,000.00			
	Roofing		60,000.00			
	<b>PHA Wide</b>					
	New Roof – Maint. Bldg.		30,000.00			
	Subtotal of Estimated Cost		\$1,114,000.00	Subtotal of Estimated Cost		\$573,883.32





<b>Part I: Summary</b>		<b>Attachment H</b>	<b>ga285h03</b>
<b>PHA Name: Northwest Georgia Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P28550110 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>	

**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>	157,569.56			
3	1408 Management Improvements	164,575.76			
4	1410 Administration (may not exceed 10% of line 21)	186,227.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	47,000.00			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	25,000.00			
10	1460 Dwelling Structures	817,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	80,500.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	6,000.00			
17	1499 Development Activities <sup>4</sup>	110,000.00			

<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>Attachment H</b>		<b>ga285h03</b>	
<b>PHA Name:</b> Northwest Georgia Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P28550110 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 type="checkbox"/> Revised Annual Statement (revision no:                      ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <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	434,671.68			
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	2,028,544.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>  10/15/09		<b>Date</b>		<b>Signature of Public Housing Director</b>   	
		<b>Date</b>			

<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.

Part II: Supporting Pages		Attachment H			ga285h03			
PHA Name: Northwest Georgia Housing Authority		Grant Type and Number Capital Fund Program Grant No: GA06P28550110 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>	
<b>PHA Wide</b>	Transfer to Operation	1406		157,569.56				
<b>PHA Wide</b>	Finance Staff	1408		15,107.00				
	Investigator w/Benefits	1408		0				
	Staff Training	1408		15,000.00				
	Resident Initiative Program	1408		29,000.00				
	Security Salary	1408	5	78,000.00				
	Security Highrises w/Benefits	1408		0				
	Computer System	1408		27,468.76				
<b>PHA Wide</b>	Administrative Staff	1410		13,416.00				
	Modernization Staff	1410		150,811.00				
	Telephone	1410		5,000.00				
	Sundry	1410		6,000.00				
	Fleet	1410		11,000.00				
<b>PHA Wide</b>	Clerk of the Works	1430		35,000.00				
	Architect	1430		12,000.00				
<b>AMP 4</b>	Landscaping & Grading	1450	10	25,000.00				
<b>AMP 4</b>	Renovation/Patching	1460	10	4,000.00				
	Asbestos Removal	1460	10	27,000.00				
	New Insulation	1460	10	31,000.00				
	Carpentry	1460	10	79,000.00				
	Replace Concrete Floor	1460	10	70,000.00				
	Doors & Windows	1460	10	62,000.00				
	Flooring	1460	10	77,000.00				
	Drywall	1460	10	71,000.00				
	Painting	1460	10	9,000.00				
	Plumbing & Fixtures	1460	10	99,000.00				

<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>		<b>Attachment H</b>			<b>ga285h03</b>			
PHA Name: Northwest Georgia Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P28550110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</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>	
<b>AMP 4</b>	HVAC	1460	10	97,000.00				
	Electrical & Fixtures	1460	10	92,000.00				
	Cabinets	1460	10	45,000.00				
	Roofing	1460	10	54,000.00				
<b>AMP 1</b>	Stoves & Refrigerators	1465.1	50	35,000.00				
<b>AMP 3</b>	Stoves & Refrigerators	1465.1	10	7,000.00				
<b>AMP 5</b>	Stoves & Refrigerators	1465.1	45	31,500.00				
<b>AMP 4</b>	Stoves & Refrigerators	1465.1	10	7,000.00				
<b>AMP 4</b>	Relocation Costs	1495.1	10	6,000.00				
<b>AMP 5</b>	Development Activities - Phase II	1499		110,000.00				
<b>PHA Wide</b>	Loan Debt Obligation	9002		434,671.68				
	<b>GRAND TOTAL</b>			2,028,544.00				

<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>			<b>Attachment H</b>		<b>ga285h03</b>
PHA Name: Northwest Georgia Housing Authority					<b>Federal FFY of Grant: 2010</b>
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	
<b>PHA Wide – 1406</b>	10/1/2010		6/30/2011		
<b>PHA Wide – 1408</b>	10/1/2010		12/31/2011		
<b>PHA Wide – 1410</b>	10/1/2010		12/31/2011		
<b>PHA Wide – 1430</b>	10/1/2010		12/31/2010		
<b>AMP 4 - 1450</b>	1/1/2011		12/31/2011		
<b>AMP 4 –1460</b>	10/1/2010		12/31/2011		
<b>AMP 1,3,4,5 – 1465.1</b>	1/1/2011		12/31/2011		
<b>AMP 4 – 1495.1</b>	10/1/2010		6/30/2012		
<b>PHA Wide - 9002</b>	10/1/2007		6/30/2009		

<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.

**Northwest Georgia Housing Authority  
Agency Plan**

**Fiscal Year Beginning 1/2010**

**Challenged Elements from Resident Advisory Board or Boards:**

No Challenged Elements

*Sandra L. Huber, Executive Director*  
Signature/Title

09-11-2009  
Date

**Northwest Georgia Housing Authority  
Agency Plan**

**Fiscal Year Beginning 1/2010**

**Required Attachment: Resident Advisory Board Comments**

No comments given.

