

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**

1.0	PHA Information PHA Name: <u>Logansport Housing Authority</u> PHA Code: <u>LA77P001</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>06/2009</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>26</u> Number of HCV units: <u>0</u>				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	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. The Housing Authority's objectives are to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.				
5.2	Goals and Objectives. Reduce Vacancies, improve public housing management, renovate modernize public housing units and improve customer satisfaction. We have remodeled two units that weren't rentable and they have been rented.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: n/a (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. Logansport Housing Authority office				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable.				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				
9.0	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	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. We have used the ARRA funds to renovate to units that were off rent row and now these units have been rented.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Substantial deviation from the 5 year plan: Any change to the Mission Statement such as: 50% deletion from or addition to the goals and objectives as a whole, 50% or more decrease in the quantifiable measurement of any individual goal or objective</p> <p>Significant amendment or modification to the Annual Plan: 50% variance in the funds projected in the CFP Annual Statement Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or CFP Annual Statement Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership Programs Any change inconsistent with the local, approved Consolidated Plan</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

**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 06/30/2010, 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.

Logansport Housing Authority

LA077

PHA Name

PHA Number/HA Code

_____ 5-Year PHA Plan for Fiscal Years 20____ - 20____

_____ Annual PHA Plan for Fiscal Years 20____ - 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
Elizabeth Anderson	Chairperson
Signature	Date
<i>Elizabeth Anderson</i>	

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name
Logansport Housing Authority

Program/Activity Receiving Federal Grant Funding

OFND/CFP/ARRA

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 Federal agency 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.

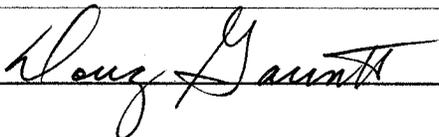
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official
DOUG GAUNTT

Title
EXE DIR

Signature

Date

X  3/10/2010

Certification of Payments to Influence Federal Transactions

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

Applicant Name

LOGANSPORT HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding
OFND/CFP/ARRA

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.

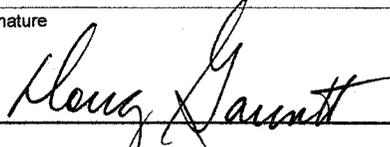
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this 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 DOUG GAUNTT	Title EXE DIR
Signature 	Date (mm/dd/yyyy) 3/10/2010

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 checked="checked" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="checked" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="checked" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="checked" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: LOGANSPOUNT HOUSING AUTHORITY PO BOX 470 LOGANSPOUNT, LA. 71049 Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: 4 Congressional District, if known:	
6. Federal Department/Agency: HUD	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ 36687	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): None	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): None	
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>Doug Gauntt</u> Print Name: <u>DOUG GAUNTT</u> Title: <u>EXE DIR</u> Telephone No.: <u>318 256 3359</u> Date: <u>3/10/2010</u>	
Federal Use Only:	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.



Housing Authority of the Town of Logansport
C/O Sabine Parish Housing Authority
P.O. Box 1565
Many, LA 71449



E-Mail doug@sabinehousing.org Website www.sabineparishha.org

Board Members

Doug Gauntt, Ex. Dir.,PHM

Elizabeth Anderson-Chairman

Virginia Campbell

Sharon Stewart

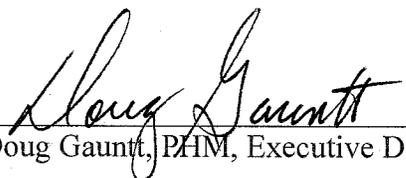
Alberta Abraham

Patricia Murray

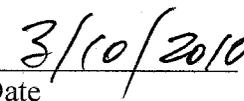
CERTIFICATION OF COMPLIANCE FOR THE VAWA (VIOLENCE AGAINST
WOMEN'S ACT)

VIOLENCE AGAINST WOMEN AND DEPARTMENT OF JUSTICE
REAUTHORIZATION ACT OF 2005 (VAWA)

PHAs are reminded of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162, H.R. 3402) signed by President Bush on January 3, 2005, and effective for PHAs with fiscal years beginning July 1, 2007. Title VI, Housing Opportunities and Safety for Battered Women and Children, Section 603, amended Section 5A of the United States Housing Act of 1937 (42 U.S.C. 1437c-1), requiring Five-Year and Annual PHA Plans to contain information regarding a PHA's goals, objectives, policies, or programs that will enable the PHA to serve the needs of child and adult victims of domestic violence, dating violence, sexual assault, or stalking. Specific requirements are that a PHA's Annual Plan must include a description of: (a) any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; (b) any activities, services or programs provided or offered by a public housing agency that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and (c) any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.



Doug Gauntt, PHM, Executive Director



Date

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.

