

DeRidder Housing Authority

LA086 5 Year and Annual Plan Submission 2010 - 2014

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>DeRidder Housing Authority</u> PHA Code: <u>LA086</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2010</u>														
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>98</u> Number of HCV units: <u>38</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 1: PHA 2: PHA 3:	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	<table border="1"> <thead> <tr> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	No. of Units in Each Program		PH	HCV						
No. of Units in Each Program															
PH	HCV														
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.														
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.														
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. The Goals of the DeRidder Housing Authority continue to be the following: A) Expanding the supply of assisted housing available in our community by continuing to apply for any additional available rental vouchers and reducing the number of public housing vacancies by continuing to improve unit turnaround. B) Improve the quality of assisted housing by improving customer satisfaction and continued renovation and improvement of public housing units. C) Ensuring equal opportunity in housing for our community by reaffirming affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status and disability. In addition, the DHA continues to promote the following local goals and objectives: 1) Provide timely response to resident requests for maintenance 2) ensure the return of vacant units to new residents within 30 days 3) Continue enforcement of the "One Strike" policies for residents and applicants 4) maintain financial stability through aggressive rent collections and improved cost management and finally 5) provide flexibility and assistance to voucher holders seeking improved housing conditions.														
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last submission: None (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. The DeRidder Housing Authority's PHA 5 Year and Annual Plan will be available for public review at the DeRidder Housing Authorities Administrative Office located at 600 Warren St., DeRidder Louisiana during regular business hours. The Following Elements of the Plan will be available for review: 1) Eligibility, Selection and Admissions Policies – including Deconcentration and Waiting List as Appropriate. 2) Anticipated Financial Resources Report for 2010 - 20100 – Operating, Capital and Other Federal Anticipated Resources. 3) Rent Determination – Included in the ACOP and Administrative Section 8 Plans. 4) Operation and Management – Included in the ACOP and Administrative Section 8 Plan as appropriate. 5) Grievance Procedures – Included in the ACOP and Administrative Section 8 Plan. 6) Designated Elderly and Disabled Families – DHA has not designated sites for these targeted populations. 7) Community and Self Sufficiency – Included in the ACOP. 8) Safety and Crime Prevention Plan 9) Pets – Included in the ACOP. 10) Civil Rights Certification Report. 11) Fiscal year Audit. 12) Asset Management Plan. 13) Violence Against Women Act – Included in the ACOP and Administrative Plan. Attachment #2														
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>The DeRidder Housing Authority has no Hope Vi, Mixed Finance Modernization/Development, Demolition and/or disposition, conversion, Homeownership or Project-based voucher programs. No statements are included.</i>														
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. Attachment 2
8.2	Capital Fund Program Five-Year Action Plan. Attachment 3.
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. NOT APPLICABLE

Housing Needs. The DeRidder Housing Authority has assessed the housing needs of Beauregard parish and has determined that it is currently and will continue to meet the housing needs of the community to the extent practical for a small agency. The DHA strategies comply with the state of Louisiana's Consolidated Plan.

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	65		37
Extremely low income <=30% AMI	43	66	
Very low income (>30% but <=50% AMI)	14	21	
Low income (>50% but <80% AMI)	8	13	
Families with children	38	58	
Elderly families	8	12	
Families with Disabilities	13	2	
Race/White	33	50	
Race/Black	31	47	
Race/multi-racial	1	3	
Characteristics by Bedroom Size (Public Housing Only)			
1 BR	26	40	
2 BR	16	25	
3 BR	23	35	
4 BR	0	0	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	35		4
Extremely low income <=30% AMI	21	60	
Very low income (>30% but <=50% AMI)	7	20	
Low income (>50% but <80% AMI)	7	20	
Families with children	25	71	
Elderly families	8	29	
Families with Disabilities	1	2	
Race/White	11	31	
Race/Black	24	69	
Race/multi-racial	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1 BR	8	22	
2 BR	10	28	
3 BR	16	45	
4 BR	1	5	
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Waiting list has been closed for 24 months. The List will reopen in September 2010. No special categories of families are allowed to apply while list is closed.			

