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: ___ **The Housing Authority of the City of Itta Bena**____ PHA Code: ___MS121_____

PHA Type: ☒ Small ☐ High Performing ☐ Standard ☐ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): _10/2010_____

2.0 **Inventory** (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: ___70_____ Number of HCV units: _____

3.0 **Submission Type**

☒ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only

4.0 **PHA Consortia** ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 **5-Year Plan.** Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 **Mission.** State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:

We have adopted the following mission Statement to guide the activities of the PHA.

☒ The PHA's mission is: To provide, within the limits imposed by applicable laws, HUD rules, and regulations, adequate housing and related services for qualified citizens.

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. PHA Goal 1: To preserve the stock of existing housing owned and/or managed by the PHA. Objectives: 1a. Inspect all housing units annually to ensure they are in decent, safe, and sanitary condition. Complete this process by September 30, 2005. 1b. Identify funds and resources that is available to implement Goal 1 during the current fiscal year and continue in subsequent plan years. 1c. Identify Capital Improvement items in a priority order, which are necessary to accomplish Goal 1. Complete this process by September 30, 2005 and continue in subsequent plan years. 1d. Implement Capital Improvement programs that can be funded on the priority basis established in objective 1c. PHA Goal 2: To increase the availability of decent, safe, affordable housing in the jurisdiction of the PHA. Objectives: 2a. Identify the specific needs for decent, safe, and affordable housing in the jurisdiction of the PHA. Complete this process by September 30, 2005. Continue to monitor this aspect in subsequent years. 2b. Identify resources that may be available to provide the needs identified in 2a. Complete this by September 30, 2006 and continue in subsequent years as needs arise. 2c. Ensure that the housing needs identified in 2a are met using the resources identified in 2b. Complete this process by September 30, 2007 and in subsequent years as applicable. PHA Goal 3: To promote available, adequate, decent, safe and affordable housing. Objectives: 3a. Maintain a practice of accepting housing discrimination complaints and forwarding these complaints to the proper investigative unit. 3b. Monitoring housing placement and enforcing the "Deconcentration Policy" with a goal of 10% of lower income participants placed into higher income neighborhoods over the next five (5) years. 3c. Perform a study to determine the feasibility of converting rental units to homeownership units. 3d. Perform annual review of residents who may be interested in homeownership units. PHA Goal 4: To promote economic opportunity and vitality and asset development. Objectives: 4a. The PHA has implemented flat rents 1 BR 220, 2BR 243, 3BR 341, 4BR 425 and 5BR 491. 4b. The PHA has ceiling rents and choice rent policy that will allow resident asset accumulation. 4c. Survey residents to determine the interest in self-sufficiency programs that may be available. 4d. Survey residents and determine if residents are interested in technical, vocational, or job training programs. 4e. Survey residents to determine whether any are interested in resident business development activities. 4f. Increase the number of households with a working family member 10% by giving preference in housing to families whom are working. 4g. Employ admission preferences aimed at families with hardships. 4h. Employ admission preferences aimed at families that are working. 4i. Employ rent policies to support and encourage work. PHA Goal 5: To ensure equal opportunity in housing for all Americans. Objectives: 5a. Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, or disability 5b.Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, or disability. 5c. Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required. PHA Goal 6: To provide suitable living environment. Objectives: 6a. Implement measures to deconcentrate poverty by brining higher income public housing households into lower income developments. 6b. Implement measures to promote income mixing in public housing by assuring access for lower income families to higher income developments. 6c. Ensure dwelling units and facilities continue to meet lead-based paint, asbestos, and 504 disabled accessibility standards. 6d. Ensue all air condition units are maintained and working properly at each unit. 6e. Improve screening procedures for prospective residents. PHA Goal 7: To improve the physical condition of the existing housing units. Objectives: 7a. Implement the modernization program as presented in the Five-Year improvement plan which includes air conditioning needs, and installation of a security fence. See attached CFP budget 501-05. 7b. Renovate and upgrade major systems. 7c. Perform a "Physical Needs Assessment" survey annually. 7d. Annually analyze the REAC Inspection Survey results and correct any deficiencies as noted. 7e. The PHA has implemented fire, safety and crime prevention measures. 7f. The PHA will continue to monitor section 504 compliance needs annually. PHA Goal 8: To improve the service delivery efforts of management and maintenance. Objectives: 8a.Management will plan program activities according to the needs of the low income residents by communicating and meeting with residents on a annual basis. 8b. Management will improve communications and coordination with local law enforcement agencies. 8c. Management will annually review and scrutinize all policies to determine if changes are necessary. 8d. Management will prepare a "Management Needs Assessment" annually to determine changes and improvements that may be necessary. 8e. Management will annually review its administrative and operating practices in an effort to determine where improvements may be made. 8f. Maintenance and management will assess its maintenance delivery and service function for possible areas of improvement. 8g. Maintenance and management will attend appropriate training seminars and will improve the maintenance and management functions and service delivery.

