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| 6.0 | <p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: We were able to “work ahead” and include some of the elements in prior Capital Funds. We did have to revise the 2008 CF budget to accommodate the added expense incurred when utilizing the ARRA grant monies.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Both the One Year and Five Year Plans beginning 7/1/2010 are posted on the bulletin board in the community building entryway from approximately 9:00 a.m. through 9:00 p.m. during weekdays and Saturdays, and from 1:00 til 9:00 on Sundays throughout the 45 day comment period. The address of our Community Building is 1103 4th Street, Alma, NE The Public Hearing will be advertised in both county newspapers during this same period. Copies of the Plans are printed and available upon request.</p> |
| 7.0 | <p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable. Not applicable</i></p> |
| 8.0 | <p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. Enclosed and attached. We have CF2008, CF2009, ARRA 09, and the projected 2010 CF budget attached and enclosed</p> |
| 8.1 | <p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. Enclosed and attached as noted above</p> |
| 8.2 | <p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <i>Enclosed and attached</i></p> |
| 8.3 | <p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. Not Applicable</p> |
| 9.0 | <p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. At the current time, the Public Housing Program is processing two possible applicant families to be placed on the waiting list. We anticipate filling the needs of both of these families with known upcoming vacancies fairly soon, so we feel that we are fulfilling the current needs adequately for the elderly, disabled and handicapped groups that we were built to serve. We attempt to provide good curb appeal, knowing that favorable first impressions can lead to inquiries, and possibly applications. We also try to come up with innovative, small amenities that can add up to current residents being satisfied with our service and product. For example, we plan to add a very reasonably priced under the sink filtration system that will counteract the strong chlorine taste to our city drinking water.</p> |
| 9.1 | <p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. We will continue to be as efficient, yet cost effective, as possible for a small housing authority with limited maintenance and management personnel, to effectively manage the waiting list when there is one, thus minimizing turnover time.</p> |
| 10.0 | <p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. We feel that has been adequately addressed in section 5.2</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”---Substantial Deviation from the 5 year plan –We define substantial deviation as discretionary changes in plans or policies of the Alma Housing Authority that fundamentally change the mission, goals, objectives or plans of the Alma Housing Authority and which require formal approval of the Board of Commissioners of the Alma Housing Authority. We define Significant Amendment or Modifications to the Annual Plan as discretionary changes in the plans of the agency and which require formal approval of our Board of commissioners.</p> |

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| 11.0 | <p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.. Because of the limited resources of this small housing authority, forms listed a through g will be submitted by mail.</p> <ul style="list-style-type: none"> (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) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (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, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) |
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DESCRIPTION OF INCLUSION OF RESIDENT PARTICIPATION CONCERNING THIS PLAN:

ALL CURRENT RESIDENTS ARE CONSIDERED MEMBERS OF THE RESIDENT BOARD

A LETTER WAS DISTRIBUTED TO ALL BOARD RESIDENTS, GIVING INFORMATION ABOUT THE AGENCY PLAN AND ITS FUNDING. ALL BOARD RESIDENTS WERE CANVASSED ABOUT IDEAS THAT THEY WOULD LIKE FURTHERED OR CONSIDERED WHEN FORMULATING THIS PLAN. THEY EACH SUBMITTED A SHEET BACK INDICATING THAT THEY HAD BEEN GIVEN THE OPPORTUNITY TO MAKE SUGGESTIONS FOR THE GOOD OF THE PROJECT WITH THEIR SIGNATURE. THE FOLLOWING IDEAS WERE SUGGESTED: PURCHASING A BLADE FOR OUR PICKUP FOR USE IN THE PARKING LOT FOR SNOW REMOVAL PURPOSES, AND ADDING A WASHER/DRYER COMBINATION TO EACH APARTMENT. THESE SUGGESTIONS WERE PUT FORTH TO THE BOARD OF COMMISSIONERS, AND CONSIDERED NOT VIABLE FOR THE FOLLOWING REASONS: THE CURRENT PICKUP DOES NOT HAVE 4 WHEEL DRIVE; THEREFORE, A BLADE ATTMT WOULD NOT BE A REALISTIC OPTION. THE WASHER/DRYER IDEA HAS SURFACED SEVERAL TIMES OVER THE YEARS, AND AFTER CONSULTATION WITH A BUILDING CONTRACTOR, OUR INFRASTRUCTURE SIMPLY CANNOT SUPPORT THE ADDITIONAL PLUMBING NOR SPACE NEEDED TO MAKE SUCH EQUIPMENT ADDITIONS TO EACH APARTMENT. THE RESIDENTS SUBMITTING THOSE IDEAS WERE GIVEN THESE EXPLANATIONS, AND THE EXPLANATIONS WERE ACCEPTED..