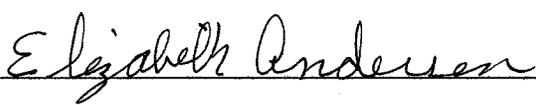
Logansport Housing Authority

LA077

 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		Title	
Elizabeth Anderson		Chairperson	
Signature		Date	
			



Housing Authority of the Town of Logansport



Pha plan

Substantial deviation from the 5 year plan:

Any change to the Mission Statement such as:

50% deletion from or addition to the goals and objectives as a whole,

50% or more decrease in the quantifiable measurement of any individual goal or objective

Significant amendment or modification to the Annual Plan:

50% variance in the funds projected in the CFP Annual Statement

Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or CFP Annual Statement

Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated

Housing or Homeownership Programs

Any change inconsistent with the local, approved Consolidated Plan

P.O. Box 470, 300 Marie St.-Logansport, LA 71049

Phone 318-697-4380-Fax 318-697-4040

LOGANSFORT HOUSING AUTHORITY

GRIEVANCE PROCEDURES

A. Applicability

The LOGANSFORT Housing Authority, Louisiana, hereafter referred to as PHA, grievance procedure shall be applicable to all individual grievances as defined below, between the resident and the PHA. The PHA may, at its option, exclude from the PHA's grievance procedure, or include under the expedited grievance procedure, any grievance concerning a termination of tenancy or eviction that involves:

- (i) Any criminal activity that threatens the health, safety, or right of peaceful enjoyment of the other residents or employees of the PHA or
- (ii) Any drug-related criminal activity on or near the PHA premises.
- (iii) Any alcohol abuse that the PHA determines interferes with the health, safety of right to peaceful enjoyment of the premises by other residents.

This exclusion is only allowed if the PHA uses the local Superior Court, State Court, or other Court, as determined by HUD that meets the due process determination. Magistrate Courts have not been determined to meet the due process determination.

B. Definitions

1. "Grievance" shall mean any dispute which a resident may have with respect to a PHA action or failure to act in accordance with the individual resident's lease or PHA regulations which adversely affect the individual resident's rights, duties, welfare or status.
2. "Complaint" shall mean any resident whose grievance is presented to the PHA or at the development management office in accordance with this procedure.
3. "Elements of Due Process" shall mean an eviction action or a termination tenancy in a State or Local Court in which the following safeguards are required:
 - (a) Adequate notice to the resident of the grounds for terminating the tenancy and for eviction;
 - (b) Right of the resident to be represented by counsel;
 - (c) Opportunity for the resident to examine all relevant documents, records, and regulations of the PHA prior to the trial for the purpose of preparing a defense;

- (d) Opportunity for the resident to refute the evidence presented by the PHA including the right to confront and cross-examine witnesses and to present any affirmative legal or equitable defense which the resident may have;
 - (e) A decision on the merits.
4. "Hearing Officer" shall mean a person selected in accordance with this policy to hear grievances and render a decision with respect thereto.
 5. "Hearing Panel" shall mean a panel selected in accordance with this policy to hear grievances and render a decision with respect thereto.
 6. "Resident" shall mean the adult person (or persons) (other than a live-in aide) who resides in the unit, and who executed the lease with the PHA as lessee of the dwelling unit, or, if no such person now resides in the unit, who resides in the unit, and who is the remaining head of household of the resident family residing in the dwelling unit.
 7. "Resident Organization" means an organized body of residents with an adopted set of by-law's, a democratic body, and elected officers. It shall include a resident management corporation.

C. Procedure Prior to a Hearing

Any grievance shall be personally presented, either orally or in writing to the PHA office or to the office of the development in which the complainant resides so that the grievance may be discussed informally and settled without a hearing. In cases of the PHA's failure to act, the grievance or complaint must be submitted within a reasonable time, not in excess of 30 days of the PHA failure to act, which is the basis of the grievance. In cases of PHA's action, the grievance or complaint must be submitted within a reasonable time, not in excess of 30 days of the PHA's action or not in excess of the number of days stated in a letter of adverse action, which is the basis for the grievance. A summary of such discussion shall be prepared within a reasonable time, not in excess of 5 working days. One copy shall be given to the complainant and one copy retained in the PHA resident file. The summary shall specify the names of the participants, dates of meetings, the nature of the proposed disposition of the complaint and the specific reasons therefore, and shall specify the procedures by which a hearing under this policy may be obtained if the complainant is not satisfied. The summary shall be delivered to the complainant in accordance with Section 17 "Termination of lease" of the lease.

D. Procedure to Obtain a Hearing

1. The complainant shall submit a written request for a hearing to the PHA or the development office within a reasonable time after receipt of the summary, not in excess of seven calendar days. The written request shall specify:
 - (a) The reasons for the grievance, and;
 - (b) The action or relief sought.

2. A grievance hearing shall be conducted by an impartial person or persons appointed in accordance with this policy. The Hearing Officer or Hearing Panel shall consist of a person or persons other than a person who made or approved the PHA action under review or a subordinate of such person. The Hearing Officer or Hearing Panel may consist of a person or persons who may be an officer or employee of the PHA.

The Executive Director of the PHA shall select a Hearing Officer or Hearing Panel. It shall be the Executive Director's decision, based on facts and circumstances of the grievance, whether to select a single Hearing Officer or a Hearing Panel consisting of three persons. Careful consideration should be given in the selection of the Hearing Officer or Hearing Panel. The Executive Director is not prohibited from selecting himself/herself provided that he/she is impartial and was not the person who made or approved the PHA action.

Prior to final selection of the Hearing Officer or Hearing Panel, the Executive Director shall notify the resident organizations, when and if one exists, of his/her decision and allow for comment. Resident organizations shall have seven calendar days from the date of the notice to submit comments. Any recommendations or comments received shall be considered by the Executive Director in making the final selection.

The Executive Director shall have 15 calendar days after receipt of a request for a hearing in which to make a final selection of a Hearing Officer or Hearing Panel.