6.0	**PHA Plan Update** (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Itta Bena Housing Authority Itta Bena, MS 38941
7.0	**Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.** *Include statements related to these programs as applicable.*
8.0	**Capital Improvements.** Please complete Parts 8.1 through 8.3, as applicable.
8.1	**Capital Fund Program Annual Statement/Performance and Evaluation Report.** As part of the PHA 5-Year and Annual Plan, annually complete and submit **t**he *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing. **Attached**
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. ***Attached***
8.3	**Capital Fund Financing Program (CFFP).** ☐ Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.

9.0

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

Housing Needs of Families on the PHA's Waiting Lists

Waiting list type: (select one)

☐ Section 8 tenant-based assistance
☒ Public Housing
☐ Combined Section 8 and Public Housing
☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)
If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	41		12
Extremely low income <=30% AMI	26	63	
Very low income (>30% but <=50% AMI)	1	3	
Low income (>50% but <80% AMI)	14	34	
Families with children	22	54	
Elderly families	3	7	
Families with Disabilities	16	39	
Race/ethnicity White	1	3	
Race/ethnicity African American	40	98	
Race/ethnicity Native American			
Race/ethnicity Hispanic			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	10	24	
2 BR	15	37	
3 BR	13	32	
4 BR	3	7	
5 BR	0		
5+ BR			

Is the waiting list closed (select one)? ☒ No ☐ Yes

If yes:

HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

9.1	**Strategy for Addressing Housing Needs**. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.** **Strategy 1: Target available assistance to families at or below 30 % of AMI** ☒ Employ admissions preferences aimed at families with economic hardships ☒ Adopt rent policies to support and encourage work **Strategy 2: Target available assistance to families at or below 50% of AMI** ☒ Employ admissions preferences aimed at families who are working ☒ Adopt rent policies to support and encourage work **Strategy 3: Target available assistance to Families with Disabilities:** ☒ **Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing** **Strategy 4: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:** ☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs **Strategy 5: Conduct activities to affirmatively further fair housing** ☒ Other: (list below) Provide housing to persons on an equal opportunity basis. **(2) Reasons for Selecting Strategies** ☒ Funding constraints ☒ Staffing constraints ☒ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA

Additional Information. Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-
Statement for meeting 5 Year Plan Mission and Goals

The Housing Authority of the City of Itta Bena continues to seek qualified applicants by advertising our housing authority as a clean safe environment. We continue to be a high performer for financial management. We will continue to strive to be a Model Housing Authority. We investigate discrimination complaints, enforce the deconcentration policy, ensure that dwelling units meet housing quality standards, give preferences to families that are working, implement measures for income-mixing and follow our capital improvement plan.

