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

2010
5 Year & Annual Plan

Morgan City Housing Authority,

Morgan City, Louisiana

LA036v01

1.0	**PHA Information** PHA Name: ***Morgan City Housing Authority*** PHA Code: ***LA-036*** PHA Type: ☒ Small ☐ High Performing ☐ Standard ☐ HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): ***10/2010***
2.0	**Inventory** (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: ***330*** Number of HCV units: **134**
3.0	**Submission Type** ☒ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only
4.0	**PHA Consortia** ☐ 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: **See page 3.**
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. ***See Pages, 3, 4 and 5***
6.0	**PHA Plan Update** (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (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.
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 **t**he *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* 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).** ☐ 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	**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.

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.**

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

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. (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)

A. 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. (select one of the choices below)

☒ The mission of the PHA 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.

☐ The PHA's mission is: (state mission here)

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, ***PHAs ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS****. (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.*

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

☒ PHA Goal: Expand the supply of assisted housing
Objectives:
- ☐ Apply for additional rental vouchers:
- ☒ Reduce public housing vacancies:
- ☒ Leverage private or other public funds to create additional housing opportunities:
- ☒ Acquire or build units or developments
- ☐ Other (list below)

☒ PHA Goal: Improve the quality of assisted housing
Objectives:
- ☒ Improve public housing management: (PHAS score)
- ☒ Improve voucher management: (SEMAP score)
- ☒ Increase customer satisfaction:
- ☒ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- ☒ Renovate or modernize public housing units:
- ☒ Demolish or dispose of obsolete public housing:
- ☒ Provide replacement public housing:
- ☒ Provide replacement vouchers:
- ☐ Other: (list below)

☐ PHA Goal: Increase assisted housing choices
Objectives:
- ☐ Provide voucher mobility counseling:
- ☐ Conduct outreach efforts to potential voucher landlords
- ☐ Increase voucher payment standards
- ☐ Implement voucher homeownership program:
- ☐ Implement public housing or other homeownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ Convert public housing to vouchers:
- ☐ Other: (list below)

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:
- ☒ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- ☐ Other: (list below)

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:
- ☒ Increase the number and percentage of employed persons in assisted families:
- ☒ Provide or attract supportive services to improve assistance recipients' employability:
- ☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

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:
- ☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

6.0 PHA PLAN UPDATE

a) The following plan elements have been revised since the last PHA plan submission:

No elements of the plan have been revised since the last PHA Plan submission.

b) Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)
- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

☒ Main administrative office of the PHA
☐ PHA development management offices
☐ PHA local offices
☐ Main administrative office of the local government
☐ Main administrative office of the County government
☐ Main administrative office of the State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)
☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

6B-1. PHA Policies Governing Eligibility, Selection, and Admissions
[24 CFR Part 903.7 9 (c)]

A. Public Housing
Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 6B-1.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)
☐ When families are within a certain number of being offered a unit: (Next)
☐ When families are within a certain time of being offered a unit: (state time)
☒ Other: (describe). ***When Applicant applies***

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

☒ Criminal or Drug-related activity
☒ Rental history
☐ Housekeeping
☒ Other (describe): ***Sex Offender***

c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
d. ☐ Yes ☒ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
e. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)
☒ Community-wide list
☐ Sub-jurisdictional lists
☐ Site-based waiting lists
☒ Other (describe): ***Date & Time***

b. Where may interested persons apply for admission to public housing?
☒ PHA main administrative office
☐ PHA development site management office
☐ Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) Assignment

1. How many site-based waiting lists will the PHA operate in the coming year? ***0***

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?

3. ☐ Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
☐ PHA main administrative office
☐ All PHA development management offices
☐ Management offices at developments with site-based waiting lists

☐ At the development to which they would like to apply
☐ Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
☐ One
☒ Two
☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:
☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:
In what circumstances will transfers take precedence over new admissions? (list below)
☒ Emergencies
☒ Over-housed
☒ Under-housed
☒ Medical justification
☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
☐ Resident choice: (_____)
☐ Other: (list below)

Preferences
1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy)

Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:
☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
☒ Victims of domestic violence
☒ Substandard housing
☐ Homelessness

☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)
☐ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☐ Residents who live and/or work in the jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☐ Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☒ Victims of reprisals or hate crimes
☒ Other preference(s) (list below): ***Applicant receiving disability***

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

☒ Date and Time

Former Federal preferences:
☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
☒ Victims of domestic violence
☐ Substandard housing
☐ Homelessness
☐ High rent burden

Other preferences (select all that apply)
☐ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☐ Residents who live and/or work in the jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☐ Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☒ Victims of reprisals or hate crimes
☒ Other preference(s) (list below) ***Applicant receiving disability***

4. Relationship of preferences to income targeting requirements:
☐ The PHA applies preferences within income tiers
☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)
☒ The PHA-resident lease
☒ The PHA's Admissions and (Continued) Occupancy policy
☒ PHA briefing seminars or written materials
☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)
☐ At an annual reexamination and lease renewal
☒ Any time family composition changes
☐ At family request for revision
☐ Other (list)

(6) Deconcentration and Income Mixing

a. ☐ Yes ☒ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☐ Yes ☒ No: Did the PHA adopt any changes to its admissions policies based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)
☐ Adoption of site-based waiting lists
If selected, list targeted developments below:

☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:

☐ Employing new admission preferences at targeted developments
If selected, list targeted developments below:

☐ Other (list policies and developments targeted below)

d. ☐ Yes ☒ No: Did the PHA adopt any changes to other policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

☐ Additional affirmative marketing
☐ Actions to improve the marketability of certain developments
☐ Adoption or adjustment of ceiling rents for certain developments
☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)
☐ Not applicable: results of analysis did not indicate a need for such efforts
☐ List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)
☐ Not applicable: results of analysis did not indicate a need for such efforts
☐ List (any applicable) developments below:

6B- 2. STATEMENT OF FINANCIAL RESOURCES

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2010 grants)**		
a) Public Housing Operating Fund	***$810,000.00***	
b) Public Housing Capital Fund	***$537,911.00***	
c) HOPE VI Revitalization	***N/A***	
d) HOPE VI Demolition	***N/A***	
e) Annual Contributions for Section 8 Tenant-Based Assistance	***N/A***	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	***N/A***	
g) Resident Opportunity and Self-Sufficiency Grants	***N/A***	
h) Community Development Block Grant	***N/A***	
i) HOME	***N/A***	
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
2008 Capital Fund Program	***$396,684.00***	
2009 Stimulus Grant		
2009 Capital Fund Program		
3. Public Housing Dwelling Rental Income	***$424,532.00***	
4. Other income (list below)		
Interest		
Other Tenant Income	***$20,301.00***	
5. Non-federal sources (list below)		
Total resources	***$2,189,428.00***	

