

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: <u>Abbeville Housing Authority</u> PHA Code: <u>LA034</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>07/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>156</u> Number of HCV units: <u>0</u>																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <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.)																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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		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 Abbeville Housing Authority is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.																										
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. HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing. PHA Goal: Expand the supply of assisted housing Objectives: Reduce public housing vacancies: PHA Goal: Improve the quality of assisted housing Objectives: Increase customer satisfaction: Renovate or modernize public housing units: HUD Strategic Goal: Improve community quality of life and economic vitality PHA Goal: Provide an improved living environment Objectives: Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: Implement public housing security improvements: HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals PHA Goal: Promote self-sufficiency and asset development of assisted households Objectives: Provide or attract supportive services to increase independence for the elderly or families with disabilities. HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:																										

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Revisions include Procurement Amendment for 09 ARRA Grant.</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. The Plan is available at the office of the Housing Authority located at 1101 E. Oak St. Abbeville, LA. 70510.</p>																																		
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p>																																		
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>																																		
8.1	<p>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 CFP financing. See Attached: 2010 CFP Annual Statement; 2008 CFP P & E Report; 2009 CFP ARRA P & E Report; 2009 CFP P & E Report</p>																																		
8.2	<p>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. See Attached CFP Five Year Action Plan FY 2010-2014</p>																																		
8.3	<p>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.</p>																																		
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.</p> <table border="1" data-bbox="240 856 824 1449"> <thead> <tr> <th></th> <th># of families</th> </tr> </thead> <tbody> <tr> <td>Waiting list total</td> <td>114</td> </tr> <tr> <td>Extremely low income <=30% AMI</td> <td>110</td> </tr> <tr> <td>Very low income (>30% but <=50% AMI)</td> <td>4</td> </tr> <tr> <td>Low income (>50% but <80% AMI)</td> <td>0</td> </tr> <tr> <td>Families with children</td> <td>120</td> </tr> <tr> <td>Elderly families</td> <td>4</td> </tr> <tr> <td>Families with Disabilities</td> <td>2</td> </tr> <tr> <td>Race/ethnicity White</td> <td>18</td> </tr> <tr> <td>Race/ethnicity Black</td> <td>95</td> </tr> <tr> <td>Race/ethnicity Other</td> <td>1</td> </tr> <tr> <td colspan="2">Characteristics by Bedroom Size (Public Housing Only)</td> </tr> <tr> <td>1BR</td> <td>34</td> </tr> <tr> <td>2 BR</td> <td>45</td> </tr> <tr> <td>3 BR</td> <td>28</td> </tr> <tr> <td>4 BR</td> <td>7</td> </tr> <tr> <td>Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> <td></td> </tr> </tbody> </table>		# of families	Waiting list total	114	Extremely low income <=30% AMI	110	Very low income (>30% but <=50% AMI)	4	Low income (>50% but <80% AMI)	0	Families with children	120	Elderly families	4	Families with Disabilities	2	Race/ethnicity White	18	Race/ethnicity Black	95	Race/ethnicity Other	1	Characteristics by Bedroom Size (Public Housing Only)		1BR	34	2 BR	45	3 BR	28	4 BR	7	Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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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.</p> <p>Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by: Employ effective maintenance and management policies to minimize the number of public housing units off-line Reduce turnover time for vacated public housing units Reduce time to renovate public housing units Participate in the Consolidated Plan development process to ensure coordination with broader community strategies</p> <p>Strategy 2: Increase the number of affordable housing units by: Leverage affordable housing resources in the community through the creation of mixed - finance housing</p> <p>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 Adopt rent policies to support and encourage work</p> <p>Need: Specific Family Types: Families at or below 50% of median Strategy 1: Target available assistance to families at or below 50% of AMI Adopt rent policies to support and encourage work</p> <p>Need: Specific Family Types: Families with Disabilities Strategy 1: Target available assistance to Families with Disabilities: Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing</p> <p>(2) Reasons for Selecting Strategies Of the factors listed below, select all that influenced the PHA’s selection of the strategies it will pursue: Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA</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. The Abbeville Housing Authority has been able to maintain its mission to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination through the utilization of previous Capital funds and the proper application of our public housing policies.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>Substantial Deviation from the 5-year Plan: Any change to Mission Statement such as: _ 50% deletion from or addition to the goals and objectives as a whole. _ 50% or more decrease in the quantifiable measurement of any individual goal or objective</p> <p>Significant Amendment or Modification to the Annual Plan: _ 50% variance in the funds projected in the Capital Fund Program Annual Statement _ Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement _ Any change in a policy or procedure that requires a regulatory 30-day posting _ Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership Programs _ Any change inconsistent with the local, approved Consolidated Plan</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> <p>(f) No Resident Advisory Board Comments (g) No one challenged any element of the Plan.</p>