3. If the complainant does not request a hearing in accordance with D (1) above, then the PHA's disposition of the grievance under this policy shall become final.
4. All grievances, except those identified under the Expedited Grievance Procedure outlined below, shall be personally presented orally or in writing pursuant to the informal procedure prescribed in Section C above as a condition precedent to a hearing under this section. However, if the complainant shall show good cause why he failed to proceed in accordance with Section C to the Hearing Officer or Hearing Panel, the provisions of this subsection may be waived by the Hearing Officer or Hearing Panel.

5. Before a hearing is scheduled in any grievance involving the amount of rent which the PHA claims is due, the complainant shall pay to the PHA, to be held in escrow, an amount equal to the amount of the rent due and payable as on the first of month preceding the month in which the act or failure to act took place. The complainant shall thereafter deposit the same amount of the monthly rent in an escrow account, held by the PHA, monthly until the complaint is resolved by decision of the Hearing Officer or Hearing Panel. The PHA shall hold in escrow all deposits, on behalf of the resident, pending resolution of the complaint. These requirements may be waived, by the PHA in extenuating circumstances. Unless so waived, the failure to make such payment shall result in a termination of the grievance procedure.
6. Upon complainants' compliance with subsections 1, 3, 4 and 5 of this section, a hearing shall be scheduled by the Hearing Officer or Hearing Panel promptly for a time and place reasonably convenient to both the complainant and the PHA. A written notification specifying the time, place and procedures governing the hearing shall be delivered to the complainant and the appropriate PHA official in accordance. The proposed services will be performed in two distinct phases.

E. Expedited Grievance Procedure

1. The expedited grievance procedure shall apply only to those grievances concerning a termination of tenancy or eviction that involves:
 - (a) any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents or employees of the PHA, or
 - (b) any drug related criminal activity on or near PHA's premises;
 - (c) any alcohol abuse that the PHA determines interferes with the health, safety or right to peaceful enjoyment of the premises by other residents.
2. When the PHA notifies the resident of a termination of tenancy or eviction that involves the above referenced violations, the PHA shall also include in that notice that any grievance hearing requests shall be in accordance with the expedited grievance procedure.
3. The complainant shall have seven (7) calendar days from the date of the notice in which to file a written request for a hearing to the PHA or the development office. The written request shall specify:
 - (a) The reasons for the grievance, and;
 - (b) The action or relief sought.

4. The complainant shall NOT have the grievance informally discussed as outlined in Section C of this policy.
5. Within 24 hours of receipt by the PHA of the complainant's request for a hearing, the Executive Director or his designee shall notify the resident organizations of his/her selection of a Hearing Officer or Hearing Panel. The resident organizations shall have 5 calendar days from the date of the notice to submit comments as to the selection of the Hearing Officer or Hearing Panel. Upon expiration of the 5-day comment period, the Executive Director or his designee shall have one (1) working day to review the comments and make a final selection as to the member(s) of the Hearing Panel or Hearing Officer.
6. Upon complainant's compliance with sub-section 3 of this section, a hearing shall be scheduled by the Hearing Officer or Hearing Panel promptly for a time and place reasonably convenient to both the complainant and the PHA, not in excess of five (5) working days of the selection of the Hearing Officer or Hearing Panel. A written notification specifying the time, place and the procedures governing the hearing shall be delivered to the complainant and the appropriate PHA.

F. Procedure Governing the Hearing

1. The hearing shall be held before a Hearing Officer or Hearing Panel, as determined by the Executive Director.
2. The complainant shall be afforded a fair hearing, which shall include:
 - (a) The opportunity to examine before the grievance hearing any PHA documents, including records and regulations that are directly relevant to the hearing. The complainant shall be allowed to copy any such document at the complainant's expense. If the PHA does not make the document available for examination upon such request by the complainant, the PHA may not rely on such document at the grievance hearing;
 - (b) The right to be represented by counsel or other person chosen as the complainant's representative, and to have such person make statements on the complainant's behalf;
 - (c) The right to a private hearing unless the complainant request a public hearing;
 - (d) The right to present evidence and arguments in support of the complainant's complaint, to controvert evidence relied on by the PHA or development management, and to confront and cross-examine all witnesses upon whose testimony or information the PHA or development management relies; and

- (e) A decision based solely and exclusively upon the facts presented at the hearing.
3. The Hearing Officer or Hearing Panel may render a decision without preceding with the hearing if the Hearing Officer or Hearing Panel determines that the issue has been previously decided in another proceeding.
 4. If the complainant or the PHA fails to appear at a scheduled hearing, the Hearing Officer or Hearing Panel may make a determination to postpone the hearing for not more than five business days or make a determination that the party has waived his right to a hearing. Both the complainant and the PHA shall be notified of the determination by the Hearing Officer or Hearing Panel.
 5. At the hearing, the complainant must first make a showing of an entitlement to the relief sought and thereafter the PHA must sustain the burden of justifying the PHA action or failure to act against which the complainant is directed.
 6. The hearing shall be conducted informally by the Hearing Officer or Hearing Panel and oral or documentary evidence pertinent to the facts and issues raised by the complainant may be received without regard to admissibility under the rules of evidence applicable to judicial proceedings. The Hearing Officer or Hearing Panel shall require the PHA, the complainant, counsel and other participants or spectators to conduct themselves in an orderly fashion. Failure to comply with the directions of the Hearing Officer or Hearing Panel to obtain an order may result in exclusion from the proceedings or in a decision adverse to the interests of the disorderly part and granting or denial of the relief sought, as appropriate.
 7. The complainant or the PHA may arrange, in advance and at the expense of the party making the arrangement, for a transcript of the hearing. Any interested party may purchase a copy of the transcript.
 8. The PHA must provide reasonable accommodation for persons with disabilities to participate in the hearing. Reasonable accommodations may include qualified sign language interpreters, readers, accessible locations, or attendants. If the complainant is visually impaired, any notice to the complainant, which is required under this section, must be in an accessible format.