THE PUBLIC HEARING WAS HELD ON MARCH 26TH, 2010, WITH NO ATTENDEES OR COMMENTS, AFTER BEING ADVERTISED AS REQUIRED FOR MORE THAN 45 DAYS. THE ADVERTISEMENTS WERE CARRIED IN THE TWO COUNTY NEWSPAPERS.

PHA PLAN ELEMENTS:

1. **ELIGIBILITY, SELECTION & ADMISSIONS POLICIES, INCLUDING DECONCENTRATION AND WAIT LIST PROCEDURES: WE DO NOT IDENTIFY PROBLEMS WITH THE CURRENT PROCESS.**
2. **FINANCIAL RESOURCES—NO IDENTIFIED PROBLEMS OTHER THAN AN OVERWHELMED DIRECTOR-- WE HOPE TO FIND A CANDIDATE WITH WHOM THE DIRECTOR CAN BEGIN TO SHARE DUTIES WITH OUR ANTICIPATED RESOURCES INCLUDE PHA OPERATING SUBSIDY, CAPITAL FUNDING, AND TENANT RENTS**
3. **RENT DETERMINATIONS ARE COMPLETED USING CURRENT REGULATIONS**
4. **OPERATIONS & MANAGEMENT—PROBLEMS ARE ADDRESSED AS THEY ARISE. THE BOARD REVIEWS AND INITIALS FINANCIAL STATEMENTS**
5. **GRIEVANCE PROCEDURE—OUR GRIEVANCE POLICY IS PROVIDED TO ALL APPLICANTS. WE UPDATE OUR GRIEVANCE PANEL ANNUALLY, WITH TENANT APPROVAL**
6. **DESIGNATED HOUSING—ALL APARTMENTS ARE ONE BEDROOM**
7. **COMMUNITY SERVICE AND SELF SUFFICIENCY. AHA DOES NOT HAVE A SELF SUFFICIENCY POLICY; COMMUNITY SERVICE POLICY IS IN PLACE AND IS MONITORED WHEN BEING UTILIZED**
8. **EVERY APPLICANT IS REQUIRED TO UNDERGO A CRIMINAL HISTORY CHECK PRIOR TO SUBMITTING AN APPLICATION THE AHA WORKS WILL THE NEBRASKA STATE PATROL, A CRIMINAL JUSTICE AGENCY SERVING AS A CONTROL TERMINAL AGENCY IN THE NATIONAL CRIME INFORMATION CENTER (NCIC) SYSTEM, THE NEBRASKA CRIME INFORMATION SERVICE (NCIS) AND THE HARLAN COUNTY SHERIFF'S OFFICE (TERMINAL AGENCY) IN WORKING WITH ITS APPLICANT FILES.**
9. **THE ALMA HOUSING AUTHORITY HAS A PET POLICY WHICH OUTLINES THE RULES AND REGULATIONS REGARDING THE OWNERSHIP OF A PET.**
10. **CIVIL RIGHTS CERTIFICATION . WE EXAMINE OUR PROGRAMS TO ATTEMPT TO IDENTIFY IMPEDIMENTS.**
11. **ANNUAL AUDITS ARE COMPLETED. OUR MOST RECENT AUDIT CONTAINED THE TYPICAL INTERNAL CONTROL FINDING THAT ONE SMALL OFFICES RECEIVE, AND AN INCORRECT INTERPRETATION OF CASH AND CASH EQUIVALENTS BY OUR FEE ACCOUNTANT. THAT AUDIT ADJUSTMENT HAS BEEN ADDRESSED AND POSTED.**
12. **WE ARE EXEMPT FROM ASSET MANAGEMENT**
13. **VIOLENCE AGAINST WOMEN ACT—ADOPTED ON JANUARY 29TH, 2008, BY OUR BOARD OF COMMISSIONERS UNDER RESOLUTION #337. WE WORK WITH SHERIFF'S OFFICE IN REGARDS TO THIS ACT. WE HAVE ATTACHED OUR VAWA POLICY SEPARATELY.**