The Housing Authority of the City of Itta Bena is meeting its goals by:
Goal 1: We continue to inspect all public housing units annually using UPCS standards.
Goal 2: We have counseled various residents on homeownership and pledge our support if they choose to pursue ownership.
Goal 3: We implemented flat and ceiling rents and our policy will allow a choice in rent selection.
Goal 4: We continue to ensure Equal Opportunity in housing for all applicants.
Goal 5: Striving to improve the physical condition of the units and surrounding grounds.
Goal 6: The PHA works closely with the city and county law enforcement agencies and obtains arrest information on any tenant for necessary appropriate action. We are in the process of planning our modernization work throughout our site.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial
deviation/modification"
Substantial Deviation Policy
Substantial Deviation from the 5-Year Plan
Substantial Deviation Policy

Policy defining a substantial deviation and change in the agency plan

10.0

The Housing Quality and Work Responsibility Act of 1998 requires the Housing Authority to notify the Resident Advisory Board, the Board of Commissioners and the U.S. Department of Housing and Urban Development of any "substantial deviation" or "significant amendment" in the Agency's annual plan and in the 5- year plan proposed modernization and capital improvement activities that have been previously approved and reported to HUD.
The Housing Authority recognizes that it has a duty and responsibility to the residents, to the Resident Advisory Board, to the Commissioners and to the public to advise them of any substantial deviation or substantial change in the overall plan and any preplanned modernization work items. Therefore, the Housing Authority hereby defines a "substantial deviation" as any deletion or addition of any modernization work item that is greater than $ 25,000, the addition or deletion of any new or old program or activity, any changes with regard to demolition, disposition, or designation of housing units, any homeownership programs or conversion activities, and any changes to rent or admission policies (except changes made to reflect changes in HUD regulatory requirements). A "significant amendment" would be changes in the use of replacement reserves under the Capital Funds program or the addition of non-emergency work items not included in the current annual plan that is greater than $ 25,000.

The Executive Director is assigned the responsibility of making the required notifications to all interested and affected parties as described above of any "substantial deviation" or "significant amendment" to the Annual and Five-Year Plans as well as notification to the public of any material change, that is not defined above, that, in his or her opinion, should be made known to the public as good business practice.

We did not receive any comments from our Resident Board.
Itta Bena Housing Authority has adopted changes to its lease. These changes add language for the Violence Against Women's Act of 2005. All incidences of domestic violence reported to the housing authority are in turn reported to the Roanoke Police Department and the Department of Human Resources and any other necessary agencies. There are procedures in place that require the housing authority to notify the tenants of their rights under the VAWA Act of 2005. When reported the victim is given by the housing authority staff reports to file with the police and the proper contact information of agencies for assistance

11.0	**Required Submission for HUD Field Office Review**. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

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: The Housing Authority of the City of Itta Bena, MS	**Grant Type and Number** Capital Fund Program Grant No: MS26P12150110 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2010** **FFY of Grant Approval:**

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

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost [1]**	
		Original	**Revised[2]**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	100,000			
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	13,271			
10	1460 Dwelling Structures	10,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				

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

form **HUD-50075.1** (4/2008)

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: The Housing Authority of the City of Itta Bena, MS	**Grant Type and Number** Capital Fund Program Grant No: MS26P12150110 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2010** **FFY of Grant Approval:**

Type of Grant

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

☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost [1]**	
		Original	**Revised [2]**	**Obligated**	**Expended**
18a	1501 Collateralization or Debt Service paid by the PHA				
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)	123,271			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**

[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 II: Supporting Pages

PHA Name: The Housing Authority of the City of Itta Bena, MS	**Grant Type and Number** Capital Fund Program Grant No: MS26P12150110 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
MS121-001 & 002	Operations	1406		100,000				
MS121-001	Wrought Iron Fence	1450		13,271				
MS121-001	Interior Painting	1460		10,000				

[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.

Part II: Supporting Pages

PHA Name: The Housing Authority of the City of Itta Bena, MS	**Grant Type and Number** Capital Fund Program Grant No: MS26P12150110 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

[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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: The Housing Authority of the City of Itta Bena, MS					**Federal FFY of Grant: 2010**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: The Housing Authority of the City of Itta Bena, MS					**Federal FFY of Grant: 2010**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

Part I: Summary

PHA Name/Number The Housing Authority of the City of Itta Bena, MS /MS121			Locality (City/County & State) Itta Bena, Leflore , Mississippi		☒**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 FFY _2010___	Work Statement for Year 2 FFY __2011_____	Work Statement for Year 3 FFY ____2012_____	Work Statement for Year 4 FFY ___2013_____	Work Statement for Year 5 FFY __2014_____
B.	Physical Improvements Subtotal	Annual Statement	23,271	23,271	23,271	23,271
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations		100,000	100,000	100,000	100,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		123,271	123,271	123,271	123,271