G. Decision of the Hearing Officer or Hearing Panel

1. The Hearing Officer or Hearing Panel shall prepare a written decision, together with the reasons therefore, within a reasonable time after the hearing, but not in excess of 7 business days for a standard hearing and not in excess of 3 business days in the case of an expedited grievance hearing. A copy of the decision shall be sent to the complainant and the PHA. The PHA shall retain a copy of the decision in the complainants' folder. A copy of such a decision, with all names and identifying references deleted, shall also be maintained on file by the PHA and made available for inspection by a prospective complainant, his representative, or the Hearing Officer or Hearing Panel.
2. The decision of the Hearing Officer or Hearing Panel shall be binding on the PHA which shall take all actions, or refrain from any actions, necessary to carry out the decision unless the PHA Board of Commissioners determines within a reasonable time, not to exceed 30 days, and promptly notifies the complainant of its determination, that:
 - (a) The grievance does not concern PHA action or failure to act in accordance with or involving the complainant's lease or PHA regulations, which adversely affect the complainants rights, duties, welfare or status;
 - (b) The decision of the Hearing Officer or Hearing Panel is contrary to applicable Federal, State or Local law, HUD regulations or requirements of the annual contributions contract between HUD and the PHA.
3. A decision by the Hearing Officer or Hearing Panel, or Board of Commissioners in favor of the PHA or which denies the relief requested by the complainant in whole or in part shall not constitute a waiver of, nor affect in any manner whatever, any rights the complainant may have to a trial de novo or judicial review in any judicial proceedings, which may thereafter be brought in the matter.

H. Eviction Actions Upon Decision of Hearing Officer or Hearing Panel

If a resident has requested a hearing in accordance with Section C of this policy, on a complaint involving a PHA Notice of Termination of the tenancy and the Hearing Officer or Hearing Panel upholds the PHA's action to terminate the tenancy, the PHA shall not commence an eviction action in a State or local court until it has served a notice to vacate on the resident, and in no event shall the notice to vacate be issued prior to the decision of the Hearing Officer or Hearing Panel having been mailed or delivered to the complainant.

Such notice to vacate must be in writing and specify that if the resident fails to quit the premises within the applicable statutory period or on the termination date stated in the Notice of Termination, whichever is later, appropriate action will be brought against the resident and he/she may be required to pay court costs and attorney fees.

I. Actions Not A Waiver of Right to Appropriate Judicial Proceedings

Any Action or failure to act by the complainant in any part of this policy shall not constitute a waiver by the complainant of his right thereafter to contest the PHA's actions in disposing of the complaint in an appropriate judicial proceeding.

J. Amendments

Any amendments that need to be made to these procedures shall only be made after a 30-day comment period is allowed for residents and then only after the PHA has considered the comments received.

Logansport Housing Authority

PET POLICY

In compliance with Section 526 of The Quality Housing and Work Responsibility Act of 1998, PHA residents shall be permitted to own and keep common household pets. Animals that are an auxiliary for persons with a disability are excluded from this policy. The ownership of common household pets is subject to the following rules and limitations:

1. Common household pets shall be defined as "domesticated animals such as a dog, cat, bird, rodent, fish or turtle". Common household pets are defined as follows:

Bird Includes Canary, Parakeet, Finch and other species that are normally kept caged; birds of prey are not permitted.

Fish In tanks or aquariums, not to exceed twenty (20) gallons in capacity; poisonous or dangerous fish are not permitted.

Dogs Dogs not to exceed twenty-five pounds (25 lbs.) weight, or fifteen (15) inches in height at full growth. Dogs must be spayed or neutered. Veterinarian's recommended /suggested types of dogs are as follows:

- | | |
|--------------|-------------------|
| a. Chihuahua | e. Cocker Spaniel |
| b. Pekingese | f. Dachshund |
| c. Poodle | g. Terriers |
| d. Schnauzer | |

NO PIT BULLS WILL BE PERMITTED

Cats Cats must be spayed or neutered and be de-clawed or have scratching post, and should not exceed fifteen pounds (15 lbs.).

Rodents Rodents other than hamsters, gerbils, white rats or mice are not considered common household pets. These animals must be kept in appropriate cages.

Reptiles Reptiles other than turtles or small lizards such as chameleons are not considered common household pets.

Exotic Pets At no time will the PHA approve of exotic pets, such as snakes, monkeys, game pets, etc.

2. No more than one (1) dog or cat shall be permitted in a household. In the case of birds, a maximum of two birds may be permitted. There shall be no limit as to the number of fish, but no more than one aquarium with a maximum capacity of twenty (20) gallons shall be permitted. A Resident with a dog or cat may also have other categories of "common household pets" as defined above.