9.0

9.1	<p>Strategy for Addressing Housing Needs. The DeRidder Housing Authority's strategy for meeting the Housing Needs as identified in the Louisiana Consolidated State Plan and the as demonstrated by the numbers and characteristics on the Waiting List include 1) increasing the supply of decent safe and sanitary rental housing that is affordable for low, very low and moderate income families by renovating and modernizing public housing units and working to improve voucher management on the Section 8 HCV program This will be accomplished by reducing the turnaround rate of vacant public housing units, maintaining a increase of Section 8 lease up rates by establishing payment standards that enable families to rent throughout the jurisdiction. 2) the DHA has adopted the strategy to build the capacity of public housing and Section 8 HCV programs by the establishment and continued strengthening of collaborative relationships with local governmental units such as the City of DeRidder, Beauregard Parish Policy Jury, the Workforce Development Board, and the Beauregard Community Action Association to pursue sources of funding to improve the quality of life skills of residents and communities.. 3) the DHA has adopted the strategy to meet the needs of families on the waiting list in targeted income areas identified by HUD in the following manner: adopting rent policies to support and encourage working families, employing admissions preferences aimed at families who are working, and adoption of local elderly family preference to target this population.</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. (Not Applicable)</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. The DeRidder Housing Authority has defined "substantial deviation/modification" and "significant amendment" as the following a) Significant changes to the rent or admissions policy b) significant changes to the organization of the waiting list c) additions of major non-emergency work items not included in the Five Year Action Plan d) change is the use of replacement reserve funds administered under the Capital Fund and e) any change with regard to the demolition, disposition or conversion activities.</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) 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) 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. Attachment #1</p> <p>(g) Challenged Elements - None</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> <p>(j) Violence Against Women Act (VAWA) – Attachment #2</p>

Resolution 415

Certification 1

PHA Certifications of Compliance with PHA Plans and Related Regulations

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

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 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.

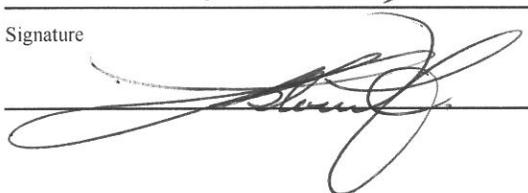
DeRidder Housing Auth.
PHA Name

LA086
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>L.V. Blount, SR</u>	<u>Chairman</u>
Signature	Date
	<u>7/13/010</u>

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

DeRidder Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program / Operating Funds

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.)

Warren Street, Flowers Street, Dixon Street, Carlisle Street, North Margaret Street - DeRidder, La. 70634

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 Katie Anderson	Title Executive Director
Signature 	Date 7/13/2010

Certification of Payments to Influence Federal Transactions

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

Applicant Name

DeRidder 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)

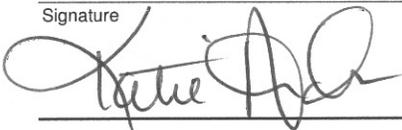
Name of Authorized Official

Katie Anderson

Title

Executive Director

Signature



Date (mm/dd/yyyy)

7/13/2010

Certification 4

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 <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="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input 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="" 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: US. Department of HUD	7. Federal Program Name/Description: Capital Fund Program CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ 190,681.00	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> None	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 reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>Katie Anderson</u> Title: <u>Executive Director</u> Telephone No.: <u>337/463-7288</u> Date: <u>7/13/2010</u>	
Federal Use Only:	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

Certification 5

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.

DeRidder Housing Authority

LA086

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

L. V. Blount, Jr.

Title

Chairman

Signature



Date

07/13/2010

Certification 6

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

Carol M. Newton 6-9-10
Signed / Dated by Appropriate State or Local Official

Resident Advisory Board

Five Year/ Annual Plan 2010 – 2014

DeRidder Housing Authority

Public Housing

Amanda Coutee

Anita Gatson

Barbara Simon

Blanche Thompson

Brenda Everette

Paulette Simons

Section 8 HCV

Madie Evans

Corrina Rushing

Comments:

Residents agreed that Security issues were still of great concern. Requested continuation of current patrolling program. Residents agreed that physical needs were as follows: Improvement in site – especially in curb appeal. On Margaret Street residents requested signage be installed and improvements be made to the playground area. Consideration be given for a pavilion where parents can watch children at play. Have requested that mounds of dirt be removed and possible sod be installed to encourage grass growth. Consideration should be given for an update of windows as has been completed at Warren St. site.