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a 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: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (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.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

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| Part I: Summary | |
| PHA Name: Alma Housing Authority | Grant Type and Number Capital Fund Program Grant No: NE26P024501-08 Replacement Housing Factor Grant No: Date of CFFP: |
| FFY of Grant: 2008 FFY of Grant Approval: 2008 | |

Type of Grant
 Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/2009
 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 | 3000.00 | 8380.00 | 6000.00 | 0.00 |
| 3 | 1408 Management Improvements | 0.00 | 841.31 | 841.31 | 145.82 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 1500.00 | 0.00 | 0.00 | 0.00 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 4000.00 | 0.00 | 0.00 | 0.00 |
| 10 | 1460 Dwelling Structures | 3500.00 | 7595.00 | 6095.00 | 0.00 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 2299.00 | 1982.69 | 519.98 | 519.98 |
| 12 | 1470 Non-dwelling Structures | 1000.00 | 0.00 | 0.00 | 0.00 |
| 13 | 1475 Non-dwelling Equipment | 3500.00 | 0.00 | 0.00 | 0.00 |
| 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 | | | | | |
|---|--|--|--|---|----------|
| PHA Name: Alma Housing Authority | Grant Type and Number Capital Fund Program Grant No: NE26P024501-08 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant:2008 FFY of Grant Approval: 2008 | | | |
| Type of Grant | | | | | |
| <input type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | <input type="checkbox"/> Revised Annual Statement (revision no:) | |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 | | | <input type="checkbox"/> 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) | 18799.00 | 18799.00 | 13456.29 | 665.80 |
| 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: Alma Housing Authority | | | Grant Type and Number Capital Fund Program Grant No: NE26P024501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No: | | | Federal FFY of Grant: 2008 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| NE024001 | Operations | 1406 | | 3000.00 | 8380.00 | 6000.00 | 0.00 | Supplementing ARRA costs |
| | Mgmt Imp incl non-dw eqpt | 1408 | | 0.00 | 841.31 | 841.31 | 145.82 | |
| | Admin | 1410 | | 1500.00 | 0.00 | 0.00 | 0.00 | deferred |
| | Site Improvement | 1450 | | 4000.00 | 0.00 | 0.00 | 0.00 | deferred |
| | Dw. Structures | 1460 | | 3500.00 | 7595.00 | 6095.00 | 0.00 | supplementing ARRA |
| | Dw. Eqpt | 1465 | 2 AC's | 2299.00 | 1982.69 | 519.98 | | |
| | Non-Dw Structures | 1470 | | 1000.00 | 0.00 | 0.00 | 0.00 | deferred |
| | Non-Dw. Eqpt | 1475 | | 3500.00 | 0.00 | 0.00 | 0.00 | deferred-also \$145.82 moved to 1408 |
| | | | | | | | | |
| | | | | | | | | |
| | TOTALS | 18799.00 | | 18799.00 | 18799.00 | 665.80 | 665.80 | fl. clnr & AC's |
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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 I: Summary | |
| PHA Name: Alma Housing Authority | Grant Type and Number Capital Fund Program Grant No: NE26S024501-09 (ARRA Grant) Replacement Housing Factor Grant No: Date of CFFP: |
| FFY of Grant: 2009 FFY of Grant Approval: 2009 | |