3. Pets other than a dog or cat shall be confined to an appropriate cage or container. Such a pet may be removed from its cage while inside the owner's housing unit for the purpose of handling, but shall not generally be unrestrained.
4. Only one (1) dog or cat is allowed per household. **NO PIT BULLS WILL BE PERMITTED.** All dogs and cats will need to be on a leash, tied up, or otherwise restrained at all times when they are outside. Neither dogs nor cats shall be permitted to run loose.
5. Pet owners shall maintain their pet in such a manner as to prevent any damage to their unit, yard or common areas of the community in which they live. The animal shall be maintained so as not to be a nuisance or a threat to the health or safety of neighbors, PHA employees, or the public, by reason of noise, unpleasant odors or other objectionable situations.
6. Each pet owner shall be fully responsible for the care of the pet, including proper disposal of pet wastes in a safe and sanitary manner. Specific instructions for pet waste shall be available in the management office. Improper disposal of pet waste is a lease violation and may be grounds for termination.
7. All pets shall be inoculated and licensed in accordance with applicable state and local laws. All cats or dogs shall be neutered or spayed, unless a veterinarian certifies that the spaying or neutering would be inappropriate or unnecessary (because of health, age, etc.).
8. Visiting pets may be allowed as long as they generally conform to the guidelines expressed in this policy, except that, no additional pet deposit shall be required of the Resident with whom the pet is visiting unless the visit is in excess of seventy-two (72) hours, and two (2) verified complaints shall be grounds for excluding the pet from further visits.
9. All pets shall be registered with the Management Office immediately or no longer than ten (10) days following their introduction to the community. Registration shall consist of providing:
 - a. Basic information about the pet (type, age, description, name, etc.);
 - b. Proof of inoculation and licensing;

- c. Proof of neutering or spaying. All female dogs over the age of six (6) months and female cats over the age of five (5) months must be spayed. All male dogs over the age of eight (8) months and all male cats over the age of ten (10) months must be neutered. If health problems prevent such spaying or neutering, a veterinarian's certificate will be necessary to allow the pet to become or continue to be a Resident of the community;

Type of Pet	Pets Name	Inoculations (type and date)
License Date	Spay or Neuter Date	

- d. Payment of a pet deposit of \$50.00 (to be paid in full, or over a period of time not to exceed six (6) months, in case of hardship) to defray the cost of potential damage done by the pet to the unit or to common areas of the community. There shall be no pet deposit for pets other than dogs or cats. The pet deposit shall not preclude charges to a Resident for repair of damages done on an ongoing basis by a pet. The Resident is responsible for all damages caused by the pet and will reimburse the Authority for all costs it incurs in repairing such damages. This deposit is refundable with accrued interest if no damage is identified at the move-out inspection; and
- e. If a Resident cannot care for their pet due to an illness, absence, or death, and no other person can be found to care for the pet, after twenty-four (24) hours have elapsed, the Resident hereby gives permission for the pet to be released to the Humane Society/Animal Control, in accordance with their procedures. In no case shall PHA incur any costs or liability for the care of a pet placed in the care of another individual or agency under this procedure.

Provide the name, address and phone number of one or more persons who will care for the pet if you are unable to do so.			
Name	Address	Phone (day)	Phone (night)
This information will be updated annually			

10. Any litigation resulting from actions by pets shall be the sole responsibility of the pet owner. The pet owner agrees to indemnify and hold harmless the PHA from all claims, causes of action damages or expenses, including attorney's fees, resulting from the action or the activities of his or her pet. The PHA accepts NO RESPONSIBILITY for the pet under any circumstance. The PHA strongly advises resident to obtain liability insurance.

LOGANSPORT HOUSING AUTHORITY

Part I: Summary

PHA Name/Number	Locality (City/County & State)	<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:		
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
A. LA077					
B. Physical Improvements Subtotal	Annual Statement	29350	29350	29350	29350
C. Management Improvements					
D. PHA-Wide Non-dwelling Structures and Equipment					
E. Administration					
F. Other					
G. Operations		7337	7337	7337	7337
H. Demolition					
I. Development					
J. Capital Fund Financing -- Debt Service					
K. Total CFP Funds		36687	36687	36687	36687
L. Total Non-CFP Funds					
M. Grand Total		36687	36687	36687	36687

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: LOGANSPOK HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: LAA048P077501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval: 2010
--	--	---

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending: Summary by Development Account	Original	Revised Annual Statement (revision no:) <input type="checkbox"/> Revised ² <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	7337				
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	29350				
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFFP 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: 2010	
PHA Name: LOGANSPORT HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: LA48P077501-10 Replacement Housing Factor Grant No: Date of CFPP:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	Expended
		Original	Revised ²		
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)	36687			
21	Amount of line 20 Related to IBP 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 03/10/2010 Signature of Public Housing Director _____ Date _____

Angela Stewart

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.

POLICY FOR THE ADMINISTRATION

OF

COMMUNITY SERVICE

AND/OR

ECONOMIC SELF-SUFFICIENCY

REQUIREMENTS

(Quality Housing and Work Responsibility Act of 1998 24 CFR Part 960, Subpart F Section 960.600-960.609)

PREPARED FOR THE

LOGANSPORT HOUSING AUTHORITY

DESOTO PARISH LOGANSPORT, LOUISIANA
(CITY/TOWN)

MANAGEMENT RESOURCE GROUP, INC.