6B - 3. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

☐ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

☒ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

☐ $0

☐ $1-$25

☒ $26-$50

2. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

☐ For the earned income of a previously unemployed household member

☐ For increases in earned income

☐ Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

☐ Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

☐ For household heads

☐ For other family members
☐ For transportation expenses
☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

☐ Yes for all developments
☐ Yes but only for some developments
☒ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

☐ For all developments
☐ For all general occupancy developments (not elderly or disabled or elderly only)
☐ For specified general occupancy developments
☐ For certain parts of developments; e.g., the high-rise portion
☐ For certain size units; e.g., larger bedroom sizes
☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

☐ Market comparability study
☐ Fair market rents (FMR)
☐ 95th percentile rents
☐ 75 percent of operating costs
☐ 100 percent of operating costs for general occupancy (family) developments
☐ Operating costs plus debt service
☐ The “rental value” of the unit
☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)
☐ Never
☐ At family option

☒ Any time the family experiences an income increase
☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
☐ Other (list below)

g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

☐ The section 8 rent reasonableness study of comparable housing
☒ Survey of rents listed in local newspaper
☒ Survey of similar unassisted units in the neighborhood
☐ Other (list/describe below)

6B- 4. Operations and Management

[24 CFR Part 903.7 9 (e)]

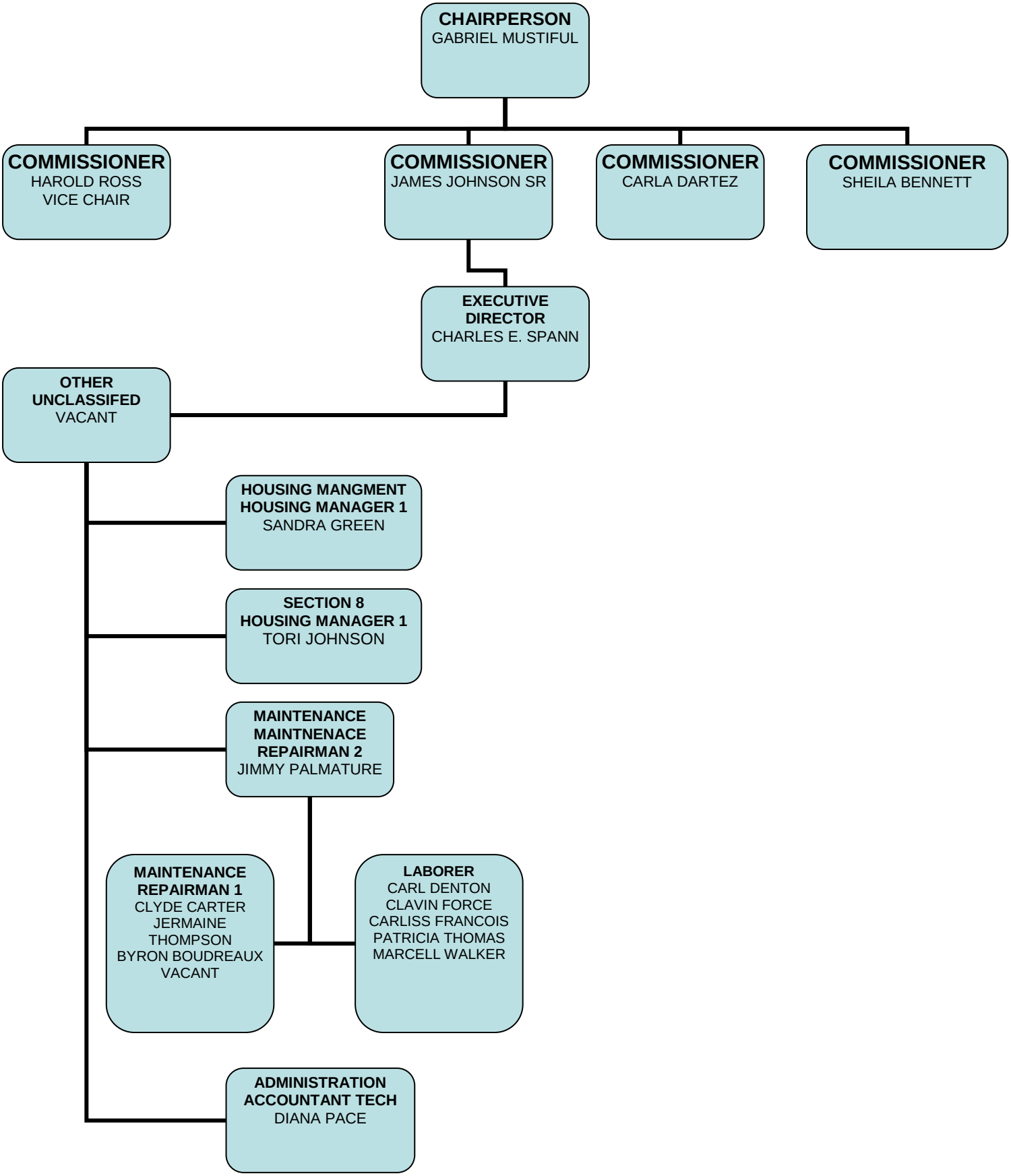
Exemptions from Component 6B-4: **High performing and small PHAs are not required to complete this section**. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

☒ An organization chart showing the PHA's management structure and organization is attached.
☐ A brief description of the management structure and organization of the PHA follows:


CHAIRPERSON
GABRIEL MUSTIFUL
COMMISSIONER
HAROLD ROSS
VICE CHAIR
COMMISSIONER
JAMES JOHNSON SR
COMMISSIONER
CARLA DARTEZ
COMMISSIONER
SHEILA BENNETT
EXECUTIVE DIRECTOR
CHARLES E. SPANN
OTHER UNCLASSIFED
VACANT
HOUSING MANGMENT HOUSING MANAGER 1
SANDRA GREEN
SECTION 8 HOUSING MANAGER 1
TORI JOHNSON
MAINTENANCE MAINTNENACE REPAIRMAN 2
JIMMY PALMATURE
MAINTENANCE REPAIRMAN 1
CLYDE CARTER
JERMAINE THOMPSON
BYRON BOUDREAUX
VACANT
LABORER
CARL DENTON
CLAVIN FORCE
CARLISS FRANCOIS
PATRICIA THOMAS
MARCELL WALKER
ADMINISTRATION ACCOUNTANT TECH
DIANA PACE

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning - 2010	Expected Turnover
Public Housing	*330*	*5%*
Section 8 Vouchers	*134*	*5%*
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
DHAP-IKE		
THU		
DHAP to Voucher		
Other Federal Programs(list individually)		

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)
Admissions and Continued Occupancy Policy/
Dwelling Lease

(2) Section 8 Management: (list below)
Administrative Plan

6B – 5. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6:**High performing PHAs are not required to complete component 6**. Section 8-Only PHAs are exempt from sub-component 6B-5.

