

BREAUX BRIDGE HOUSING AUTHORITY

LA059

5 YEAR AND ANNUAL PLAN SUBMISSION

2010-2014

| | |
|-----|---|
| 5.2 | <p>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.</p> <p>The BBHA will continue to reduce vacancies, reduce turnover time for vacated units and renovate and modernize housing units.</p> |
| 6.0 | <p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: N/A</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Main Administrative Office located at 720 Genny Drive, Breaux Bridge, La. 70517</p> |
| 7.0 | <p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> N/A</p> |
| 8.0 | <p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p> |
| 8.1 | <p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. Attachment #3</p> |
| 8.2 | <p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. Attachment #4</p> |
| 8.3 | <p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. N/A</p> |

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

The BBHA has assessed the housing needs of the St. Martin Parish area and has determined that it is currently and will continue to meet the housing needs of the community to the extent practical for a very small agency. The BBHA will utilize its policies to attract and encourage applicants that can qualify for public housing. The BBHA has determined that its housing strategy complies with the state of Louisiana's Consolidated Plan.

9.0

| Housing Needs of Families in the Jurisdiction by Family Type | | | | | | | |
|---|---------|--------------------|--------|---------|---------------|------|----------|
| Family Type | Overall | Afford- ability | Supply | Quality | Accessibility | Size | Location |
| Income <= 30% of AMI | 1001 | 5 | 5 | 4 | 3 | 3 | 3 |
| Income >30% but <=50% of AMI | 548 | 5 | 5 | 4 | 3 | 3 | 3 |
| Income >50% but <80% of AMI | 524 | 5 | 5 | 4 | 3 | 3 | 3 |
| Elderly | 466 | 5 | 5 | 4 | 3 | 3 | 3 |
| Families with Disabilities | 591 | 5 | 5 | 4 | 4 | 4 | 3 |
| Race/white | 830 | 5 | 5 | 4 | 3 | 3 | 3 |
| Race/black | 1210 | 5 | 5 | 4 | 3 | 3 | 3 |
| Race/Hispanic | 32 | 5 | 5 | 4 | 3 | 3 | 3 |
| Race/Ethnicity | | | | | | | |
| | | | | | | | |

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.**

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- Section 8 tenant-based assistance
- Public Housing
- Combined Section 8 and Public Housing
- Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

| | # of families | % of total families | Annual Turnover |
|---|---------------|---------------------|-----------------|
| Waiting list total | 72 | | 16 |
| Extremely low income <=30% AMI | 68 | 94 | |
| Very low income (>30% but <=50% AMI) | 4 | 6 | |
| Low income (>50% but <80% AMI) | | | |
| Families with children | 55 | 76 | |
| Elderly families | 3 | 17 | |
| Families with Disabilities | 3 | 17 | |
| Race/White | 15 | 21 | |
| Race/Black | 55 | 76 | |
| Race/Hispanic | 2 | 3 | |
| Race/ethnicity | | | |
| | | | |
| Characteristics by Bedroom Size (Public Housing Only) | | | |
| 1BR | 17 | 24 | 4 |
| 2 BR | 33 | 46 | 9 |
| 3 BR | 20 | 27 | 3 |
| 4 BR | 2 | 3 | 0 |
| 5 BR | | | |
| 5+ BR | | | |

9.1

The BBHA has a large number of applicants on its waiting list. The area is in need of housing for all income levels, especially for the low income. The BBHA will employ effective policies to minimize the number of units off line, reducing turnover time for vacated and renovated units.