On Warren Street site –continuation of installation of signage at each street site if possible. Need for full renovations including flooring, kitchen and bathroom updates. Continued focus on curb appeal issues on the grounds sites. Possible installation of sod for grass growth improvement. Request pavilion installation and improvements to playground. Asking for consideration of other playgrounds in various site areas.

**Violence Against Women Act (VAWA)
Our Policy**

The DeRidder Housing Authority 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 and/or Section 8 Housing Choice Voucher Administration Plan.

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		PHA Name: DeRidder Housing Authority	Grant Type and Number Capital Fund Program Grant No: LA48P08650110	Replacement Housing Factor Grant No:	FY of Grant: 2010
			Date of CFFP:		FY 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"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³		-0-	60681.00		
3	1408 Management Improvements		-0-	20000.00		
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		-0-	10000.00		
8	1440 Site Acquisition					
9	1450 Site Improvement			-0-		
10	1460 Dwelling Structures		185000.00	90000.00		
11	1465.1 Dwelling Equipment—Nonependable		415000.00	10000.00		
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1483 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2 – 19)		640000.00	190681.00		
21	Amount of line 20 Related to LBP Activities		-0-	-0-		
22	Amount of line 20 Related to Section 504 Activities		-0-	-0-		
23	Amount of line 20 Related to Security – Soft Costs		-0-	20000.00		
24	Amount of line 20 Related to Security – Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					

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

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
 Expires 4/30/2011

Part I: Summary

PHA Name: DeRidder Housing Authority		Grant Type and Number Capital Fund Program Grant No: LA48P086501110 Date of CFFP: _____		Replacement Housing Factor Grant No:		FFY of Grant: 2010	
Type of Grant <input checked="" 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:)		FFY of Grant Approval:	
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
Signature of Executive Director		Date	Signature of Public Housing Director				
		7/08/2010					

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
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: DeRidder Housing Authority		Grant Type and Number Capital Fund Program Grant No: LA48P08650110 Replacement Housing Factor Grant No:		FFFP (Yes/No):		Federal FFY of Grant: 2010		Status of Work	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Revised ¹	Funds Obligated ²	Funds Expended ²		
LA086001	Operations functions	1406		-0-	90981.00				
LA086001	Fees & Costs	1430		-0-	10000.00				
LA086001	Security Officer	1408		-0-	20000.00				
LA086001	Appliances	1465		20000.00	10000.00				
LA086001	Replace window units - 10 bldgs. (now 17 bldgs)	1460		40000.00	90000.00				
LA086001	Repair of electrical lines	1460		50000.00	-0-				
LA086001	Install security fence at family unit	1450		100000.00	-0-				
LA086001	Kitchen areas 20 @2000	1460		140000.00	-0-				
LA086001	Flooring of apartments - 20 @2000	1460		40000.00	-0-				
LA086001	Paint entire apartment - 20 @2000	1460		40000.00	-0-				
LA086001	Replace utility room cabinets - 20 units	1460		20000.00	-0-				
LA086001	replace sheet rock - 20 units	1460		40000.00	-0-				
LA086003	Replace window units - 4 bldgs	1460		15000.00	-0-				
LA086003	Refurbish playground area	1450		25000.00	-0-				
LA086003	Replacement of Security fence	1450		60000.00	-0-				
LA086003	Replace roofs- 6 bldgs at 5000	1460		30000.00	-0-				
LA086001	Replace appliances - 25 units	1465		20000.00					

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

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary

PHA Name/Number LA086	DeRidder Housing Authority	Locality (City/County & State) DeRidder Louisiana				<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
		Development Number and Name	Work Statement for Year 1 FFY _____	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		608000.00		624000.00	464000.00	694800.00
C.	Management Improvements				25000.00	7000.00	
D.	PHA-Wide Non-dwelling Structures and Equipment						
E.	Administration		10000.00		10000.00		10000.00
F.	Other		20000.00		20000.00		20000.00
G.	Operations		38000.00		38000.00		38000.00
H.	Demolition						
I.	Development						
J.	Capital Fund Financing – Debt Service						
K.	Total CFP Funds						
L.	Total Non-CFP Funds						
M.	Grand Total		676000.00		717000.00	539000.00	762800.00