A. Public Housing

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

☒ PHA main administrative office
☐ PHA development management offices
☐ Other (list below)

6B – 6. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 6B-6; Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

☒ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 7. If "No", complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. Designation type: Occupancy by only the elderly ☐ Occupancy by families with disabilities ☐ Occupancy by only elderly families and families with disabilities ☐
3. Application status (select one) Approved; included in the PHA's Designation Plan ☐ Submitted, pending approval ☐ Planned application ☐
4. Date this designation approved, submitted, or planned for submission:
5. If approved, will this designation constitute a (select one) ☐ New Designation Plan ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) ☐ Part of the development ☐ Total development

6B – 7. PHA Community Service and Self-sufficiency Programs –
[24 CFR Part 903.7 9 (l)]

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

☐ Yes ☒ No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

☐ Client referrals
☐ Information sharing regarding mutual clients (for rent determinations and otherwise)
☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
☐ Jointly administer programs
☐ Partner to administer a HUD Welfare-to-Work voucher program
☐ Joint administration of other demonstration program
☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies
Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

☐ Public housing rent determination policies
☐ Public housing admissions policies
☐ Section 8 admissions policies
☐ Preference in admission to section 8 for certain public housing families
☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
☐ Preference/eligibility for public housing homeownership option participation
☐ Preference/eligibility for section 8 homeownership option participation
☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

☐ Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Section 8	***50***	***Waiting List***	***Main Office***	***Section 8***

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2010 Estimate)	Actual Number of Participants (As of: 03/15/2010)
Public Housing	N/A	0
Section 8	N/A	0

b. ☒ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

☐ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
☐ Informing residents of new policy on admission and reexamination
☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
☐ Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

In order to be eligible for continued occupancy, each adult family member must either (1) contribute to eight hours community service per month (not including political activities) within the community in which the public housing development is located or (2) participate in an economic self-sufficiency program unless they are exempt form this requirement. The following adult members are exempt from this requirement: Family members who are 62 or older, family members who are blind or disabled, family members who are primary caregiver for someone who is blind or disabled, family members engaged in work activity, family members who are exempt from work activity under Part A title IV of the Social Security Act or under any other state welfare program, including the welfare to work program, family members receiving assistance under a state program funded under Part A title IV of the Social Security Act or under any other state welfare program, including welfare to work and who are in compliance with that program.

6B - 8. PHA Safety and Crime Prevention Measures
[24 CFR Part 903.7 9 (m)]

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
☐ Residents fearful for their safety and/or the safety of their children
☒ Observed lower-level crime, vandalism and/or graffiti
☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

☒ Safety and security survey of residents
☐ Analysis of crime statistics over time for crimes committed “in and around” public housing authority
☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
☒ Resident reports
☐ PHA employee reports

☒ Police reports
☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
☐ Other (describe below)

3. Which developments are most affected? (list below)

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
☐ Crime Prevention Through Environmental Design
☒ Activities targeted to at-risk youth, adults, or seniors
☐ Volunteer Resident Patrol/Block Watchers Program
☐ Other (describe below)

2. Which developments are most affected? (list below) – ***Amp02 – LA036-003, 004 formerly***

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
☒ Police provide crime data to housing authority staff for analysis and action
☐ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
☐ Police regularly testify in and otherwise support eviction cases
☐ Police regularly meet with the PHA management and residents
☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
☐ Other activities (list below)

2. Which developments are most affected? (list below) ***Amp02 – LA036-003, 004 formerly***

9. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

The Morgan City Housing Authority allows common household pets with deposits and registration.

6B - 10. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

6B- 11. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U S.C. 1437c(h))? (If no, skip to component 6B-12.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved?
   If yes, how many unresolved findings remain?___
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?
   If not, when are they due (state below)?

6B - 12. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

1. ☐ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

☐ Not applicable
☐ Private management
☒ Development-based accounting
☐ Comprehensive stock assessment
☐ Other: (list below)

3. ☐ Yes ☒ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

6B – 13. VIOLENCE AGAINST WOMEN ACT (VAWA)

The Morgan City Housing Authority as administrator of a federal funded housing program shall protect victims of criminal domestic violence, sexual assaults or stalking as well as members of the victim's family from losing their HUD assisted housing as a result of the aforementioned crime committed against them.

The agency's Administrative Plan covers denial of admission to the program and termination of continued participation relative to the Violence Against Women Act and serves as protection of such abuse.

7.0 – HOPE VI, MIXED FINANACE MODERNIZATION OR DEVELOPMENT, DEMOLITION AND/ OR DISPOSITION, CONVERSION OF PUBLIC HOUSING, HOMEOWNERSHIP PROGRAMS, AND PROJECT BASED VOUCHERS

7.0 -A. HOPE VI OR MIXED FINANCE, MODERNIZATION OR DEVELOPMENT

Applicability of sub-component 7A: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
   - ☐ Revitalization Plan under development
   - ☐ Revitalization Plan submitted, pending approval
   - ☐ Revitalization Plan approved
   - ☐ Activities pursuant to an approved Revitalization Plan underway

☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name/s below:

☐ Yes ☒ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
If yes, list developments or activities below:

☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below:

7.0 – B - DEMOLITION/ DISPOSITION

[24 CFR Part 903.7 9 (h)]

Applicability of component 7.0B: Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)

2. Activity Description

☐ Yes ☒ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name: ***Brownell Homes*** 1b. Development (project) number: ***LA036-000002***
2. Activity type: Demolition ☒ Disposition ☐
3. Application status (select one) Approved ☐ Submitted, pending approval ☒ Planned application ☐
4. Date application approved, submitted, or planned for submission: ***January 21, 2010***
5. Number of units affected: ***24*** 6. Coverage of action (select one) ☒ Part of the development ☐ Total development
7. Timeline for activity: a. Actual or projected start date of activity: ***August 1, 2010*** b. Projected end date of activity: ***August 30, 2010***

7.0 – C - CONVERSION OF PUBLIC HOUSING TO TENANT BASED

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 7.0-D; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 7.0-D.)

2. Activity Description
☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? ☐ Assessment underway ☐ Assessment results submitted to HUD ☐ Assessment results approved by HUD (if marked, proceed to next question) ☐ Other (explain below)
3. ☐ Yes ☐ No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current

status)

- ☐ Conversion Plan in development
- ☐ Conversion Plan submitted to HUD on: (DD/MM/YYYY)
- ☐ Conversion Plan approved by HUD on: (DD/MM/YYYY)
- ☐ Activities pursuant to HUD-approved Conversion Plan underway

5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

- ☐ Units addressed in a pending or approved demolition application (date submitted or approved:
- ☐ Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:)
- ☐ Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:)
- ☐ Requirements no longer applicable: vacancy rates are less than 10 percent
- ☐ Requirements no longer applicable: site now has less than 300 units
- ☐ Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

7.0 – D - HOMEOWNERSHIP PROGRAMS ADMINISTERED BY THE PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

Exemptions from Component 7.0-D: Section 8 only PHAs are not required to complete 7.0-D.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 7.0E; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: ☐ HOPE I ☐ 5(h) ☐ Turnkey III ☐ Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) ☐ Approved; included in the PHA's Homeownership Plan/Program ☐ Submitted, pending approval ☐ Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) ☐ Part of the development ☐ Total development

B. Section 8 Tenant Based Assistance

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ?