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/2009 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 | | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 2380.00 | 0.00 | 0.00 | 0.00 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 21415.00 | 23795.00 | 23795.00 | 0.00 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation 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: Alma Housing Authority | Grant Type and Number Capital Fund Program Grant No: NE26S024501-09 (ARRA GRANT) Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant:2009 FFY of Grant Approval: 2009 | | | |
| Type of Grant | | | | | |
| <input type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | <input type="checkbox"/> Revised Annual Statement (revision no:) | |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 | | | <input type="checkbox"/> 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) | 23795.00 | 23795.00 | 23795.00 | 0.00 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | 23795.00 | 23795.00 | 23795.00 | 0.00 |
| 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 I: Summary | |
| PHA Name: Alma Housing Authority | Grant Type and Number Capital Fund Program Grant No: NE26P024501-09 Replacement Housing Factor Grant No: Date of CFFP: |
| FFY of Grant: 2009 FFY of Grant Approval: 2009 | |

Type of Grant
 Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/2009
 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 | 3777.00 | 5300.00 | 0.0 | 0.00 |
| 3 | 1408 Management Improvements | 0.00 | 1800.00 | 0.0 | 0.0 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 1500.00 | 1500.00 | 0.0 | 0.0 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 4500.00 | 1000.00 | 0.0 | 0.0 |
| 10 | 1460 Dwelling Structures | 3000.00 | 6000.00 | 0.0 | 0.0 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 5000.00 | 2800.00 | 0.0 | 0.0 |
| 12 | 1470 Non-dwelling Structures | 500.00 | 799.00 | 0.0 | 0.0 |
| 13 | 1475 Non-dwelling Equipment | 922.00 | 0.0 | 0.0 | 0.0 |
| 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: Alma Housing Authority | Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant:2009 FFY of Grant Approval: 2009 | | | |
| Type of Grant | | | | | |
| <input type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | <input type="checkbox"/> Revised Annual Statement (revision no:) | |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 | | | <input type="checkbox"/> 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) | 19199.00 | 19199.00 | 0.0 | 0.0 |
| 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 | 0.0 | 2800.00 | 0.0 | 0.0 |
| 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: Alma Housing Authority | | | Grant Type and Number Capital Fund Program Grant No: NE26P024501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No: | | | Federal FFY of Grant: 2009 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| NE024001 | Operations-to supplement unforeseen vacancies and general expenses as well as put aside for future HVAC rehab on B-5 | 1406 | | 3777.00 | 5300.00 | 0.0 | 0.0 | saving some toward a future add'l HVAC conversion |
| | Mgmt Improvements-incl non-dw eqpt a fireproof filing cabinet | 1408 | 1 | 0.00 | 1800.00 | 0.0 | 0.0 | stated need |
| | Admin-extra time spent on CF work | 1410 | | 1500.00 | 1500.00 | 0.0 | 0.0 | stated |
| | Site Imp--possible ext lighting work & concrete patching, landscaping | 1450 | | 4500.00 | 1000.00 | 0.0 | 0;0 | stated |
| | Dw. Structures-incl rehab when needed or vacancy occurs, incl flr covers, drapes, ptg, shower work, cab work, plbg work incl faucet repl, FA, possibly replace smoke alarms or bath vent fans-also plan to install water treatment applications under the sinks for all apartments | 1460 | | 3000.00 | 6000.00 | 0.0 | 0.0 | stated |
| | Dw Eqpt-more refriger repl as funds are available, or other dw eqpt that fails due to age such as microwaves, etc. | 1465 | refrigs 3+ | 5000.00 | 2800.00 | 0.00 | 0.00 | as needs arise * eqpt fails |
| | Non-Dw structures-need to do more work in office, possibly NE corner making an enclosed storage space | 1470 | | 500.00 | 799.00 | 0.00 | 0.00 | stated |
| | Non-Dw Eqpt | 1475 | | 922.00 | 0.0 | 0.0 | 0.0 | in operations |
| | | | | | | | | |
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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: Alma Housing Authority | Grant Type and Number Capital Fund Program Grant No: NE26P024501-10 Replacement Housing Factor Grant No: Date of CFFP: |
| FFY of Grant: 2010 FFY of Grant Approval: 2010 | |