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| 10.0 | <p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The Breaux Bridge Housing Authority continues to work on the goals described in the 2005 PHA Plan by updating and rehabbing units, keeping them safe and sanitary.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>a. Substantial Deviation from the 5-Year Plan</p> <ul style="list-style-type: none"> • Changes to the organization of the waiting list • 50% deletion from or addition to the goals and objectives as a whole • 50% or more decrease in the quantifiable measurement of any goal or objective • Any change with regard to demolition or disposition, designation, homeownership or conversion activities. <p>b. Significant Amendment or Modification to the Annual Plan</p> <ul style="list-style-type: none"> • Changes to the organization of the waiting list • 50 % variance in the funds projected in the Capital Fund Program Annual Statement • Any change in a policy or procedure that requires a regulatory 30-day posting • Any submission to HUD that requires a separate notification to residents • Any change inconsistent with the local, approved Consolidated Plan • Any change with regard to demolition or disposition, designation, homeownership or conversion activities. |
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| 11.0 | <p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) Form HUD-50077CR Attached as Certification #1</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) Attached as Certification #2</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) Attached as Certification #3</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) Attached as Certification #4</p> <p>(e) 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. Attachment #1</p> <p>(f) Challenged Elements N/A</p> <p>(g) Violence Against Women Act (VAWA) Attachment #2</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) Attachment #3</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) Attachment #4</p> |
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| 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 |
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**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 ___ 5-Year and/or ___ Annual PHA Plan for the PHA fiscal year beginning 2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

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

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

BREAUX BRIDGE
PHA Name

LA 059
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 10 - 20 14

Annual PHA Plan for Fiscal Years 20 10 - 20

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

| | |
|-----------------------------|----------------------|
| Name of Authorized Official | Title |
| <u>MARY LYNN THIBODEAUX</u> | <u>DIRECTOR</u> |
| Signature | Date |
| <u>Mary Lynn Thibodeaux</u> | <u>June 22, 2010</u> |

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.

Breaux Bridge Housing Authority

LA059

PHA Name

PHA Number/HA Code

| | |
|--|---|
| <p>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)</p> | |
| <p>Name of Authorized Official</p> <p style="text-align: center;">Walter Broussard</p> | <p>Title</p> <p style="text-align: right;">Chairman</p> |
| <p>Signature</p>  | <p>Date</p> <p style="text-align: center;">06/22/2010</p> |

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

CERTIFICATION #2

Applicant Name

Breaux Bridge Housing Authority

Program/Activity Receiving Federal Grant Funding

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.)

720 Genny Drive, Breaux Bridge, La. 70517
220 Anderson St., Breaux Bridge, La. 70517
615 Molbert Lane, Breaux Bridge, LA. 70517

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 Mary Lynn Thibodeaux | Title Executive Director |
| Signature  | Date 05/17/2010 |

Certification of Payments to Influence Federal Transactions

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

CERTIFICATION # 3

Applicant Name

BREAUX BRIDGE HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

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

MARY LYNN THIBODEAUX

Title

EXECUTIVE DIRECTOR

Signature



Date (mm/dd/yyyy)

06/22/2010

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

| | | |
|--|--|---|
| 1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance | 2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award c. post-award | 3. Report Type: <input type="checkbox"/> a. initial filing <input checked="" type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____ |
| 4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> 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: BREAUX BRIDGE HOUSING AUTHORITY | 7. Federal Program Name/Description: CAPITAL FUND PROGRAM CFDA Number, if applicable: _____ | |
| 8. Federal Action Number, if known: LA4805950110 | 9. Award Amount, if known: \$ 154321.00 | |
| 10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> | b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> | |
| 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 available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | Signature: <u></u> Print Name: <u>MARY LYNN THIBODEAUX</u> Title: <u>EXECUTIVE DIRECTOR</u> Telephone No.: <u>337/332-2808</u> Date: <u>6/22/2010</u> | |
| Federal Use Only: | Authorized for Local Reproduction Standard Form LLL (Rev. 7-97) | |

**DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET**

Approved by OMB
0348-0046

Reporting Entity: BREAUX BRIDGE HOUSING AUTHORITY Page 1 of 1

Attachment #1

BREAUX BRIDGE HOUSING AUTHORITY
P.O. BOX 878 – 720 GENNY DRIVE
BREAUX BRIDGE, LA. 70517
(337)332-2808 FAX (337)332-6202

April 28, 2010

Dear Resident Advisory Board Member:

We would first like to thank you for agreeing to serve on the Resident Advisory Board. Your role is very important to the Housing Authority as well as the residents.