2. Program Description:

a. Size of Program

☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

☐ 25 or fewer participants
☐ 26 - 50 participants
☐ 51 to 100 participants
☐ more than 100 participants

b. PHA-established eligibility criteria

☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?
If yes, list criteria below:

7.0 – E - PROJECT BASED VOUCHERS

The Morgan City Housing Authority does not wish to utilize the Project Based Voucher Program.

8.0 Capital Improvement Needs

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Capital Fund Program

1. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.

2. ☐ Yes ☒ No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part I: Summary		
PHA Name: ***Morgan City Housing Authority***	**Grant Type and Number** Capital Fund Grant Number: ***LA48P036501-10*** Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: ***2010*** FFY of Grant Approval: ***2010***

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** [1]	
		Original	**Revised**[2]	**Obligated**	**Expended**
1	Total Non- CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)[3]	***$91,000.00***			
3	1408 Management Improvements	***$10,000.00***			
4	1410 Administration (may not exceed 10% of line 21)	***$16,250.00***			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs	***$47,500.00***			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	***$373,161.00***			
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 Cost				
17	1499 Development Activities [4]				

[1] To be completed for the Performance and Evaluation Report
[2] To be completed for the Performance and Evaluations Report or a revised Annual Statement
[3] PHAs with under 250 units in management may use 100% of CFP Grant for Operations.
[4] RHF funds shall be included here.

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part I: Summary		
PHA Name: ***Morgan City Housing Authority***	**Grant Type and Number** Capital Fund Grant Number: ***LA48P036501-10*** Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: ***2010*** FFY of Grant Approval: ***2010***

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** [1]	
		Original	**Revised**[2]	**Obligated**	**Expended**
18a	1501 Collateralization or Debt Service Paid by the PHA				
18b	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)	***$537,911.00***			
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				

Signature of Executive Director:	**Date**	**Signature of Public Housing Director**	**Date**
ature of Executive Director Charles Spann	**7/21/10**		

[1] To be completed for the Performance and Evaluation Report
[2] To be completed for the Performance and Evaluations Report or a revised Annual Statement
[3] PHAs with under 250 units in management may use 100% of CFP Grant for Operations.
[4] RHF funds shall be included here.

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part II: Supporting Pages								
PHA Name: **Morgan City Housing Authority**	Grant Type and Number Capital Fund Program Grant No: **LA48P036501-10** 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[1]	Funds Obligated [2]	Funds Expended [2]	
PHA Wide	**Operations**	**1406**		**$91,000.00**				
PHA Wide	**ED & Staff training, software upgrades**	**1408**		**$10,000.00**				
PHA Wide	**Administrative costs**	**1410**		**$16,250.00**				
PHA Wide	**A&E Fees & Costs**	**1430**		**$47,500.00**				
AMP 01	**Renovate units as needed – soffit work, upgrade electric, replace windows, kitchen repair, cabinet & plumbing repair/ replacement at the former 001**	**1460**	**8**	**$65,000.00**				
AMP 01	**Renovate units as needed – soffit work, upgrade electric, replace windows, kitchen repair, cabinet & plumbing repair/ replacement at the former 002**	**1460**	**4**	**$32,300.00**				
AMP 01	**Renovate units as needed – soffit work, upgrade electric, replace windows, kitchen repair, cabinet & plumbing repair/ replacement at the former 003**	**1460**	**12**	**$71,100.00**				
AMP 02	**Renovate units as needed – soffit work, upgrade electric, replace windows, kitchen repair, cabinet & plumbing repair/ replacement at the former 004**	**1460**	**35**	**$192,561.00**				
AMP 02	**Renovate units as needed – soffit work, upgrade electric, replace windows, kitchen repair, cabinet & plumbing repair/ replacement at the former 005**	**1460**	**2**	**$12,200.00**				

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

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part I: Summary

PHA Name: ***Morgan City Housing Authority***	**Grant Type and Number** Capital Fund Grant Number: ***LA48S036501-09*** Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: ***2009*** FFY of Grant Approval: ***2009***

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: 1)**

☒ **Performance and Evaluation Report for Period Ending:** ***3/31/10*** ☐ **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 – Initial Budget				
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)	***$65,000.00***	***$65,000.00***	***$65,000.00***	***$11,923.20***
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs	***$25,000.00***	***$81,770.00***	***$81,770.00***	***$20,863.10***
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	***$553,244.00***	***$496,474.00***	***$496,474.00***	
11	1465.1 Dwelling Equipment – Nonexpendable	***$48,750.00***	***$48,750.00***	***$48,750.00***	
12	1470 Non-Dwelling Structures				
13	1475 Non-Dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Cost				
17	1499 Development Activities [4]				

[1] To be completed for the Performance and Evaluation Report
[2] To be completed for the Performance and Evaluations Report or a revised Annual Statement
[3] PHAs with under 250 units in management may use 100% of CFP Grant for Operations.
[4] RHF funds shall be included here.

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part I: Summary

PHA Name: ***Morgan City Housing Authority***	**Grant Type and Number** Capital Fund Grant Number: ***LA48S036501-09*** Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: ***2009*** FFY of Grant Approval: ***2009***

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: 1)**

☒ **Performance and Evaluation Report for Period Ending:** ***3/31/10*** ☐ **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				
18b	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)	***$691,994.00***	***$691,994.00***	***$691,994.00***	***$32,786.30***
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: ature of Executive Director	**Date** **7/21/10**	**Signature of Public Housing Director**	**Date**

[1] To be completed for the Performance and Evaluation Report
[2] To be completed for the Performance and Evaluations Report or a revised Annual Statement
[3] PHAs with under 250 units in management may use 100% of CFP Grant for Operations.
[4] RHF funds shall be included here.

