

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Johnson City Housing Authority</u> PHA Code: <u>TX256</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/01/2010</u>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>49</u> Number of HCV units: <u>None</u>																										
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <u>N/A</u> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1: <u>N/A</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2: <u>N/A</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3: <u>N/A</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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: <u>N/A</u>						PHA 2: <u>N/A</u>						PHA 3: <u>N/A</u>					
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: <u>N/A</u>																											
PHA 2: <u>N/A</u>																											
PHA 3: <u>N/A</u>																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<b>Mission.</b> 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: <u>To provide decent safe and sanitary housing for low income individuals and families, especially for the elderly and disabled all within the mission and regulations of HUD.</u>																										
<b>5.2</b>	<b>Goals and Objectives.</b> 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. <u>The JCPHA plans to continue to improve the standing and physical condition of existing public housing units. The HA has improved the property by replacing roofs, painting exteriors of buildings, improving landscaping and drainage, replacing kitchen counters, sinks, and faucets, continually replacing HVAC systems and appliances as they wear out. The HA has met the majority of the goals from the previous 5 year plan and is continuing to serve the needs of residents. The HA commits itself to supporting the Violence Against Women Act by supporting the services and programs and activities provided and offered by local agencies to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; The HA will also support the efforts to obtain or maintain housing; and any activities, services, or programs provided or offered to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families. Copies of the VAWA act are available to tenants and community members in the office of the JCHA.</u>																										
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <u>None</u> (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. <u>All interested parties may review or make copies of this PHA Plan at the office of the authority, 304 S. Avenue F, Johnson City TX 78636.</u>																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i> <u>Not Applicable</u>																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> 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. <u>Provided as attachment.</u>																										
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> 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. <u>Provided as attachment.</u>																										
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <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. <u>Not Applicable.</u>																										

<p><b>9.0</b></p>	<p><b>Housing Needs.</b> 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 <u>The Johnson City Housing Authority plans to improve the existing Public Housing Units improving the accessibility, energy efficiency and living environments in order to meet the needs of present and future residents.</u></p>
<p><b>9.1</b></p>	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b> <u>The Johnson City Housing Authority plans to improve the existing Public Housing Units in order to meet the needs of all present and future residents buy utilizing Capital Funds and seeking outside grants for Energy Efficiency and ADA Compliance.</u></p>
<p><b>10.0</b></p>	<p><b>Additional Information.</b> 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. <u>The JCPHA plans to continue to improve the standing and physical condition of existing public housing units. The HA has improved the property by replacing roofs, painting exteriors of buildings, improving landscaping and drainage, replacing kitchen counters, sinks, and faucets, continually replacing HVAC systems and appliances as they wear out. The HA has met the majority of the goals from the previous 5 year plan and is continuing to serve the needs of residents.</u></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” <u>The JCPHA defines “significant amendment” as the addition of a project to the Capital Funds Grant Program with a cost at or above \$10,000 and “substantial deviation/modification” as: a change to a planned project that will change the cost by at least \$10,000.</u></p>
<p><b>11.0</b></p>	<p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements <u>No elements challenged.</u></p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part I: Summary

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

HA Name Johnson City Housing Authority Comprehensive Grant No TX59P256501-09 FY of Grant Approval 2009  
 Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no. )  
 Performance and Evaluation Report for Period Ending: 2007  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total non-CGP Funds	0.00		0.00	0.00
2	1406 Operations (May not exceed 10% of line 20)	2,000.00		2,000.00	2,000.00
3	1408 Management Improvements	2,000.00		2,000.00	1,225.50
4	1410 Administration	0.00		0.00	0.00
5	1411 Audit	0.00		0.00	0.00
6	1415 Liquidated Damages	0.00		0.00	0.00
7	1430 Fees and Costs	2,000.00		0.00	0.00
8	1440 Site Acquisition	0.00		0.00	0.00
9	1450 Site Improvement	31,305.00		6,000.00	5651.34
10	1460 Dwelling Structures	20,000.00		20,000.00	19,023.53
11	1465.1 Dwelling Equipment—Non-expendable	3,000.00		680.00	680.00
12	1470 Nondwelling Structures	500.00		500.00	0.00
13	1475 Nondwelling Equipment	2,000.00		129.00	129.00
14	1485 Demolition	0.00		0.00	0.00
15	1490 Replacement Reserve	0.00		0.00	0.00
16	1492 Moving to Work Demonstration	0.00		0.00	0.00
17	1495.1 Relocation Costs	0.00		0.00	0.00
18	1498 Mod Used for Development	0.00		0.00	0.00
19	1502 Contingency (May not exceed 8% of line 20)	0.00		0.00	0.00
20	Amount of Annual Grant: (sum of lines 2 -20 20)	62,805.00		31,309.00	28,909.37
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <u>[Signature]</u>		Date <u>3-16-09</u>	Signature of Public Housing Director		Date