We will have a Board Meeting on May 12, 2010 at 10:00 AM.

Sincerely,

Mary Lynn Thibodeaux
Executive Director

May 12, 2010

Present:

Mary Lynn Thibodeaux
Nancy Gaudet
Lauren Moody
Leroy Martin

Absent:

Nell Roberts(sick)
Mary Alice Leblanc
Delondra Lewis(family problems)

We reviewed the last 5 year improvement plan submitted to discuss if items needed to be be changed around, deleted or added. The main concern was the street at Molbert Lane and the drainage problems there. The City's promise to fix the hole in the street was never taken care of. I advised the group that we would fix the street with 2009 funds. They also added that if we could postpone the renovations of the administrative office we could have enough funds to correct ponding, in yards and resurface parking lots so that water doesn't pond there. Also Leroy commented on fencing on Anderson Street. We reviewed the Physical Assessment and agreed with the timeframe of things requiring replacement.

Conclusion: Since the 2009 CFP Budget already included the site drainage line item, we will push the office renovation to the 2010 budget. Window replacement at 59-1 will remain priority.

Attachment #2

Violence Against Women Act (VAWA)

Our Policy (short version)

The PHA shall not deny admission to any applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking if the applicant otherwise qualifies for assistance or admission.

This language has been incorporated into the ACOP.

Applicants and residents are referred to the New Start Center. Services are available free of charge to all physically or emotionally abused women and their children. Criteria for acceptance and participation in the program are the same for everyone without regard to race, color, national origin, age, sex or handicap.

24 Hour Crisis Line (337) 394-8559

- Assistance filing protective orders
- Court escorts
- Educational/Support groups
- Emergency shelter
- Hospital escorts
- Individual advocacy
- Individual counseling
- Legal services
- Safety planning
- Transportation

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

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

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

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

Carol M. Newton 4-29-10
Signed / Dated by Appropriate State or Local Official

ATTACHMENT 3

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

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

| | | | | | |
|-----------------------------------|--|--|--|--|--|
| Part I: Summary | | Grant Type and Number Capital Fund Program Grant No: LA05950109 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant: 2009 FFY of Grant Approval: | |
| PHA Name: Breaux Bridge | | | | | |

| Line | Type of Grant <input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: 03/31/2010 <input type="checkbox"/> Reserve for Disasters/Emergencies | Summary by Development Account | Original | Revised Annual Statement (revision no:) <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report | | Obligated | Total Actual Cost ¹ | |
|------|--|--|----------|---|----------------------|-----------|--------------------------------|---------|
| | | | | Total Estimated Cost | Revised ² | | Expended | |
| 1 | | Total non-CFP Funds | | | | | | |
| 2 | | 1406 Operations (may not exceed 20% of line 21) ³ | 25000 | | | 25000.00 | | -0- |
| 3 | | 1408 Management Improvements | 4781 | | | 806.83 | | 806.83 |
| 4 | | 1410 Administration (may not exceed 10% of line 21) | 16000 | | | 16000.00 | | 9422.00 |
| 5 | | 1411 Audit | | | | | | |
| 6 | | 1415 Liquidated Damages | | | | | | |
| 7 | | 1430 Fees and Costs | | | | | | |
| 8 | | 1440 Site Acquisition | | | | 7200.00 | | |
| 9 | | 1450 Site Improvement | | | | | | |
| 10 | | 1460 Dwelling Structures | 26000 | | | 4690.00 | | 4690.00 |
| 11 | | 1465.1 Dwelling Equipment—Nonexpendable | 25000 | | | | | |
| 12 | | 1470 Non-dwelling Structures | | | | | | |
| 13 | | 1475 Non-dwelling Equipment | 50000 | | | | | |
| 14 | | 1485 Demolition | | | | | | |
| 15 | | 1492 Moving to Work Demonstration | | | | | | |
| 16 | | 1495.1 Relocation Costs | | | | | | |
| 17 | | 1499 Development Activities ⁴ | | | | | | |