Part I: Summary					
PHA Name:		Grant Type and Number Capital Fund Program Grant No: _____ Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				FFY of Grant: _____ FFY of Grant Approval: _____	
Type of Grant					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____)					
<input 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 ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
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 ⁴				
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)				
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				

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:		Grant Type and Number Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: _____ Date of CFFP: _____		FFY of Grant: _____ FFY of Grant Approval: _____
Type of Grant				
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: _____)
<input 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 ¹
		Original	Revised ²	Obligated Expended
Signature of Executive Director		Date	Signature of Public Housing Director	
			Date	

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: ABBEVILLE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: LA48P034501-08 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/2009
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	40,000		25,000	25,000
3	1408 Management Improvements	18,000		12,870	9,615
4	1410 Administration	10,000		581	581
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000		8,250	8,250
8	1440 Site Acquisition	5,000		1,100	1,100
9	1450 Site Improvement	5,000		15,026.94	15,026.94
10	1460 Dwelling Structures	97,678		113,814.80	92,282.27
11	1465.1 Dwelling Equipment—Nonexpendable	10,000		10,106.64	5,456.64
12	1470 Nondwelling Structures	5,000		2,122.32	2,122.32
13	1475 Nondwelling Equipment	10,000		26,806.30	26,607.30
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	215,678		215,678	186,041.47
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages**

PHA Name: ABBEVILLE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: LA48P034501-08 Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	OPERATIONS	1406		40,000		25,000	25,000	
PHA WIDE	SECURITY/SOFTWARE UPDATE/STAFF TRAINING	1408		18,000		12,870	9,615	
PHA WIDE	ADMINISTRATION/PUBLICATIONS	1410		10,000		581	581	
PHA WIDE	A&E FEES/ CONSULTANT/ ENERGYAUDIT/ ANNUAL PLAN	1430		15,000		8,250	8,250	Complete
LA34-2	APPRAISALS/TITLE INFORMATION/LEGAL FEES/SURVEY/MAPS/ REALTOR FEES	1440		5,000		1,100	1,100	Complete
LA34- 1,2,3,4	FENCE REPAIR OR REPLACEMENT/ SIDEWALK REPAIR/YARD WORK/ TREE WORK/DRAINAGE WORK /Street Signs	1450		5,000		15,026.94	15,026.94	La34-2 fence replacement complete 1 tree removal complete
LA34-ALL	INSTALL CENTAL HEAT/AIR	1460	70	97,678		113,814.80	92,282.27	Installation of central heat complete

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

Part I: Summary						
PHA Name/Number Abbeville Housing Authority		Locality (City/County & State) Abbeville/Vermilion, Louisiana			<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__	Work Statement for Year 2 FFY __2011__	Work Statement for Year 3 FFY __2012__	Work Statement for Year 4 FFY __2013__	Work Statement for Year 5 FFY __2014__
B.	Physical Improvements Subtotal	Annual Statement	265,000	265,000	265,000	265,000
C.	Management Improvements		20,000	20,000	20,000	20,000
D.	PHA-Wide Non-dwelling Structures and Equipment		15,000	15,000	15,000	15,000
E.	Administration		10,000	10,000	10,000	10,000
F.	Other					
G.	Operations		40,000	40,000	40,000	40,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		350,000	350,000	350,000	350,000
L.	Total Non-CFP Funds					
M.	Grand Total		350,000	350,000	350,000	350,000

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2</u> FFY <u>2011</u>		Work Statement for Year: <u>3</u> FFY <u>2012</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	Operations	40,000	Operations	40,000
	Security/Software Updates/Staff Training	20,000	Security/Software Updates/Staff Training	20,000
	Administration/Publications	10,000	Administration/Publications	10,000
	Shop Tools/Lawn Equipment	15,000	Shop Tools/Lawn Equipment	15,000
		Subtotal of Estimated Cost	\$85,000	Subtotal of Estimated Cost