1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement. Page \_\_\_ of \_\_\_ Previous edition is obsolete. Form HUD-52837 (9/98)  
 2 To be completed for the Performance and Evaluation Report. Ref Handbook 7485.3



Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

U.S. Department of Housing  
 and Urban Development  
 Office of Public and Indian Housing  
 Reasons for Revised Target Dates <sup>2</sup>

Development Number/Name/ HA- Wide Activities	Original	All Fund Obligated (Quarter Ending Date)		Original	All Funds Expended (Quarter Ending Date)	
		Revised <sup>1</sup>	Actual <sup>2</sup>		Revised <sup>1</sup>	Actual <sup>2</sup>
<b>Agency Wide:</b>						
Operations	9/15/11			9/15/13		
Administration	9/15/11			9/15/13		
Fees & Costs	9/15/11			9/15/13		
Site Improvmts	9/15/11			9/15/13		
Dwelling Struct	9/15/11			9/15/13		
Dwelling Eqpt	9/15/11			9/15/13		
Non-Dwelling St	9/15/11			9/15/13		
Non-Dwelling Eq	9/15/11			9/15/13		

Signature of Executive Director 	Date 3-16-09	Signature of Public Housing Director	Date
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<sup>1</sup> To be completed for the Performance and Evaluation Report of a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Evaluation Report  
Comprehensive Grant Program (CGP) Part I: Summary

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

HA Name Johnson City Housing Authority Comprehensive Grant No TX59P256501-10 FFY of Grant Approval 2010  
 Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no. )  
 Performance and Evaluation Report for Period Ending: 2007  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>7</sup>
		Original	Revised <sup>1</sup>	
1	Total non-CGP Funds	0.00		
2	1406 Operations (May not exceed 10% of line 20)	2,000.00		
3	1408 Management Improvements	2,000.00		
4	1410 Administration	0.00		
5	1411 Audit	0.00		
6	1415 Liquidated Damages	0.00		
7	1430 Fees and Costs	2,000.00		
8	1440 Site Acquisition	0.00		
9	1450 Site Improvement	31,000.00		
10	1460 Dwelling Structures	28,000.00		
11	1465.1 Dwelling Equipment—Non-expendable	3,000.00		
12	1470 Nondwelling Structures	500.00		
13	1475 Nondwelling Equipment	2,000.00		
14	1485 Demolition	0.00		
15	1490 Replacement Reserve	0.00		
16	1492 Moving to Work Demonstration	0.00		
17	1495.1 Relocation Costs	0.00		
18	1498 Mod Used for Development	0.00		
19	1502 Contingency (May not exceed 8% of line 20)	0.00		
20	Amount of Annual Grant: (sum of lines 2 -20 20)	70,500.00		
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Compliance			
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			
	Signature of Executive Director <u>GHB</u>	Date <u>316-09</u>	Signature of Public Housing Director	Date

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement. Page    of    Previous edition is obsolete. Form HUD-52837 (9/98)  
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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

U.S. Department of Housing  
 and Urban Development  
 Office of Public and Indian Housing  
 Reasons for Revised Target Dates <sup>2</sup>

Development Number/Name/ HA-Wide Activities	Original	All Funds Obligated (Quarter Ending Date)		Original	All Funds Expended (Quarter Ending Date)	
		Actual <sup>2</sup>	Revised <sup>1</sup>		Actual <sup>2</sup>	Revised <sup>1</sup>
<b>Agency Wide:</b>	7/30/12			7/30/14		
Operations	7/30/12			7/30/14		
Administration	7/30/12			7/30/14		
Fees & Costs	7/30/12			7/30/14		
Site Improvments	7/30/12			7/30/14		
Dwelling Struct	7/30/12			7/30/14		
Dwelling Eqpt	7/30/12			7/30/14		
Non-Dwelling St	7/30/12			7/30/14		
Non-Dwelling Eq	7/30/12			7/30/14		

Signature of Executive Director



Date

3-16-09

Signature of Public Housing Director

Date

<sup>1</sup> To be completed for the Performance and Evaluation Report of a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

**Five-Year Action Plan  
Part I: Summary**

Comprehensive Grant Program (CGP)

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

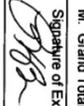
OMB Approval No. 2577-0157  
(exp. 3/31/2010)

HA Name <b>Johnson City Housing Authority</b>	Locality (City/County & State) <b>Johnson City/Blanco County, TX</b>	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revision No. _____
A Development Number/Name	Work Stmt. 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