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part II: Supporting Pages		
PHA Name: **Morgan City Housing Authority**	Grant Type and Number Capital Fund Program Grant No: **LA48S036501-09** CFFP (Yes/ No): Replacement Housing Factor Grant No:	Federal FFY of Grant: **2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	**Quantity**	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised[1]	Funds Obligated [2]	Funds Expended [2]	
PHA Wide	**Administration**	**1410**		**$65,000.00**	**$65,000.00**	**$65,000.00**		
PHA Wide	**A&E Fees & costs**	**1430**		**$25,000.00**	**$81,770.00**	**$81,770.00**		
	Upgrade electric, replace windows, kitchen repairs, cabinets & plumbing repair/ replacement at the former 001	**1460**		**$76,900.92**	**-0-**			
	Upgrade electric, replace windows, kitchen repairs, cabinets & plumbing repair/ replacement at the former 002	**1460**		**$48,132.23**	**-0-**			
	Upgrade electric, replace windows, kitchen repairs, cabinets & plumbing repair/ replacement at the former 003	**1460**		**$83,539.84**	**-0-**			
AMP #002	**Upgrade electric, replace windows, kitchen repairs, cabinets & plumbing repair/ replacement at the former 004**	**1460**	**16**	**$344,670.10**	**$496,474.00**	**$496,474.00**		
	Replace stoves, hot water heaters & refrigerators at the former 001	**1465**		**$6,776.25**	**-0-**			
	Replace stoves, hot water heaters & refrigerators at the former 002	**1465**		**$4,241.25**	**-0-**			
	Replace stoves, hot water heaters & refrigerators at the former 003	**1465**		**$7,361.25**	**-0-**			
AMP #002	**Replace stoves, hot water heaters & refrigerators at the former 004**	**1465**	**19 ea.**	**$23,156.25**	**$48,750.00**	**$48,750.00**		
	Replace stoves, hot water heaters & refrigerators at the former 005	**1465**		**$7,215.00**	**-0-**			

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

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part I: Summary		
PHA Name: ***Morgan City Housing Authority***	**Grant Type and Number** Capital Fund Grant Number: ***LA48P036501-09*** Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: ***2009*** FFY of Grant Approval: ***2009***

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**

☒ **Performance and Evaluation Report for Period Ending:** ***3/31/2010*** ☐ **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 – Initial Budget				
2	1406 Operations (may not exceed 20% of line 21)[3]	***$91,000.00***			
3	1408 Management Improvements	***$10,000.00***			
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs	***$47,500.00***			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	***$390,323.00***			
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 Cost				
17	1499 Development Activities [4]				

[1] To be completed for the Performance and Evaluation Report
[2] To be completed for the Performance and Evaluations Report or a revised Annual Statement
[3] PHAs with under 250 units in management may use 100% of CFP Grant for Operations.
[4] RHF funds shall be included here.

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part I: Summary

PHA Name: ***Morgan City Housing Authority***	**Grant Type and Number** Capital Fund Grant Number: ***LA48P036501-09*** Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: ***2009*** FFY of Grant Approval: ***2009***

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**

☒ **Performance and Evaluation Report for Period Ending:** ***3/31/2010*** ☐ **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				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	***$538,823.00***			
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				

Signature of Executive Director: ature of Executive Director Charles Spann	**Date** **7/21/10**	**Signature of Public Housing Director**	**Date**

[1] To be completed for the Performance and Evaluation Report
[2] To be completed for the Performance and Evaluations Report or a revised Annual Statement
[3] PHAs with under 250 units in management may use 100% of CFP Grant for Operations.
[4] RHF funds shall be included here.

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part II: Supporting Pages								
PHA Name: ***Morgan City Housing Authority***	*Grant Type and Number* *Capital Fund Program Grant No:* ***LA48P036501-09*** *CFFP (Yes/ No):* *Replacement Housing Factor Grant No:*				*Federal FFY of Grant:* ***2009***			
Development Number Name/PHA-Wide Activities	*General Description of Major Work Categories*	*Development Account No.*	***Quantity***	*Total Estimated Cost*		*Total Actual Cost*		*Status of Work*
				Original	*Revised*[1]	*Funds Obligated* [2]	*Funds Expended* [2]	
PHA Wide	***Operations***	***1406***		***$91,000.00***				
PHA Wide	***ED & Staff training***	***1408***		***$10,000.00***				
PHA Wide	***A&E fees & Costs***	***1430***		***$47,500.00***				
AMP 01	***Kitchen repairs, cabinets, plumbing, & floors at the former 001***	***1460***	***2 units***	***$15,400.00***				
AMP 01	***Kitchen repairs, cabinets, plumbing, & floors at the former 002***	***1460***		***$11,100.00***				
AMP 01	***Kitchen repairs, cabinets, plumbing, & floors at the former 003***	***1460***		***$14,000.00***				
AMP 02	***Kitchen repairs, cabinets, plumbing, & floors at the former 004***	***1460***		***$214,823.00***				
AMP 02	***Kitchen repairs, cabinets, plumbing, & floors at the former 005***	***1460***		***$135,000.00***				

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

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part I: Summary

PHA Name:		
Morgan City Housing Authority	**Grant Type and Number** Capital Fund Grant Number: ***LA48P036501-08*** Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: ***2008*** FFY of Grant Approval: ***2008***

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: *1*)**

☒ **Performance and Evaluation Report for Period Ending: 3/31/10** ☐ **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]	***$54,668.00***	***$54,668.00***	***$54,668.00***	
3	1408 Management Improvements	***$44,432.00***	***$109,336.00***	***$13,332.00***	
4	1410 Administration (may not exceed 10% of line 21)		***$54,668.00***		
5	1411 Audit	***$12,000.00***	***$26,000.00***	***$12,000.00***	***$11,875.00***
6	1415 Liquidated Damages				
7	1430 Fees & Costs	***$16,000.00***	***$96,000.00***		
8	1440 Site Acquisition				
9	1450 Site Improvement	***$45,000.00***	***$45,000.00***	***$45,000.00***	***$45,000.00***
10	1460 Dwelling Structures	***$277,800.00***	***$47,796.00***		
11	1465.1 Dwelling Equipment – Nonexpendable	***$61,000.00***	***$69,000.00***	***$25,000.00***	***$19,369.10***
12	1470 Non-Dwelling Structures				
13	1475 Non-Dwelling Equipment	***$35,784.00***	***$44,216.00***		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Cost				
17	1499 Development Activities [4]				

[1] To be completed for the Performance and Evaluation Report
[2] To be completed for the Performance and Evaluations Report or a revised Annual Statement
[3] PHAs with under 250 units in management may use 100% of CFP Grant for Operations.
[4] RHF funds shall be included here.

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part I: Summary

PHA Name:		
Morgan City Housing Authority	**Grant Type and Number** Capital Fund Grant Number: ***LA48P036501-08*** Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: ***2008*** FFY of Grant Approval: ***2008***

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: *1*)**
☒ **Performance and Evaluation Report for Period Ending: *3/31/10*** ☐ **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				
18b	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)	***$546,684.00***		***$150,000.00***	***$76,244.10***
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**
ature of Executive Director	**7/21/10**		

[1] To be completed for the Performance and Evaluation Report
[2] To be completed for the Performance and Evaluations Report or a revised Annual Statement
[3] PHAs with under 250 units in management may use 100% of CFP Grant for Operations.
[4] RHF funds shall be included here.