2392 MOUNT VERNON ROAD, SUITE 103 / ATLANTA GEORGIA 30338

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I. GENERAL INFORMATION

New Community Service Requirements

A. Background

The Quality Housing and Work Responsibility Act of 1998 (QHWRA) was signed into law by President Clinton on October 21, 1998. This Act is sometimes called the public housing reform act and the final rules required by QHWRA were published in the Federal Register on March 29, 2000. 24 CFR-Subpart F, 960.00 lists the statutory requirements, which must be incorporated by local PHA/PHC, etc into policy to meet, community Service/Self-Sufficiency work activities.

B. What is Community Service?

Community Service is defined as the performance of *voluntary* work, or duties that are a public benefit and serve to improve the quality of life, to enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community Service is not employment and may not include political activities.

C. Who must comply?

The final rule requires **all** adult family members who do not qualify for a statutory exemption.

D. Who is exempt?

An **exempt** person is an adult family member who:

- (1) Is **62** years of age or older;
- (2) Is blind or disabled as defined under the current Social Security Act. Existing documentation will be acceptable as evidence of a disability and disabled persons will be permitted to **self-certify** as to whether they **cannot** perform community service or self-sufficiency service provisions; or is a primary care giver to such above defined individual;
- (3) Is engaged in work activities;
- (4) Meets the requirements for being exempted under a State program funded under part A of the title IV of the Social Security Act (42 U.S.C. 601) or any other State administered welfare program of the State in which the PHA is located, including a welfare-to-work program.

- (5) Is a family member receiving assistance, benefits or services under a state program funded under part A of title IV of the Social Security Act (42 USC 601 et seq.) or under any other welfare program of the State in which the Housing Authority is located.

E. What is the Annual Obligation?

Each adult family member who is not exempt must:

- (1) Contribute **8 hours per month (96 hours per year)** of Community Service, or
- (2) Participate in an economic self-sufficiency program for the same hours per year; or
- (3) Perform a *combination* of the activities in (1) and (2) for the same number of hours required above: *8/month – 96/year*.

F. What happens when someone does not comply?

The lease specifies that it shall be renewed automatically for all purposes, unless the family fails to comply with the community service requirement. Violation of the service requirement is grounds for non-renewal of the lease at the end of the 12-month lease term, but not for the termination of tenancy during the course of the 12-month lease term prior to the recertification process.

In addition, each family member who fails to complete its entire obligation shall be given the opportunity to develop a plan with PHA approval to perform these non-compliant hours in addition to their regularly obligated 96 hours in the second year of residency. At the end of the second year if all outstanding obligated hours of community service/self-sufficiency are not met the PHA may commence eviction proceedings.

G. When does the Community Service Requirements start?

All PHAs and residents must comply with the requirements of subpart F beginning with a PHAs fiscal year that begin on or after October 1, 2000.

H. How does the PHA administer its program?

The PHA may administer qualifying community service or economic self-sufficiency activities directly through its own staff or through a third party community entity that has an agreement with the PHA.

I. PHA Responsibilities to its residents.

- (1) The PHA must develop a policy that describes how it will determine which family members are subject to or exempt from performing the service requirement and the process for verifying changes to existing status.
- (2) The PHA must provide every family a written description of the service requirement and the process for claiming status. The PHA must also notify each adult family member of its initial determination of exempt and non-exempt status.
- (3) The PHA must review family compliance with the service requirements and must verify such compliance annually at least 30 days before the renewal of the lease (Annual Re-Certification).
- (4) The PHA must retain reasonable documentation of service requirement performance or exemption in the resident's file folder.

II. PROGRAM ADMINISTRATION

The Sabine Parish Housing Authority's policy is designed to identify which adult family members are subject to or exempt from the service requirements; to explain how the PHA will administer its program; to identify PHA and/or third party certification opportunities available to eligible adult family members; and to assure resident compliance with identified work activities with fair and equitable actions.

A. PHA Responsibilities

(1) Eligibility Determination

The PHA will review every existing resident file to determine each Adult member's status regarding community service per the following guidelines.

- a. An **exempt** person is an adult family member who:
 1. Is **62** years of age or older;
 2. Is blind or disabled as defined under the current Social Security Act. Existing documentation will be acceptable as evidence of a disability and disabled persons will be permitted to **self-certify** as to whether they **cannot** perform community service or self-sufficiency service provisions; or is a primary care giver to such above defined individual;
 3. Is engaged in work activities;
 4. Meets the requirements for being exempted under a State program funded under part A of the title IV of the Social Security Act (42 U.S.C. 601) or any other State administered welfare program of the State in which the PHA is located, including a welfare-to-work program.
 5. Is a family member receiving assistance, benefits or services under a state program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under any other welfare program of the State in which the Housing Authority is located.
- b. As family status is determined a registered letter or other certifiable document of receipt will be sent to each adult member of that family to notify them of their status (exempt or non-exempt) and explaining the steps they should immediately proceed with through their housing representative.

- c. The PHA will include a copy of the general information section of its Community Service Policy and a listing of PHA and/or third party work activities that are eligible for certification of the community service requirement.
- d. At the scheduled meeting with each non-exempt adult family member, not only will the parameters of the community service requirement be reviewed but also the PHA and/or third party work activities will be identified and selected for compliance with the annual obligation for certification at their annual lease renewal date.

(2) Work Activity Opportunities

The Sabine Parish Housing Authority has elected to provide to those adult family members that must perform community service activities the opportunity to select either PHA sanctioned work activities or Third Party certifiable work items. The administration of the certification process would be:

a. PHA Provided Activities.