*Jandra L. Hudson, Executive Director*  
Signature/Title

09-11-2009  
Date

DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET

Approved by OMB  
0348-0046

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

N/A

*Jayden D. Snyder*  
*Executive Director*  
*10/16/2009*

**DISCLOSURE OF LOBBYING ACTIVITIES**

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> NA a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> NA a. bid/offer/application b. initial award c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> NA a. initial filing 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 type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: <sup>4c</sup>	<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 available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Sandra D. Hudson</u> Print Name: <u>Sandra D. Hudson</u> Title: <u>Executive Director</u> Telephone No.: <u>706-378-3940</u> Date: <u>8/24/09</u>	
<b>Federal Use Only:</b>	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

**Certification of Payments  
to Influence Federal Transactions**

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

Attachment C

ga285c0 3

Applicant Name

Northwest Georgia Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Agency

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

Sandra D. Hudson

Title

Executive Director

Signature

Date (mm/dd/yyyy)

8/24/09

Previous edition is obsolete

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Attachment B ga285b03

Applicant Name

Northwest Georgia Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Agency

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

Sandra D. Hudson

Title

Executive Director

Signature



Date

8/24/09

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.

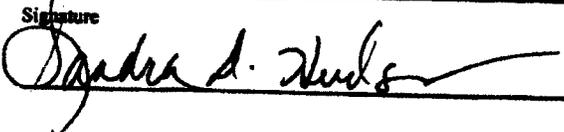
**Northwest Georgia Housing Authority**  
PHA Name

**GA 285**  
PHA Number/HA Code

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

**Annual PHA Plan for Fiscal Years 2010 - 2014**

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

Name of Authorized Official	Title
Sandra D. Hudson	Executive Director
Signature	Date
	8/24/2009

**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

Attachment A ga285a0.3

(Page 1)

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

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

<b>Part I: Summary</b>		<b>ga285p03</b>
<b>PHA Name: Northwest Georgia Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06S28550109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:)  
 Performance and Evaluation Report for Period Ending: 6/30/2009       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)	0.00		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	188,000.00		39,280.55	39,280.55
8	1440 Site Acquisition				
9	1450 Site Improvement	24,000.00		0	0
10	1460 Dwelling Structures	2,421,097.00		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	0		0	0
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.

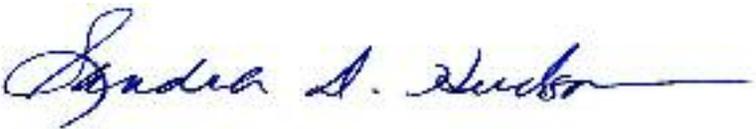
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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>		ga285p03			
<b>PHA Name:</b> Northwest Georgia Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06S28550109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b>					
<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: 6/30/2009		<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
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)	2,641,097.00		39,280.55	39,280.55
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				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
		1/11/2010			

<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>		<b>ga285p03</b>						
PHA Name: Northwest Georgia Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06S28550109 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>	
AMP #1, #3, #5	Clerk of the Works	1430		30,000.00		0	0	
	Architect	1430		158,000.00		39,280.55	39,280.55	
AMP #1	Drainage	1450		2,000.00		0	0	
	Landscaping	1450		12,000.00		0	0	
	Concrete Parking	1450		10,000.00		0	0	
AMP #1	Windows & Doors	1460	8	72,000.00		0	0	
	Brick Exterior	1460	8	96,000.00		0	0	
	Carpentry	1460	8	8,000.00		0	0	
	Drywall	1460	8	64,000.00		0	0	
	Painting	1460	8	8,000.00		0	0	
	Flooring	1460	8	68,000.00		0	0	
	Renovation & Patching	1460	8	16,000.00		0	0	
	HVAC	1460	8	88,000.00		0	0	
	Plumbing Fixtures	1460	8	72,000.00		0	0	
	Cabinets	1460	8	32,000.00		0	0	
	Insulation	1460	8	16,000.00		0	0	
	Finish Hardware	1460	8	8,000.00		0	0	
	Range Hoods	1460	8	4,000.00		0	0	
	Electrical Fixtures	1460	8	43,097.00		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>		<b>ga285p03</b>						
PHA Name: Northwest Georgia Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06S28550109 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>	
AMP #3	Windows	1460	100	590,000.00		0	0	
	Doors & Frames	1460	100	240,000.00		0	0	
	Dryer Hook Up	1460	100	20,000.00		0	0	
	Electric Panels	1460	100	45,000.00		0	0	
	Replace Porch Overhang	1460	100	160,000.00		0	0	
	Columns & Rails	1460	100	90,000.00		0	0	
	Porches	1460	100	7,000.00		0	0	
	Replace Gas Lines	1460	100	80,000.00		0	0	
APM #5	Columns & Rails	1460	45	120,000.00		0	0	
	Siding, Cornice & Soffit	1460	45	97,000.00		0	0	
	Roofing Porches	1460	45	44,000.00		0	0	
	Door Hardware & Frames	1460	45	41,000.00		0	0	
	Pressure Washing	1460	45	4,000.00		0	0	
	Exterior Painting	1460	45	33,000.00		0	0	
	Framing Porches	1460	45	55,000.00		0	0	
	Electrical, phone, cable	1460	45	100,000.00		0	0	
	HVAC	1460	45	100,000.00		0	0	
AMP # 1	Dwelling Equipment-Non Expendable	1465.1	8	8,000.00		0	0	
	<b>Grand Total</b>			<b>2,641,097.00</b>		39,280.55	39,280.55	

<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>					<b>ga285p03</b>
PHA Name: Northwest Georgia Housing Authority					<b>Federal FFY of Grant:</b>
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	
1430 - AMP #1, #3, #5	6/2009		12/2010		
1450 - AMP #1	6/2009		12/2010		
1460 - AMP #1, #3, #5	6/2009		12/2010		
1465.1 - AMP #1	6/2009		12/2010		

<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.