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part II: Supporting Pages

PHA Name: ***Morgan City Housing Authority***	**Grant Type and Number** Capital Fund Program Grant No: ***LA48P036501-08*** CFFP (Yes/ No): Replacement Housing Factor Grant No:	Federal FFY of Grant: ***2008***

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised[1]	Funds Obligated [2]	Funds Expended [2]	
PHA Wide	***Operations***	***1406***		***$54,668.00***	***$54,668.00***	***$54,668.00***		
PHA Wide	***Staff training***	***1408***		***$44,432.00***	***$109,336.00***	***$13,332.00***		
PHA Wide	***Partial Salaries/ benefits for Admin Grant, ED, Acct & maint.***	***1410***		***-0-***	***$54,668.00***			
PHA Wide	***Audit Costs***	***1411***		***$12,000.00***	***$26,000.00***	***$12,000.00***	***$11,875.00***	***98%***
PHA Wide	***A&E Fees & Costs***	***1430***		***$16,000.00***	***$96,000.00***			
AMP 02	***Sewer lift pump for Brownell***	***1450***	***1***	***$45,000.00***	***$45,000.00***	***$45,000.00***	***$45,000.00***	***100%***
	Sidewalks, rails, ramps, brick & siding throughout LA036	***1460***		***$41,492.00***	***$47,496.00***			
	Plumbing, sheetrock & minor electrical work at the former 002	***1460***		***$46,560.00***	***-0-***			
	Plumbing, sheetrock & minor electrical work at the former 003	***1460***		***$67,040.00***	***-0-***			
	Plumbing, sheetrock & minor electrical work at the former 004	***1460***		***$80,160.00***	***-0-***			
	Plumbing, sheetrock & minor electrical work at the former 005	***1460***		***$42,548.00***	***-0-***			
AMP 01	***Update dwelling equipment***	***1465***		***$61,000.00***	***$69,000.00***	***$25,000.00***	***$19,369.10***	***31%***
PHA Wide	***Update non-dwelling equipment***	***1475***		***$35,784.00***	***$44,216.00***			
				$546,684.00	***$546,684.00***	***$150,000.00***	***$76,244.10***	***13%***

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

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part I: Summary

PHA Name:		FFY of Grant:
Morgan City Housing Authority	**Grant Type and Number** Capital Fund Grant Number: ***LA48P036501-07*** Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: ***2007*** FFY of Grant Approval: ***2007***

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**

☒ **Performance and Evaluation Report for Period Ending: 3/31/10** ☐ **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]	***$85,005.00***		***$85,005.00***	***$85,005.00***
3	1408 Management Improvements	***$10,248.00***		***$10,248.00***	***$10,248.00***
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs	***$48,678.00***		***$48,678.00***	***$48,678.00***
8	1440 Site Acquisition				
9	1450 Site Improvement	***$129,432.00***		***$129,432.00***	***$129,432.00***
10	1460 Dwelling Structures	***$266,775.00***		***$266,775.00***	***$266,775.00***
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 Cost				
17	1499 Development Activities [4]				

[1] To be completed for the Performance and Evaluation Report
[2] To be completed for the Performance and Evaluations Report or a revised Annual Statement
[3] PHAs with under 250 units in management may use 100% of CFP Grant for Operations.
[4] RHF funds shall be included here.

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part I: Summary		
PHA Name: ***Morgan City Housing Authority***	**Grant Type and Number** Capital Fund Grant Number: ***LA48P036501-07*** Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: ***2007*** FFY of Grant Approval: ***2007***

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** ***3/31/10*** ☐ **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				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	***$540,138.00***		***$540,138.00***	***$540,138.00***
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				

Signature of Executive Director:	**Date**	**Signature of Public Housing Director**	**Date**
ature of Executive Director Charles Spann	7/21/10		

[1] To be completed for the Performance and Evaluation Report
[2] To be completed for the Performance and Evaluations Report or a revised Annual Statement
[3] PHAs with under 250 units in management may use 100% of CFP Grant for Operations.
[4] RHF funds shall be included here.

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part II: Supporting Pages		
PHA Name: ***Morgan City Housing Authority***	**Grant Type and Number** Capital Fund Program Grant No: ***LA48P036501-07*** CFFP (Yes/ No): Replacement Housing Factor Grant No:	Federal FFY of Grant: ***2007***

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised[1]	Funds Obligated [2]	Funds Expended [2]	
PHA Wide	***Operations***	***1406***		***$85,0005.00***		***$85,0005.00***	***$85,0005.00***	***100%***
PHA Wide	***ED & Staff training***	***1408***		***$10,248.00***		***$10,248.00***	***$10,248.00***	***100%***
PHA Wide	***A&E Fees & Costs***	***1430***		***$48,678.00***		***$48,678.00***	***$48,678.00***	***100%***
AMP 02	***Replace sanitary sewer laterals at the former 004***	***1450***		***$78,132.00***		***$78,132.00***	***$78,132.00***	***100%***
AMP 02	***Replace sanitary sewer laterals at the former 005***	***1450***		***$51,300.00***		***$51,300.00***	***$51,300.00***	***100%***
AMP 01	***Roofing and ridge vents on select units at the former 001***	***1460***	***40***	***$95,686.00***		***$95,686.00***	***$95,686.00***	***100%***
AMP 01	***Roofing and ridge vents on select units at the former 002***	***1460***	***17***	***$60,146.00***		***$60,146.00***	***$60,146.00***	***100%***
AMP 01	***Roofing and ridge vents on select units at the former 003***	***1460***	***38***	***$110,943.00***		***$110,943.00***	***$110,943.00***	***100%***

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

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part I: Summary

PHA Name:		
Morgan City Housing Authority	**Grant Type and Number** Capital Fund Grant Number: ***LA48P036501-06*** Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: ***2006*** FFY of Grant Approval: ***2006***

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**

☒ **Performance and Evaluation Report for Period Ending:** ***3/31/10*** ☐ **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]	***$82,948.00***		***$82,948.00***	***$82,948.00***
3	1408 Management Improvements	***$10,000.00***		***$10,000.00***	***$10,000.00***
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs	***$30,022.86***		***$30,022.86***	***$30,022.86***
8	1440 Site Acquisition				
9	1450 Site Improvement	***$28,537.00***		***$28,537.00***	***$28,537.00***
10	1460 Dwelling Structures	***$279,282.00***		***$279,282.00***	***$279,282.00***
11	1465.1 Dwelling Equipment – Nonexpendable	***$43,000.00***		***$43,000.00***	***$43,000.00***
12	1470 Non-Dwelling Structures				
13	1475 Non-Dwelling Equipment	***$68,849.14***		***$68,849.14***	***$68,849.14***
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Cost				
17	1499 Development Activities [4]				

[1] To be completed for the Performance and Evaluation Report
[2] To be completed for the Performance and Evaluations Report or a revised Annual Statement
[3] PHAs with under 250 units in management may use 100% of CFP Grant for Operations.
[4] RHF funds shall be included here.