When qualifying activities are provided by the Authority directly, designated Authority employee(s) shall provide signed certification that the family member has performed the proper number of hours for the selected service activities.

b. Third Party Certification

When qualifying activities are administered by any organization other than PHA, the family member must provide signed certification (see III A (c)) to the Authority by such third party organization that said family member has performed appropriate service activities for the required hours.

c. Verification of Compliance.

The Authority is required to review family compliance with service requirement, and must verify such compliance annually at least thirty (30) days before the end of the twelve (12) month lease term (annual re-certification time). Evidence of service performance and/or exemption must be maintained in the participant files.

d. Notice of Noncompliance.

If the Authority determines that, a family member who is subject to fulfilling a service requirement, but who has violated the family's obligation (a noncompliant resident) the Authority must notify the specific family member of this determination.

The Notice of Noncompliance must:

1. Briefly, describe the noncompliance (inadequate number of hours).
2. State that the Authority will not renew the lease at the end of the twelve (12) month lease term unless:

The resident or any other noncompliant adult family member enters into a written agreement with the Authority to cure the noncompliance and in fact perform to the letter of agreement.

- Or -

The family provides written assurance satisfactory, to the PHA that the resident or other noncompliant adult family member no longer resides in the unit.

This Notice of Noncompliance must also state that the resident may request a grievance hearing and that the resident may exercise any available judicial remedy to seek timely redress for the Authority's non-renewal of the lease because of a noncompliance determination.

e. Resident agreement to comply with the service requirement.

The written agreement entered into with the Authority to cure the service requirement noncompliance by the resident and any other adult family member must:

1. Agree to complete additional service hours needed to make up the total number of hours required over the twelve (12) month term of the new lease.
2. State that all other members of the family subject to the service requirement are in current compliance with the service requirement or are no longer residing in the unit.

- f. The Logansport Housing Authority has developed the following list of Agency certifiable and/or third party work activities of which each non-exempt adult family member can select to perform their individual service requirement.

The Authority has identified the following PHA certifiable activities, which are available to meet the requirements:

Neighborhood Watch
 Daily Phone Monitor for elderly
 Daily Phone Monitor for disabled
 Welcome Wagon Attendant
 Playground Monitor
 Or other certifiable activities

The following third party entities have entered into agreement with the Authority to provide activities available to satisfy the Community Service activities:

Religious Organizations

Name
 Address
 Phone Number
 Contact person

Qualified activities

Phone bank
 Out reach
 Food service (soup kitchen)
 Or other certifiable activities

Schools

Name
 Address
 Phone Number
 Contact person

Qualified activities

PTA Volunteer
 Library Aide
 Hall Monitor
 Playground,
 or other certifiable activities

Hospitals

Name
 Address
 Phone Number
 Contact person

Qualified activities

Reception
 Candy Striper
 or other certifiable activities

III. DOCUMENTATION

- A. Resident Notification Letter**
- B. PHA Certification Form**
- C. Third Party Certification Form**
- D. Community Service Exemption Certification**
- E. Memorandum Of Understanding**
- F. Physician Disability/Handicapped Verification Form**

LOGANSPROT HOUSING AUTHORITY

HOUSING AUTHORITY CERTIFICATION FORM
Housing Authority Community Service Work Activities

I _____ an adult family member of the household that resides at

_____, do acknowledge
Street address City, State
that, I am required to complete 8 hours of Community Service per month and/or 96 hours per year to remain eligible for the Annual renewal of my lease.

Signature

<u>ACTIVITY(S) PERFORMED</u>	<u>HOURS COMPLETED</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
TOTAL HOURS	_____

This service was performed during the month of _____, 20_____.

Signature
Housing Authority Representative

Date Signed

LOGANSPORT HOUSING AUTHORITY

THIRD PARTY CERTIFICATION FORM
Housing Authority Community Service Work Activities

I _____ an adult family member of the household that resides at

_____, do acknowledge
Street address City, State

that, I am required to complete 8 hours of Community Service per month and/or 96 hours per year to remain eligible for the Annual renewal of my lease.

Signature

<u>ACTIVITY(S) PERFORMED</u>	<u>HOURS COMPLETED</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
TOTAL HOURS	_____

This service was performed during the month of _____, 20_____.

Signature
Third Party Representative

Date Signed

COMMUNITY SERVICE COMPLIANCE CERTIFICATION

I have received a copy of, have read and understand the contents of the Logansport Housing Authority's Community Service Policy as required by HUD through the Quality Housing and Work Responsibility Act of 1998.

I understand that I must perform 96 hours of community service per year at no less than 8 hours per month per this requirement. I further understand that if I do not comply with this requirement that my lease will not be renewed.

Adult Family Member

Date

BOBBY JINDAL
GOVERNOR



ANGELE DAVIS
COMMISSIONER OF ADMINISTRATION

State of Louisiana
DIVISION OF ADMINISTRATION
OFFICE OF COMMUNITY DEVELOPMENT

March 9, 2010

Mr. Doug Gauntt, Acting Executive Director
Logansport Housing Authority/Sabine Parish Housing Authority
P.O. Box 1565
Many, Louisiana 71449

RE: Certification of Consistency – PHA Plan

Dear Mr. Gauntt:

We have reviewed the Section 903.15 Plan Consistency Certification Request which was received on March 5, 2010. Based on our review of that checklist, enclosed is the signed certification of the PHA Plans' consistency with the State's 2005-2009 Consolidated Plan. This signed form must accompany your completed plan to HUD.