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

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
|------|--|----------------------|----------------------|--------------------------------|----------|
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 7000.00 | 0.0 | 0.0 | 0.0 |
| 3 | 1408 Management Improvements | 1900.00 | 0.0 | 0.0 | 0.0 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 1500.00 | 0.0 | 0.0 | 0.0 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 1000.00 | 0.0 | 0.0 | 0.0 |
| 10 | 1460 Dwelling Structures | 3500.00 | 0.0 | 0.0 | 0.0 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 2799.00 | 0.0 | 0.0 | 0.0 |
| 12 | 1470 Non-dwelling Structures | 1500.00 | 0.0 | 0.0 | 0.0 |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

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: Alma Housing Authority | Grant Type and Number Capital Fund Program Grant No: NE26P024501-10 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant:2010 FFY of Grant Approval: 2010 | | | |
| Type of Grant | | | | | |
| <input checked="" type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | <input type="checkbox"/> Revised Annual Statement (revision no:) | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> 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) | 19199.00 | 0.0 | 0.0 | 0.0 |
| 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 | 2799.00 | 0.0 | 0.0 | 0.0 |
| 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: Alma Housing Authority | | | Grant Type and Number Capital Fund Program Grant No: NE26P024501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No: | | | Federal FFY of Grant: 2010 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| NE024001 | Operations-dependng upon occupancy rates & severe weather, if a good year some could go towards savings towards another boiler replacement into HVAC | 1406 | | 7000.00 | 0.0 | 0.0 | 0.0 | |
| | Mgmt Improvements-this would go towards another fireproof file cabinet | 1408 | 1 | 1900.00 | 0.0 | 0.0 | 0.0 | |
| | Admin | 1410 | | 1500.00 | 0.0 | 0.0 | 0.0 | |
| | Site Improvement-addtl needed electrical work, landscaping, concrete needs | 1450 | | 1000.00 | 0.0 | 0.0 | 0.0 | |
| | Dw. Structures-incl rehab when needed occurs, incl fl covers, window covers, ptg, shower work cab work, plbg incl faucet replac.,incl FA, continue repl of smoke alarms/bathroom vent systems as needed--also possible front wooden door replacements | 1460 | | 3500.00 | 0.0 | 0.0 | 0.0 | |
| | Dw eqpt-continue with refirg as funds are available, or other dw eqpt that needs repl due to age such as microwaves | | 3+ | 2799.00 | 0.0 | 0.0 | 0.0 | |
| | Non-Dw struc---soffit, fascia, gutter work on cmtly bldg and office storage work | 1470 | | 1500.00 | 0.0 | 0.0 | 0.0 | |
| | | | | | | | | |
| | Please note that the availability of ARRA funds has begun us on the journey of repl of boiler systems with HVAC, we would like to put some money into savings for continuing that project | | | | | | | |
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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.