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part I: Summary		
PHA Name: ***Morgan City Housing Authority***	**Grant Type and Number** Capital Fund Grant Number: ***LA48P036501-06*** Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: ***2006*** FFY of Grant Approval: ***2006***

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** ***3/31/10*** ☐ **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				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	***$542,639.00***		***$542,639.00***	***$542,639.00***
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				

Signature of Executive Director:	**Date**	**Signature of Public Housing Director**	**Date**
ature of Executive Director Charles E Spann	**7/21/10**		

[1] To be completed for the Performance and Evaluation Report
[2] To be completed for the Performance and Evaluations Report or a revised Annual Statement
[3] PHAs with under 250 units in management may use 100% of CFP Grant for Operations.
[4] RHF funds shall be included here.

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part II: Supporting Pages		
PHA Name: ***Morgan City Housing Authority***	**Grant Type and Number** Capital Fund Program Grant No: ***LA48P036501-06*** CFFP (Yes/ No): Replacement Housing Factor Grant No:	Federal FFY of Grant: ***2006***

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised[1]	Funds Obligated [2]	Funds Expended [2]	
PHA Wide	***Operations***	***1406***		***$82,948.00***		***$82,948.00***	***$82,948.00***	***100%***
PHA wide	***ED & Staff training***	***1408***		***$10,000.00***		***$10,000.00***	***$10,000.00***	***100%***
PHA Wide	***A&E Fees & Costs***	***1430***		***$30,025.86***		***$30,025.86***	***$30,025.86***	***100%***
AMP 01, 02	***Site improvements***	***1450***		***$28,537.00***		***$28,537.00***	***$28,537.00***	***100%***
AMP 01	***Provide one section 504 HC dwelling unit at the former 001***	***1460***	***1***	***$10,000.00***		***$10,000.00***	***$10,000.00***	***100%***
AMP 01	***Provide one section 504 HC dwelling unit at the former 003***	***1460***	***1***	***$10,000.00***		***$10,000.00***	***$10,000.00***	***100%***
AMP 01	***Plumbing, sheetrock, roof work***	***1460***		***$259,282.00***		***$259,282.00***	***$259,282.00***	***100%***
AMP 01	***Replace stoves, refrigerators and ranges as needed***	***1465***	***107 approx***	***$43,000.00***		***$43,000.00***	***$43,000.00***	***100%***
PHA Wide	***Maintenance/ office equipment***	***1475***		***$68,849.14***		***$68,849.14***	***$68,849.14***	***100%***

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

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

PART I: SUMMARY						
PHA Name/Number: ***Morgan City – LA036***			Locality (City/County & State): ***Morgan City, St. Mary Parish, Louisiana***		☒**Original 5-Year Plan** ☐**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	***$76,000.00***	***$299,661.00***	***$341,661.00***	***$319,911.00***
C.	Management Improvements		***$16,000.00***	***$10,000.00***	***$10,000.00***	***$26,000.00***
D.	PHA-Wide Non-dwelling Structures and Equipment					***$40,000.00***
E.	*ADMINISTRATION*		***$16,250.00***	***$16,250.00***	***$16,250.00***	***$16,000.00***
F.	Other		***$51,000.00***	***$54,000.00***	***$54,000.00***	***$45,000.00***
G.	Operations		***$91,000.00***	***$91,000.00***	***$91,000.00***	***$91,000.00***
H.	Demolition		***$287,661.00***			
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		***$537,911.00***	***$537,911.00***	***$537,911.00***	***$537,911.00***
L.	Total Non-CFP Funds					
M.	Grand Total		***$537,911.00***	***$537,911.00***	***$537,911.00***	***$537,911.00***

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY ***2010***	Work Statement for Year ***2*** FFY **2011**			Work Statement for Year: ***3*** FFY ***2012***		
	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	***AMP 02 – Demolition***	***8 BLDGS***	***$287,661.00***	***AMP 01 – Rehab vacant units: remove sheetrock in walls, ceilings, add insulation to exterior walls, replace sheetrock on walls & ceilings, replace countertops, overlay floor tiles, replace damaged water & sewer lines, bathroom tubs, sinks, toilets, windows, electrical fixtures & outlets, where needed at selected units.***	***16 units***	***$299,661.00***
Annual	***AMP 02 – Remove trees, repair sewer lines, drain lines, security fence, broken concrete steps, sidewalks, walk ways, convert sidewalks at designated elderly units wheel chari accessible at selected sites.***		***$76,000.00***			
Statement						
	Subtotal of Estimated Cost		***$363,661.00***	Subtotal of Estimated Cost		***$299,661.00***

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY	Work Statement for Year ***4*** FFY ***2013***			Work Statement for Year ***5*** FFY ***2014***		
	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	***AMP 01, 02 – Remove and or trim trees & bushes, repair fences, landscape yards, repair sidewalks & porches***		***$41,661.00***	***AMP 01, 02 – Remove and or trim trees & bushes, repair street light poles, replace security lights, repair/ replace water & sewer clean outs***		***$39,911.00***
ANNUAL	***AMP 01, 02 – Rehab vacant units: remove sheetrock in walls, ceilings, add insulation to exterior walls, replace sheetrock on walls & ceilings, replace countertops, overlay floor tiles, replace damaged water & sewer lines, bathroom tubs, sinks, toilets, windows, electrical fixtures & outlets, where needed at selected units.***	***14 UNITS***	***$300,000.00***	***AMP 01, 02 – Rehab vacant units: remove sheetrock in walls, ceilings, add insulation to exterior walls, replace sheetrock on walls & ceilings, replace countertops, overlay floor tiles, replace damaged water & sewer lines, bathroom tubs, sinks, toilets, windows, electrical fixtures & outlets, where needed at selected units.***	***14 UNITS***	***$280,000.00***
Statement						
	Subtotal of Estimated Cost		***$341,661.00***	Subtotal of Estimated Cost		***$319,911.00***

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY ***2010***	Work Statement for Year ***2*** FFY ***2011***		Work Statement for Year: ***3*** FFY ***2012***	
	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	***PHA Wide – Operations***	***$91,000.00***	***PHA Wide – Operations***	***$91,000.00***
	PHA Wide – ED & Staff training, software upgrades	***$16,000.00***	***PHA Wide – ED & Staff training, software upgrades***	***$23,000.00***
	PHA Wide – A&E fees & Costs	***$51,000.00***	***PHA Wide – A&E fees & Costs***	***$48,000.00***
	PHA wide – Administrative costs	***$16,250.00***	***PHA wide – Administrative costs***	***$16,250.00***
	Subtotal of Estimated Cost	***$174,250.00***	Subtotal of Estimated Cost	***$178,250.00***

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY ***2010***	Work Statement for Year ***4*** FFY ***2013***		Work Statement for Year: ***5*** FFY ***2014***	
	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	***PHA Wide – Operations***	***$91,000.00***	***PHA Wide – Operations***	***$91,000.00***
	PHA Wide – ED & Staff training, software upgrades	***$25,000.00***	***PHA Wide – ED & Staff training, software upgrades***	***$26,000.00***
	PHA Wide – A&E fees & Costs	***$44,000.00***	***PHA Wide – A&E fees & Costs***	***$45,000.00***
	PHA wide – Administrative costs	***$16,250.00***	***PHA wide – Administrative costs***	***$16,000.00***
			PHA Wide – Update office/ maintenance equipment	***$40,000.00***
	Subtotal of Estimated Cost	***$176,250.00***	Subtotal of Estimated Cost	***$218,000.00***

10.0 Additional Information

Progress made in the Mission and Goals described in the last 5 Year Plan.