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

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

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

| | | | |
|-----------------------------------|--|-------------------------------|--|
| Part I: Summary | | FFY of Grant: 2009 | |
| PHA Name: Breaux Bridge | Grant Type and Number Capital Fund Program Grant No: LA05950109 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant Approval: | |

Type of Grant Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: Revised Annual Statement (revision no:)
 Final Performance and Evaluation Report

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
|--|--|----------------------|--------------------------------------|--------------------------------|----------|
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2 - 19) | 155,781 | | 53696.83 | 14918.83 |
| 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 05/10/2010 | Signature of Public Housing Director | | Date |

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

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

ATTACHMENT 4

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

Part I: Summary

| | | |
|-------------------------|---|--|
| PHA Name: Breaux Bridge | Grant Type and Number Capital Fund Program Grant No: LA05950110 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: |
|-------------------------|---|--|

| Line | Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | Reserve for Disasters/Emergencies <input type="checkbox"/> | Original | Total Estimated Cost | | Total Actual Cost ¹ |
|------|---|---|----------|----------------------|---|--------------------------------|
| | | | | Revised ² | Final Performance and Evaluation Report | |
| 1 | Total non-CFP Funds | | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | | | | | |
| 3 | 1408 Management Improvements | | 10000 | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | 16000 | | | |
| 5 | 1411 Audit | | | | | |
| 6 | 1415 Liquidated Damages | | | | | |
| 7 | 1430 Fees and Costs | | 10000 | | | |
| 8 | 1440 Site Acquisition | | | | | |
| 9 | 1450 Site Improvement | | 10000 | | | |
| 10 | 1460 Dwelling Structures | | 59000 | | | |
| 11 | 1465:1 Dwelling Equipment—Nonexpendable | | | | | |
| 12 | 1470 Non-dwelling Structures | | 44321 | | | |
| 13 | 1475 Non-dwelling Equipment | | 5000 | | | |
| 14 | 1485 Demolition | | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | | |
| 16 | 1495:1 Relocation Costs | | | | | |
| 17 | 1499 Development Activities ⁴ | | | | | |

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

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

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

Part I: Summary

| | | |
|-----------------------------------|---|--|
| PHA Name: BREAUX BRIDGE | Grant Type and Number Capital Fund Program Grant No.: LA59-50110 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: |
|-----------------------------------|---|--|

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
|---|--|------------------------|----------------------|---|----------|
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | 154321.00 | | | |
| 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 06/22/2010 | | Signature of Public Housing Director | |
| | | | | Date | |

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

Capital Fund Program—Five-Year Action Plan

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

Attachment 4

Part I: Summary

| PHA Name/Number | Development Number and Name | Work Statement for Year 1 FFY 2010 | Locality (City/County & State) | | | Original 5-Year Plan | | Revision No: | |
|-----------------|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|--------------|--|
| | | | 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 | 134000 | 104000 | 104000 | 104000 | | 104000 | |
| C. | Management Improvements | | | | | | | | |
| D. | PHA-Wide Non-dwelling Structures and Equipment | | | | | | | | |
| E. | Administration | | 26000 | 26000 | 26000 | 26000 | | 26000 | |
| F. | Other | | | | | | | | |
| G. | Operations | | | 30000 | 30000 | 30000 | | 30000 | |
| H. | Demolition | | | | | | | | |
| I. | Development | | | | | | | | |
| J. | Capital Fund Financing – Debt Service | | | | | | | | |
| K. | Total CFP Funds | | 160000 | 160000 | 160000 | 160000 | | 160000 | |
| L. | Total Non-CFP Funds | | | | | | | | |
| M. | Grand Total | | | | | | | | |