Attachment 4

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

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

Work Statement for Year 1 FFY 2010	Work Statement for Year 2011			Work Statement for Year 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual	Warrent St. - Landscaping of grounds	1	40000.00	Warren St. - Install additional security lights	1	15000.00
	Warren St. - Renovations of Kitchens at 7,000 each	20	70000.00	Warren & Margaret St. Resurface sidewalks And parking lots	1	175000.00
Statement	Warren St. & Margaret St. - Installation of new flooring at 3,000 each	40	120000.00	Warren & Margaret-Renovate Bathrooms at 5,000 each	32	160000.00
	Warren St. - Paint entire apartment at 2,000 each	20	40000.00	Warren St. - Renovate kitchens at 7,000	20	14000.00
	Warren St - Replace Sewer lines		75000.00	Warren & Margaret Install new flooring at 3,000 each	30	90000.00
	Warren St.& Margaret St - Renovate Bathrooms at 5,000 each	32	160000.00	Warren St. - Paint entire apartment at 2,000	20	40000.00
	Warren St. - Replace utility room cabinets at 1,000 each	32	32000.00	Warren St & Margaret Install new stove and refrigerators	20	25000.00
	Warren St. & Margaret St. Replace/repair sheet rock at 2,000 each	20	40000.00	Warren St. & Margaret St. Replace/repair sheet rock at 2,000 each	20	40000.00
	Warren St. - Install trash can holders at 100 each	100	10000.00	Warren St. - Refurbish/replace security fence	1	30000.00
	Warren St. - Erect retaining wall on Dixon street	1	10000.00	Warren St. - install new exterior front doors	50	10000.00
	Office - Upgrade to 200 AMP electrical box	1	3000.00	Margaret St. - landscaping of grounds	1	25000.00
	Office - Install 8 new exterior doors	1	8000.00			
	Subtotal of Estimated Cost		\$ 608000.00	Subtotal of Estimated Cost		\$ 624000.00

Capital Fund Program—Five-Year Action Plan

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

Part II: Supporting Pages – Physical Needs Work Statement(s)		Work Statement for Year: 2013		Work Statement for Year: 2014		
Work Statement for Year 1 FFY	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Warren St – upgrade/repair of electrical lines	1	50000.00	Warren Street - Install new security fence at elderly site	1	100000.00
Annual	Warren Street - Install new security fence at family site	1	100000.00	Warren & Margaret- Install Central A/C at 5,000 unit	62	310000.00
Statement	Warren St - Renovate Bathrooms at 5,000 each	20	100000.00	Warren St & Margaret Install new stove and refrigerators	20	25000.00
	Warren St & Margaret Renovations of Kitchens at 7,000 each	32	224000.00	Margaret St Install new exterior front doors	24	4800.00
	Warren St. - Paint entire apartment at 2,000 each	20	40000.00	Warren St. - Installation of new flooring at 3,000 each	20	60000.00
	Warren St. & Margaret St.- Installation of new flooring at 3,000 each	24	72000.00	Warren St. - Replace utility room cabinets at 1,000 each	20	20000.00
	Warren St & Margaret Install new stove and refrigerators	20	25000.00	Warren St. Renovate Bathrooms at 5,000 each	20	100000.00
	Warren St. – install new exterior front doors	50	10000.00	Office – Install exterior Pavilion	1	75000.00
	Warren St. Replace/repair sheet rock at 2,000 each	20	40000.00			
	Margaret St – Install sod grass	1	3000.00			
	Margaret St – Replace/refurbish Playground equipment	1	25000.00			
	Subtotal of Estimated Cost		\$ 464000.00	Subtotal of Estimated Cost		\$ 694800.00

Resolution 416

WHEREAS the U.S. Department of Housing and Urban Development has - Office of Indian and Public Housing – has published the 2010 Capital Fund allocation, and

WHEREAS the Housing Authority of the City of DeRidder by its approved representative – the Executive Director – has executed the Capital Fund Program Amendment to the Consolidated Annual Contributions Contract,

BE IT THEREFORE RESOLVED that the Board of Commissioners of the Housing Authority of the City of DeRidder hereby approves and accepts the administration of the 2010 Capital Fund Grant in the amount of \$190,681.00 – LA48P08650110. The Board of Commissioners further acknowledges that the funds are to be expended in accordance with the approved budget and work items as noted in HUD 50075.1. – Annual Plan and the approved HUD 50075.2 Five Year Plan Work Items.