During the last 5 years the Morgan City Housing Authority has provided adequate and affordable housing to low and very low families, for the elderly and for persons with disabilities, in accordance with its agreement in the previous 5 Year Plan. The Authority has provided economical opportunities for several families living in our developments. MCHA provides a suitable environment for all residents and applicants without discrimination.

Goal # 1. – Increase the availability of decent, safe and affordable housing.

MCHA developed a marketing strategy to effectively communicate to the residents of Morgan City of the availability decent, safe, sanitary and affordable rental housing. Ads were placed in the local newspaper and flyers were posted in places like the neighborhood stores and laundry mats to increase the applications pool. We now have more than 100 families on both waiting lists.
Another part of the strategy has been to improve the appearance of the property. Keeping the yards cleaned of litter, landscaping the grounds, cutting the grass, boarding up all of the vacant buildings and regularly inspecting the occupied units is now a part of our daily and month routines.

Public Housing and Section 8 Departments each have more than 100 families and elderly applicants needing low income housing. MCHA Maintenance Staff and general contractors are working now to reduce the number of vacancies in our public housings developments. Vacancies have plagued this Authority for almost twenty years, mostly due to Hurricane damages that were never repaired properly and/or lack of funding to bring the units back to suitable living condition. In the last three years we have renovated more that thirty units that had been off the market for five years or more.

Goal # 2. – Improve the quality of assisted housing managed by MCHA.
MCHA has improved the quality of its public housing developments by improving the methods to monitor and manage public and private resources available to it.

Goal #3. – Improve the quality of life for the residents and increase/community participation in programs of MCHA.

In the last three years, according to the Morgan City Police, there has been a reduction of drug related activities in the Morgan City Housing Authority because of the “One Strike Policy” that is in place for illegal drugs on MCHA properties. All drug related criminal activities in our developments is an immediate eviction and a “No Trespassing” warrant issued to the person or persons arrested on the drug charges.
The Executive Director meets with the chief of the Morgan City Police Department and the St. Mary’s Parish Drug Task Force regularly to discuss ways of increasing better security for our developments.

Goal#4. – Promote self-sufficiency and asset development in its residents.

MCHA has established a liaison committee of residents with other agencies to broaden access that may provide economic opportunities benefits to our residents.
MCHA has a working relationship with several neighboring agencies that operate programs that could provide other opportunities for our residents, they are: St. Mary’s Parish S8 Program, the Lafayette Housing Authority, the Berwick Housing Authority, the Louisiana Technical College – Young’s Memorial Community College.

10 -B. Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions
24 CFR Part 903.7(r)
PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-Year Plan

- *Changes to rent, admissions policies, or organization of the waiting list; and*
- *Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. There are no changes to the Capital Fund Program that would constitute a significant amendment or substantial deviation*

B. Significant Amendment or Modification to the Annual Plan

- ✓ *Changes to rent, admissions policies, or organization of the waiting list; and*
- ✓ *Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. There are no changes to the Capital Fund Program that would constitute a significant amendment or substantial deviation*

Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

11.0(f) Resident Advisory Board (RAB) Comments

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
☐ Attached at Attachment (File name)
☐ Provided below:

3. In what manner did the PHA address those comments? (select all that apply)
☐ Considered comments, but determined that no changes to the PHA Plan were necessary.
☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:

☐ Other: (list below)

11.0(g) Challenged Elements

The PHA received no challenges on elements of the 2010 PHA Plan.

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

I, Carol M. Newton the Louisiana Community Development Block Grant Program Director certify that the Five Year and Annual PHA Plan of the Morgan City Housing Authority is consistent with the Consolidated Plan of the State of Louisiana prepared pursuant to 24 CFR Part 91.

5-5-10

Signed / Dated by Appropriate State or Local Official

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Morgan City Housing Authority

Program/Activity Receiving Federal Grant Funding

2010 Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

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

Name of Authorized Official	Title
Charles Spann	Executive Director

Signature	Date (mm/dd/yyyy)
Charles E Spann	07-15-2010

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handboooks 7417.1, 7475.13, 7485.1, & 7485.3

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 2010 5-Year and/or 2010 Annual PHA Plan for the PHA fiscal year beginning 10/2010, hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

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

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

Morgan City Housing Authority
PHA Name

LA-036
PHA Number/HA Code

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

__ __ Annual PHA Plan for Fiscal Years 2009 - 2013

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
Gabriel Mustifal	Chairperson
Signature	**Date**
Gabriel Mustifal	7/16/10

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

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Morgan City Housing Authority	LA-036
PHA Name	PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official Gabriel Mustifel	Title Board Chairman
Signature Gabriel Mustifel	Date 7/16/10

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Morgan City Housing Authority

Program/Activity Receiving Federal Grant Funding

2010 Capital Fund Program

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Name of Authorized Official	Title
Charles Spann	Executive Director
Signature X Charles R Spann	Date 07-15-2010

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action:
[b] a. contract
b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

2. Status of Federal Action:
[a] a. bid/offer/application
b. initial award
c. post-award

3. Report Type:
[a] a. initial filing
b. material change
For Material Change Only:
year _____ quarter _____
date of last report _____

4. Name and Address of Reporting Entity:
[x] Prime [ ] Subawardee
Tier _____, *if known*:

Congressional District, *if known*:

5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:

Congressional District, *if known*:

6. Federal Department/Agency:
U. S. Department of Housing and Urban Development

7. Federal Program Name/Description:
2010 Capital Fund Program
CFDA Number, *if applicable*: _____

8. Federal Action Number, *if known*:

9. Award Amount, *if known*:
$ 537,911.00

10. a. Name and Address of Lobbying Registrant
(*if individual, last name, first name, MI*):

b. Individuals Performing Services (*including address if different from No. 10a*)
(*last name, first name, MI*):

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less that $10,000 and not more than $100,000 for each such failure.

Signature: Charles E. Spann
Print Name: Charles Spann
Title: Executive Director
Telephone No.: 985-384-5118 Date: 07-15-2010

Federal Use Only:

Authorized for Local Reproduction
Standard Form LLL (Rev. 7-97)