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 Alma Housing Authority | | Locality: Alma, Harlan Co., Nebraska | | | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: | |
| A. | Development Number and Name NE024001 Alma Housing Authority | 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 | 7200.00 | 8000.00 | 5400.00 | 14000.00 |
| C. | Management Improvements | | 3500.00 | 3500.00 | 2800.00 | |
| D. | PHA-Wide Non-dwelling Structures and Equipment | | 2350.00 | 1600.00 | 3500.00 | |
| E. | Administration | | 1500.00 | 1500.00 | 1500.00 | 1500.00 |
| F. | Other | | 400.00 | 1000.00 | 2000.00 | |
| G. | Operations | | 4249.00 | 3599.00 | 3999.00 | 3699.00 |
| H. | Demolition | | | | | |
| I. | Development | | | | | |
| J. | Capital Fund Financing – Debt Service | | | | | |
| K. | Total CFP Funds | | | | | |
| L. | Total Non-CFP Funds | | | | | |
| M. | Grand Total | | 19199.00 | 19199.00 | 19199.00 | 19199.00 |

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 I: Summary (Continuation)

| PHA Name/Number | | Locality (City/county & State) | | | | <input checked="" type="checkbox"/> Original 5-Year Plan | <input type="checkbox"/> Revision No: |
|-----------------|-----------------------------|------------------------------------|--------------------------------|-------------------------------|-------------------------------|--|---------------------------------------|
| A. | Development Number and Name | Work Statement for Year 1 FFY 2010 | Work Statement for Year 2 FFY1 | Work Statement for Year 3 FFY | Work Statement for Year 4 FFY | Work Statement for Year 5 FFY | |
| | N/A | Annual Statement | | | | | |
| B | | | | | | | |
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| Part II: Supporting Pages – Physical Needs Work Statement(s) | | | | | | |
|---|--|--|----------------|---|----------|----------------------|
| Work Statement for Year 1 FFY _____ | 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 Annual Statement | NE024001 | | | NE024001 | | |
| | <u>Physical Imp</u> --Replace master key system | 50-f&b doors, storage, eqpt rms, cmtly bldg, etc | 4200.00 | <u>Physical Imp</u> —HVAC in B-5-using monies saved and this | 4apts | 5000.00 towards this |
| | <u>Physical Imp</u> --.apt rehab as needs&vacancies occur incl flt/window trtmts, plbg eqpt,vent/smoke alarmwork cab/counter/sinks-ptg Eqpt repl | Approx 3 | 3000.00 | <u>Phys. Imp</u> Apt rehab as needs & vacancies occur incl flr/window trtmts, plbg eqpt, vent/smoke alarm work, cab & counter work, sinks, ptg-eqpt repl | Approx 3 | 3000.00 |
| | <u>Mgmt Imp</u> —training costs | | 1000.00 | <u>Mgmt Imp</u> -trng costs | | 1000.00 |
| | <u>Mgmt Imp</u> -computer upgrading | | 2500.00 | <u>Mgmt Imp</u> Copier w/ trade-in | | 2500.00 |
| | <u>Non-Dw struc&Eqpt</u> Sprinkler overhaul | | 800.00 | <u>Non-Dw Struc-Eqpt</u> Office storage work | | 800.00 |
| | Paint storage areas | 8 | 700.00 | snowthrower | 1 | 800.00 |
| | Steam cleaner/edger | 1 @ | 850.00 | | | |
| | <u>Admin</u> | 8 | 1500.00 | Admin | | 1500.00 |
| | <u>Other</u> -site work/Indscpg | | 400.00 | Other-ext lighting/elec. Work | | 1000.00 |
| | Operations | | 4249.00 | Operations | | 3599.00 |
| | | | | | | |
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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**

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|--|----------------------------|--|------------|----------------------------|--|------------|
| | | | | | | |
| | | | | | | |
| | Subtotal of Estimated Cost | | \$19199.00 | Subtotal of Estimated Cost | | \$19199.00 |

