

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: _____ Municipal Housing Agency of Manning _____ PHA Code: <u>IA021</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>29</u> Number of HCV units: <u>0</u>				
3.0	Submission Type 5-Year and Annual Plan <input checked="" type="checkbox"/> <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	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:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The Mission of the Municipal Housing Agency of Manning, Iowa is to be the leader in making excellent affordable housing available for elderly low and moderate-income persons over the age of 50 and handicapped individuals over the age of 18 through effective management and the wise stewardship of public funds. We will also partner with others to enhance the quality of life in our communities.				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. We have met the following goals in the past five years: We have improved public housing management and increased customer satisfaction and proudly carry a high performer rating with HUD and a 100% rating with customer satisfaction. We will continue with the above goals in the next five years and in addition we will renovate and modernize public housing units to improve our living environment for our residents. We will continue to maintain our high standards for Public Housing in Manning and continue to offer regular activities and education sessions to our resident. We offer a safe environment through our local police department and will continue to do so. We have a preventive maintenance plan that works well for us considering our facility is 40 years old. We have upgraded our dated equipment to be more energy efficient and beautify our landscape to be attractive for our residents and our community with curb appeal.. (Thanks to Federal Stimulus Funds).				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: We have been able to accelerate our improvements with the use of Federal Stimulus Funds for energy efficient equipment and repairs and also replace landscaping to enhance our curb appeal to the community and for the enjoyment of our residents. (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. Municipal Housing Agency office at 421 Center St., Manning, Iowa 51455				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable.				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <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. 2008/9 & 2009/10				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. This Agency has 27 one bedroom and 2 two bedroom Public Housing units. We are meeting the needs of this community and have not had a waiting list for the past year. Manning has 20 Section 8 vouchers that are administered out of the Regional 12 office in Carroll, Iowa.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. We have a large banner "Now Leasing" on site and we advertise in local newspapers on a weekly basis and on local cable news channel when necessary</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. We have done an excellent job in meeting our goals and objectives. We pride ourselves in having one of the best Public Housing facility in Iowa.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

ATTACHMENT:

Resident Advisory Board has no comments to add. This group meets quarterly with the Director to make suggestions for improvements and activities. These suggestions are submitted to the Director and Board of Commissioners for approval or action.

VAWA POLICY: TheMunicipal Housing Agency of Manning will provide in partnership with other local agencies as follows: Provide activities, services, or programs, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault or stalking to obtain or maintain housing and to enhance victim safety in assisted families.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program
 OMB No. 2577-0226

U.S. Department of Housing and Urban Development

Part I: Summary				
PHA Name: Municipal Housing Agency of Manning		Grant Type and Number Capital Fund Program Grant No:IAOP021501-10 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant <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		Obligated
		Original	Revised ²	
1	Total non-CFP Funds			
2	1406 Operations (may not exceed 20% of line 21) ³	15,000		
3	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 21)			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement	1,903		
10	1460 Dwelling Structures	2,000		
11	1465.1 Dwelling Equipment—Nonexpendable			
12	1470 Non-dwelling Structures	6,000		
13	1475 Non-dwelling Equipment	6,850		
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495.1 Relocation Costs			
17	1499 Development Activities ⁴			

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

PART I: SUMMARY

PHA Name/Number Municipal Housing Agency of Manning IA021		Manning/ Carroll/Iowa Locality (City/County & State)			XOriginal 5-Year Plan
A.	Development Number and Name	Work Statement for Year 1 FFY 2010/11	Work Statement for Year 2 FFY 2011/12	Work Statement for Year 3 FFY 2012/13	Work Statement for Year 4 FFY 2013/14
B	Physical Improvements Subtotal	Annual Statement			
C.	Management Improvements				
D.	PHA-Wide Non-dwelling Structures and Equipment				
E	ADMINISTRATION				
F.	Other				
G.	Operations		30,000	30,000	30,000
H.	Demolition				
I.	Development				
J.	Capital Fund Financing – Debt Service				
K.	Total CFP Funds				
L.	Total Non-CFP Funds				
M.	Grand Total				

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010/11	Work Stement for Year 2011/12 FFY 2011			Work Statement for Ye FFY 2012	
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity
SEE			30,000	<i>001/Terrace Apartments</i>	X.
ANNUAL Statement	Operations #1406			Operations #1406	
		Subtotal of Estimated Cost	\$30,000		Subtotal of Estimated

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 2011 FFY 2011			Work Statement for Year FFY 2013	
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity
SEE				<i>001 Terrace Apartments</i>	XII.
ANNUAL Statement	Operations #1406		30,000	Operations #1406	
	Subtotal of Estimated Cost		\$ 30,000	Subtotal of Estimated	