Part I: Summary (Continuation)

PHA Name/Number The Housing Authority of the City of Itta Bena, MS /MS121			Locality (City/county & State) Itta Bena, Leflore , Mississippi		☒**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____
		Annual Statement				

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

Work Statement for Year 1 FFY _2010_____	Work Statement for Year ___2011_____ FFY ____2011_____			Work Statement for Year: ____2012_____ FFY ____2012_____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Operation		100,000	Operation		100,000
Annual	A & E Services		15,000	*Wrought Iron Fence*		23,271
Statement	*Wrought Iron Fence*		8,271	*MS121-001 & 002*		
	MS121-001 & 002					
	Subtotal of Estimated Cost		$ 123,271	Subtotal of Estimated Cost		$ 123,271

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

Work Statement for Year 1 FFY __2010____	Work Statement for Year ____2013_____ FFY _____2013_____			Work Statement for Year: __2014_____ FFY _____2014_____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Operation		100,000	Operation		100,000
Annual	*Interior Painting*		23,271	*Interior Painting*		23,271
Statement	*MS121-001 & 002*			*MS121-001 & 002*		
	Subtotal of Estimated Cost		$ 123,271	Subtotal of Estimated Cost		$ 123,271

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY _2010_____	Work Statement for Year ____2011_____ FFY ____2011_____		Work Statement for Year: ___2012_____ FFY ___2012_____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Operation	100,000	Operation	100,000
Annual	A & E Services	15,000	*Wrought Iron Fence*	23,271
Statement	*Wrought Iron Fence*	8,271	*MS121-001 & 002*	
	MS121-001 & 002			
	Subtotal of Estimated Cost	$ 123,271	Subtotal of Estimated Cost	$ 123,271

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year ___2013_____ FFY __2013_____		Work Statement for Year: ___2014_____ FFY ____2014_____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Operation	100,000	Operation	100,000
Annual	*Interior Painting*	23,271	*Interior Painting*	23,271
Statement	*MS121-001 & 002*		*MS121-001 & 002*	
	Subtotal of Estimated Cost	$ 123,271	Subtotal of Estimated Cost	$ 123,271

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: The Housing Authority of the City of Itta Bena, MS	**Grant Type and Number** Capital Fund Program Grant No: MS26P12150109 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval:**

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

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost [1]**	
		Original	**Revised[2]**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	75,000	125,006	125,006	125,006
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	64,573			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				

[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.

form **HUD-50075.1** (4/2008)

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: The Housing Authority of the City of Itta Bena, MS	**Grant Type and Number** Capital Fund Program Grant No: MS26P12150109 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2009** **FFY of Grant Approval:**

Type of Grant

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

☒ **Performance and Evaluation Report for Period Ending:** ☒ **Final Performance and Evaluation Report**

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost [1]**	
		Original	**Revised [2]**	**Obligated**	**Expended**
18a	1501 Collateralization or Debt Service paid by the PHA				
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)	139,573	125,006	125,006	125,006
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**

[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 II: Supporting Pages

PHA Name: The Housing Authority of the City of Itta Bena, MS	**Grant Type and Number** Capital Fund Program Grant No: MS26P12150109 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]	
MS121-001 & 002	Operations	1406		75,000	125,006	125,006	125,006	Complete
MS121-001	Wrought Iron Fence	1450		64,573				
	Total			139,573	125.006	125,006	125,006	

[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.

Part II: Supporting Pages

PHA Name: The Housing Authority of the City of Itta Bena, MS	**Grant Type and Number** Capital Fund Program Grant No: MS26P12150109 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]	

[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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: The Housing Authority of the City of Itta Bena, MS					**Federal FFY of Grant: 2009**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: The Housing Authority of the City of Itta Bena, MS					**Federal FFY of Grant: 2009**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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