| Part II: Supporting Pages – Physical 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 | Quantity | Estimated Cost | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost |
| See | NE024001 | | | | | |
| Annual | <u>Phys. Improvement</u> - replace mailbox system | 2 | 2000.00 | <u>Phys. Improvement</u> Roof work | 1 bldg | 5000.00 |
| Statement | <u>Phys. Imp</u> -apt rehab as needs/vacancies occur incl flr/window trtmts, plbg eqpt, vent/smoke alarm work, cab/counter/sinks-ptg <u>Appliance repl</u> | Approx. 3 | 3400.00 | <u>Phys Imp</u> Apt rehab as needed including eqpt repl & other areas as noted previously in same category | 2 | 2000.00 |
| | <u>Mgmt Imp</u> -training costs | | 1000.00 | <u>Phys-Imp</u> -try to do HVAC repl in A-1orA-2 | Continue HVAC in one more bldg | 7000.00 |
| | <u>Mgmt Imp</u> -computer programs upgrades | | 800.00 | | | |
| | <u>Mgmt imp</u> -new desk | | 1000.00 | <u>Admin</u> | | 1500.00 |
| | <u>Non-Dw Struc&Eqpt</u> Ptg soffit/fascia on cmtty bldg-replace some doors | | 2500.00 | <u>Operations</u> | | 3699.00 |
| | Repl snowthrower or other eqpt as needed | 1 | 1000.00 | | | |
| | <u>Admin</u> | | 1500.00 | | | |
| | <u>Other</u> -site work, tree trimming, | | 1000.00 | | | |
| | Sewer work | | 1000.00 | | | |
| | | | | | | |
| | <u>Operations</u> | | 3999.00 | | | |
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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**

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|--|----------------------------|--|------------|----------------------------|--|------------|
| | | | | | | |
| | | | | | | |
| | Subtotal of Estimated Cost | | \$19199.00 | Subtotal of Estimated Cost | | \$19199.00 |

VIOLENCE AGAINST WOMEN'S ACT (VAWA)
Public Housing/RD Section 8 Policy of the
Alma Housing Authority (AHA)

Pursuant to the direction of the U.S. Department of Housing and Urban Development Office of Public and Indian Housing following the signing into law the Violence Against Women Act of January 5, 2006, the Alma Housing Authority has implemented the following policies:

The purpose of these policies, consistent with the intent of Violence Against Women Act (VAWA) is “to protect certain victims of criminal domestic violence, dating violence, sexual assault, or stalking – as well as members of the victims’ immediate families – from losing their HUD-assisted housing as a result of the abuse of which they were the victim.

Please refer to the attached pages for definitions of abuse, intimidation, assault, rape, harassment and stalking as understood in these policies. The terms domestic violence, dating violence and stalking encompass all of these definitions.

1. The Alma Public Housing Agency shall not deny admission to the program to any applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, intimidation, assault, rape, harassment or stalking if the applicant otherwise qualifies for assistance or admission.
2. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed to be “serious or repeated violation of the lease” by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of the victim of such violence.
3. If a tenant or immediate member of the tenant’s family is a victim of domestic violence, dating violence or stalking, perpetrated by a member of a tenant’s household or any guest or other person under the tenant’s control, the aforementioned criminal activity shall not be cause for termination of the tenancy or occupancy rights. However, the AHA may bifurcate the lease in order to evict, remove to terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of violence against family members or others without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a lawful tenant or occupant.
4. The tenant or applicant will be required to report the abuse to the police and obtain a restraining order from the court against the abuser. The applicant shall certify that the person who engaged in such violence will not reside with the applicant family. The tenant shall certify that the abuser shall not return to the household. If the family is admitted, the AHA may deny or terminate assistance for breach of this certification. If the tenant allows the abuser back into the home, the tenant shall be in breach of her/his lease and the lease terminated.