After discussion, a motion was made by Commissioner Johnson and seconded by Commissioner Perkins that the above resolution be adopted.

The following vote was taken and the Chairman thereupon declared the resolution adopted:

Yays: Williams, Perkins, Johnson

Nays: None

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: 2007	
PHA Name: DeRidder Housing Authority		Grant Type and Number Capital Fund Program Grant No: LA48P08650107 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval: 2007	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010	Original	Revised Annual Statement (revision no:1) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹ Expended
				Total Estimated Cost	Revised ²	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³		38880.00	38880.00	38880.00	38880.00
3	1408 Management Improvements		18000.00	18000.00	18000.00	17942.00
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		8000.00	8000.00	80000.00	136.00
8	1440 Site Acquisition					
9	1450 Site Improvement		35000.00	-0-	-0-	-0-
10	1460 Dwelling Structures		50051.00	85051.00	85051.00	85051.00
11	1465.1 Dwelling Equipment—Nonexpendable		30000.00	30000.00	30000.00	15347.33
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: DeRidder Housing Authority	Grant Type and Number Capital Fund Program Grant No: LA48P08650107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval: 2007
--	--	---

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending: 6/30/2010
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 1)
 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)	179931.00	179931.00		156662.13	
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 7/8/2010	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

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: DeRidder Housing Authority		Grant Type and Number Capital Fund Program Grant No: LA48P08650108 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2008 FFY of Grant Approval: 2008	

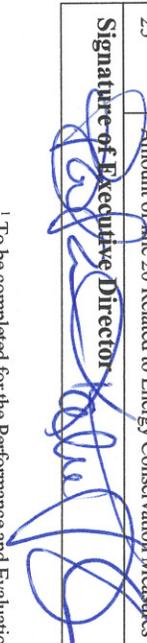
Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:1) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹
			Original	Revised ²	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³		152795.00	159888.00	152795.00
3	1408 Management Improvements		18000.00	18000.00	16225.00
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment		25000.00	17907.00	17907.00
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: 2008	
PHA Name: DeRidder Housing Authority		FFY of Grant Approval: 2008	
Grant Type and Number: Capital Fund Program Grant No: LA48P08650108			
Replacement Housing Factor Grant No:			
Date of CFFP:			

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)	195795.00	195795.00	186927.00	
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	18000.00	18000.00	16225.00	
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 7/8/2010	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

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: DeRidder Housing Authority		Grant Type and Number Capital Fund Program Grant No: LA48P08650109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval:	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010	Summary by Development Account	Original	Revised Annual Statement (revision no:) <input type="checkbox"/> Revised Annual Statement and Evaluation Report		Total Actual Cost ¹ Expended
				Total Estimated Cost	Revised ²	
1		Total non-CFP Funds				
2		1406 Operations (may not exceed 20% of line 21) ³	36573.00		36573.00	36573.00
3		1408 Management Improvements	18000.00		-0-	-0-
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	62636.00		62636.00	62636.00
11		1465.1 Dwelling Equipment—Nonependable				
12		1470 Non-dwelling Structures				
13		1475 Non-dwelling Equipment	76000.00		57415.00	57415.00
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: DeRidder Housing Authority	Grant Type and Number Capital Fund Program Grant No: LA48P08650109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
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)	193209.00		156624.00	156624.00
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	18000.00		-0-	-0-
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	62636.00		62636.00	62636.00
Signature of Executive Director 		Date 7/8/2010		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.

Part I: Summary

PHA Name: DeRidder Housing Authority 600 Warren St. DeRidder, La. 70634	Grant Type and Number Capital Fund Program Grant No: LA48S08650109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:
---	--	--

Type of Grant

- Original Annual Statement
 Performance and Evaluation Report for Period Ending: 6-30-2010
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:1)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost Original	Revised ²	Total Actual Cost 1 Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	14837.00	16037.00	16037.00	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement	122000.00	0	-0-	-0-
10	1460 Dwelling Structures	233000.00	231800.00	231800.00	219829.50
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	9000.00	0		
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	247837.00	247837.00	247837.00	219829.50
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	0	247837.00	247837.00	219829.50
Signature of Executive Director		Date 7/8/2010	Signature of Public Housing Director		Date

1 To be completed for the Performance and Evaluation Report.