We wish you every success in your planning process.

Sincerely,

A handwritten signature in cursive script, appearing to read "Carol M. Newton".

Carol M. Newton
Director, Louisiana Community
Development Block Grant Program

Enclosure

File: FY 2009 Certifications of Consistency - PHA

Post Office Box 94095 • Baton Rouge, Louisiana 70804-9095
Claiborne Building, Suite 7-270
(225) 342-7412 • Fax (225) 342-1947 • 1-800-354-9548
An Equal Opportunity Employer

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 Logansport Housing Authority is consistent with the Consolidated Plan of the State of Louisiana prepared pursuant to 24 CFR Part 91.

Carol M. Newton 3-9-10
Signed / Dated by Appropriate State or Local Official

LOGANSPOUT HOUSING AUTHORITY

Part I: Summary

PHA Name/Number		Locality (City/County & State)				<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
Development Number and Name	Work Statement for Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5		
A. LA077	FFY 2010						
B. Physical Improvements Subtotal	Annual Statement	29350	29350	29350	29350	29350	29350
C. Management Improvements							
D. PHA-Wide Non-dwelling Structures and Equipment							
E. Administration							
F. Other							
G. Operations		7337	7337	7337	7337	7337	7337
H. Demolition							
I. Development							
J. Capital Fund Financing - Debt Service							
K. Total CFP Funds		36687	36687	36687	36687	36687	36687
L. Total Non-CFP Funds							
M. Grand Total		36687	36687	36687	36687	36687	36687

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: LOGANSPORT
 HOUSING AUTHORITY

Grant Type and Number
 Capital Fund Program Grant No: LA48P077501-08
 Replacement Housing Factor Grant No:
 Date of CFFP:

FFY of Grant: 2008
 FFY of Grant Approval: 2008

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending:
 Reserve for Disasters/Emergencies

Final Performance and Evaluation Report
 Revised Annual Statement (revision no:)

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	3767.00	3767		3767	3767	
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures	28902.00	33113		33113	33113	
11	1465.1 Dwelling Equipment - Nonexpendable	4211	0		0	0	
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities 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: LOGANSPORT HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: LA48P077501-08 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant: 2008 FFY of Grant Approval: 2008
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Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending: 02/24/2010
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 2)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Revised ²	Obligated	Expended
		Total Estimated Cost		Total Actual Cost ¹	
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)	36880	36880	36880	36880
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 <i>Henry J. [Signature]</i>		Date 04/14/2010	Signature of Public Housing Director		Date

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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: **LOGANSPORT HOUSING AUTHORITY**

Grant Type and Number
 Capital Fund Program Grant No: LAO48P07750109
 Replacement Housing Factor Grant No:
 Date of CFFP:

FFY of Grant: 2009
 FFY of Grant Approval: 2009

Type of Grant		Original		Revised ²		Obligated		Total Actual Cost ¹	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 003/31/2010 <input type="checkbox"/> Reserve for Disasters/Emergencies		Original	Total Estimated Cost	Revised ²	Total Estimated Cost	Obligated	Total Actual Cost ¹	Expended	
Line	Summary by Development Account								
1	Total non-CFP Funds								
2	1406 Operations (may not exceed 20% of line 21) ³	7337		7337		7337		7337	
3	1408 Management Improvements								
4	1410 Administration (may not exceed 10% of line 21)								
5	1411 Audit								
6	1415 Liquidated Damages								
7	1430 Fees and Costs			1915		1915		1915	
8	1440 Site Acquisition								
9	1450 Site Improvement								
10	1460 Dwelling Structures		29350		24975		15938.11		15938.11
11	1465.1 Dwelling Equipment—Nonependable								
12	1470 Non-dwelling Structures			2460		2460		2460	
13	1475 Non-dwelling Equipment								
14	1485 Demolition								
15	1492 Moving to Work Demonstration								
16	1495.1 Relocation Costs								
17	1499 Development Activities ⁴								

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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: LOGANSPORT HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: LA48P0775019 Replacement Housing Factor Grant No: Date of CFPP:		FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹	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)	36687	36687	27650.11	27650.11		
21	Amount of line 20 Related to IBP 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 03-31-2010		Signature of Public Housing Director		Date	

Mary Stewart

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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 CFPP 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 II: Supporting Pages

PHA Name: LOGANSPORT HOUSING AUTHORITY

Grant Type and Number
 Capital Fund Program Grant No: LA48P074501-09
 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	
LA077	REPAIR TWO UNITS CABINETS, COUNTER TOPS, HVAC BATHROOM EQUIPMENT TUBS/SHOWER WRAP AROUND, LAVATORY, FUACETS] KITCHEN [SINKS, FAUCETS, FLOOR COVERING, ELECTRICAL FIXTURES THROUGH THE UNITS, WIRING COMPLETE ALL DOORS AND TRIM/911 LIGHTS, REPAIR ROOFS ON BOTH BUILDINGS[REMOVE SWAG/REPLACE DMG DECKING AND REPLACE SHINGLES WITH 30 YEAR]	1460		29350	24975	15938.11	15938.11	64
	OPERATIONS	1406		7337	7337	7337	7337	100
	RANGES	1465.1	6					
	REFRIGERATORS	1465.1	6					
	NEEDS ASSESSMENT	1430			1915	1915	1915	100
	STORAGE BUILDING	1470			2460	2460	2460	100