5. The AHA will honor court orders addressing rights of access to or control of the property, distribution or possession of property among household member's and civil protection orders issued to protect the victim in cases where the family breaks up.
6. Nothing in the VAWA limits any otherwise available authority of the AHA to evict a tenant or any violation of the lease not premised on the act or acts of violence in question against a tenant or a member of the tenant's household. The standards utilized by the AHA in deciding whether to terminate a tenancy will not subject an individual who is or has been a victim of domestic violence, dating violence, or stalking to a more demanding standard than other tenants.
7. Nothing in the VAWA limits the authority of the AHA to terminate the tenancy of any tenant if the AHA can demonstrate an actual and imminent threat to other tenants or employees of the AHA if that tenant's tenancy is not terminated.
8. The AHA will request an individual certification via a police report or agency support letter that the individual is a victim of domestic violence, dating violence or stalking, and that the incident(s) in question are genuine incidents of actual or threatened abuse. The certification shall include the name of the perpetrator. The tenant shall provide the certification to the AHA within 14 business days of the request for certification. Inability to provide certification requirements will be reviewed on a case-by-case basis.
9. Failure to provide certification in writing, within 14 business days of the AHA request, may result in the AHA going forward with an eviction or termination of tenancy for any tenant or lawful occupant that commits violations of the lease. The 14 business day period may be extended at the discretion of the AHA.
10. An individual may satisfy the certification requirement by:
 - a. providing the AHA with documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attests under penalty of perjury to the professional's belief that the incident(s) in question are actual incidents of abuse, domestic violence, dating violence, or stalking as assigned or attested to the documentation; or
 - b. producing a Federal, state, tribal, territorial, or local police or court record.
11. All information provided to the AHA pursuant to the certification request, including the fact that an individual is a victim of domestic violence, dating violence, or stalking, shall be retained in confidence by the AHA and shall neither be entered into a shared data base nor provided to any related entity, except to the extent that disclosure is:
 - a. requested or consented to by the individual in writing;
 - b. required for use in an eviction proceeding; or
 - c. otherwise required by applicable law.

Definitions of domestic violence as understood in the policies of the AHA:
(AHA=Alma Housing Authority)

ABUSE

Domestic abuse includes but is not limited to verbal, physical, and/or economic threats of harm or attacks against a person or property.

Examples of abuse include but are not limited to:

- *pushing, hitting, slapping, choking, kicking, or biting
- *threats of injury to you, your family, or pets
- *public embarrassment or humiliation
- *forcing you to have sex or to perform sexual acts
- *preventing you from seeing your friends, family or engaging activities

INTIMIDATION

The act of making afraid – To force to deter with threats or violence, to include looks, actions, gestures, smashing things, destroying property, abusing pets, displaying weapons. Intimidation is the use of violence, force, or threats with the intent not influence another person's conduct.

ASSAULT

Assault is an attempt to commit a battery, or the intentional placing of one's hands on another in reasonable apprehension of receiving a battery. Simple assault is an assault committed without a dangerous weapon. Aggravated assault with a firearm is an assault committed by the discharge of a firearm.

RAPE

Rape is the act of one of the three types of sexual intercourse with a male or female person committed without the person's lawful consent. Emission is not necessary, and any sexual penetration, when the rape involves intercourse, however slight, is sufficient to complete the crime.

HARASSMENT

Harassment refers to unwelcome visits, calls and/or sexual advances, to include: following you; checking up on you; refusing to leave when asked, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to or rejection of this conduct explicitly or implicitly affects an individual's or creates an intimidating, hostile or offensive environment. Harassment can occur in a variety of circumstances, including but not limited to the following: 1) the victim as well as the harasser may be female or male. The victim does not have to be of the opposite sex. 2) The victim does not have to be the person harassed but could be anyone affected by the offensive conduct. 3) Unlawful sexual harassment may occur without economic injury to or discharge of the victim. 4) The harasser's conduct must be unwelcome.

STALKING

Stalking is the willful, malicious, and repeated following or harassing of another person that would cause a reasonable person to feel alarmed or to suffer emotional distress. Stalking shall include, but not be limited to the willful, malicious, and repeated uninvited

presence of the perpetrator at another person's home, workplace, school, or any place which would cause a reasonable person to be alarmed, or to suffer emotional distress as a result of verbal or behaviorally implied threats of death, bodily injury, sexual assault, kidnapping, or any other statutory criminal act to herself/himself or any member of her/his family or any person with whom she/he is acquainted.

Head of household

remaining household member

Date