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year <u>4</u> FFY <u>2013</u>		Work Statement for Year: <u>5</u> FFY <u>2014</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	Operations	40,000	Operations	40,000
	Security/Software Updates/Staff Training	20,000	Security/Software Updates/Staff Training	20,000
	Administration/Publications	10,000	Administration/Publications	10,000
	Shop Tools/Lawn Equipment	15,000	Shop Tools/Lawn Equipment	15,000
		Subtotal of Estimated Cost	\$85,000	Subtotal of Estimated Cost

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

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

Part I: Summary					
PHA Name: Abbeville Housing Authority		Grant Type and Number Capital Fund Program Grant No: LA48P 034 501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval: 2010
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		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
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2	1406 Operations (may not exceed 20% of line 21) ³	25,000			
3	1408 Management Improvements	20,000			
4	1410 Administration (may not exceed 10% of line 21)	10,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	18,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	8,000			
10	1460 Dwelling Structures	194,000			
11	1465.1 Dwelling Equipment—Nonexpendable	10,000			
12	1470 Non-dwelling Structures	5,000			
13	1475 Non-dwelling Equipment	10,000			
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.

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

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

Part I: Summary					
PHA Name: Abbeville Housing Authority	Grant Type and Number Capital Fund Program Grant No: LA048P034501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2010 FFY of Grant Approval: 2010			
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		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	300,000			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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Part II: Supporting Pages								
PHA Name: Abbeville Housing Authority			Grant Type and Number Capital Fund Program Grant No: LA48P034501-10 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Operations	1406		25,000				
HA Wide	Security/Software Updates/Staff Training	1408		20,000				
HA Wide	Administration/Publications	1410		10,000				
HA Wide	A/E Fees/Consultant/Energy Audit/Annual Plan	1430		18,000				
LA34-All	Fence Repair or Replace/Sidewalk Repair/Yard & Tree Work/Drainage Work/Street Signs	1450		8,000				
LA34-All	Install Central Air-3 Sites/Replace Flooring/Interior Painting & Sheetrock Repair/Attic Insulation & Locks/Foundation Repair/Roof Damage Repair/Porch Repair/LA34-4 Pop Off Valve/Bathroom heater Vents/Attic Fire Walls/Renovate Kitchens & Bathrooms/Paint Exterior Shutter & Porches/Install New Insulated Windows/	1460		194,000				
LA34-All	Appliances	1465	10 each	10,000				
LA34-1	Office Central Heat/Air; Cement Repair	1470		5,000				
LA34-All	Office Equipment/Shop Tools/Lawn Equipment	1475		10,000				

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

A motion made by Commissioner Landry and seconded by Commissioner Wells to adopt:

RESOLUTION 2007-5
VIOLENCE AGAINST WOMEN ACT

BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF THE
ABBEVILLE HOUSING AUTHORITY, ABBEVILLE, LA. THAT:

The Abbeville Housing Authority add the Violence Against Women Act to the Admissions and Occupancy Policy. This would require the PHA to protect certain victims of criminal domestic violence, dating violence, sexual assault, or stalking-as well as members of the victims' immediate families from losing their HUD-assisted housing as a consequence of the abuse of which they were a victim. The PHA would not evict them, provided that they agree to take the abuser off of the Lease and not allow them in their apartment or on PHA property and they would also sign a Ban Policy.

The motion carried.

.....
CERTIFICATE

I, Ellie Arceneaux, the duly appointed Executive Director of the Abbeville Housing Authority, do hereby certify that the above motion is a true copy of the motion passed by the Abbeville Housing Authority Board of Commissioners on the 21ST. Day of June, 2007. In witness thereof, I have hereunto set my hand this 21st. Day of June, 2007.

"I certify this is a true and correct statement"

Ellie Arceneaux
Executive Director

Seal

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

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

Part I: Summary					
PHA Name: Abbeville Housing Authority		Grant Type and Number Capital Fund Program Grant No: LA48S03450109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
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	15,000		15,000	10,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	258,005		258,005	198,875.60
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 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.

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

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Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	273,005	273,005	273,005	208,875.60	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date 12/9/09	Signature of Public Housing Director		Date

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