TX 256 – Oak Crest Acres

See Annual Statement

B. Physical Improvements Subtotal	62,000.00	65,000.00	73,000.00	80,000.00
C. MANAGEMENT IMPROVEMENTS	3,000.00	3,000.00	4,000.00	5,000.00
D. HA-Wide Nondeveloping Structures and Equipment	5,000.00	10,000.00	10,000.00	10,000.00
E. Administration	2,000.00	2,000.00	2,000.00	2,000.00
F. Other	0.00	0.00	0.00	0.00
G. Operations	2,000.00	2,000.00	2,000.00	2,000.00
H. Demolition	0.00	0.00	0.00	0.00
I. Replacement Reserve	0.00	0.00	0.00	0.00
J. Mod Used for Development	0.00	0.00	0.00	0.00
K. Total CGP Funds	\$74,000	\$82,000	\$91,000	\$99,000
L. Total Non-CGP Funds				
M. Grand Total				

Signature of Executive Director 	Date <b>3-16-09</b>	Signature of Public Housing Director	Date
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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

HA Name Johnson City Housing Authority	Comprehensive Grant No TX59P256501-09	FFY of Grant Approval 2009
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 2007  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total non-CGP Funds	0.00		0.00	0.00
2	1406 Operations (May not exceed 10% of line 20)	2,000.00		2,000.00	2,000.00
3	1408 Management Improvements	2,000.00		2,000.00	1225.50
4	1410 Administration	0.00		0.00	0.00
5	1411 Audit	0.00		0.00	0.00
6	1415 Liquidated Damages	0.00		0.00	0.00
7	1430 Fees and Costs	2,000.00		0.00	0.00
8	1440 Site Acquisition	0.00		0.00	0.00
9	1450 Site Improvement	31,305.00		6,000.00	5851.34
10	1460 Dwelling Structures	20,000.00		20,000.00	19,023.53
11	1465.1 Dwelling Equipment—Non-expendable	3,000.00		680.00	680.00
12	1470 Nondwelling Structures	500.00		500.00	0.00
13	1475 Nondwelling Equipment	2,000.00		129.00	129.00
14	1485 Demolition	0.00		0.00	0.00
15	1490 Replacement Reserve	0.00		0.00	0.00
16	1492 Moving to Work Demonstration	0.00		0.00	0.00
17	1495.1 Relocation Costs	0.00		0.00	0.00
18	1498 Mod Used for Development	0.00		0.00	0.00
19	1502 Contingency (May not exceed 8% of line 20)	0.00		0.00	0.00
20	<b>Amount of Annual Grant: (sum of lines 2 -20 20)</b>	<b>62,805.00</b>		<b>31,309.00</b>	<b>28,909.37</b>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	Date	Signature of Public Housing Director	Date
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1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

Development Number/Name/ HA- Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
<b>Agency Wide:</b>							
Operations	9/15/11			9/15/13			
Administration	9/15/11			9/15/13			
Fees & Costs	9/15/11			9/15/13			
Site Improvmts	9/15/11			9/15/13			
Dwelling Struct	9/15/11			9/15/13			
Dwelling Eqpt	9/15/11			9/15/13			
Non-Dwelling St	9/15/11			9/15/13			
Non-Dwelling Eq	9/15/11			9/15/13			
Signature of Executive Director			Date		Signature of Public Housing Director		Date

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

Evaluation Report  
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

HA Name Johnson City Housing Authority	Comprehensive Grant No TX59P256501-10	FFY of Grant Approval 2010
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
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Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total non-CGP Funds	0.00			
2	1406 Operations (May not exceed 10% of line 20)	2,000.00			
3	1408 Management Improvements	2,000.00			
4	1410 Administration	0.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	2,000.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	27,464.00			
10	1460 Dwelling Structures	28,000.00			
11	1465.1 Dwelling Equipment—Non-expendable	3,000.00			
12	1470 Nondwelling Structures	500.00			
13	1475 Nondwelling Equipment	2,000.00			
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	0.00			
18	1498 Mod Used for Development	0.00			
19	1502 Contingency (May not exceed 8% of line 20)	0.00			
20	<b>Amount of Annual Grant: (sum of lines 2 -20 20)</b>	<b>66,964.00</b>			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	Date	Signature of Public Housing Director	Date
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 2 To be completed for the Performance and Evaluation Report.



Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

Development Number/Name/ HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
<b>Agency Wide:</b>							
Operations	7/30/12			7/30/14			
Administration	7/30/12			7/30/14			
Fees & Costs	7/30/12			7/30/14			
Site Improvmts	7/30/12			7/30/14			
Dwelling Struct	7/30/12			7/30/14			
Dwelling Eqpt	7/30/12			7/30/14			
Non-Dwelling St	7/30/12			7/30/14			
Non-Dwelling Eq	7/30/12			7/30/14			

Signature of Executive Director	Date	Signature of Public Housing Director	Date
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1 To be completed for the Performance and Evaluation Report of a Revised Annual Statement.  
 2 To be completed for the Performance and Evaluation Report.

# Five-Year Action Plan

## Part I: Summary

### Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(exp. 3/31/2010)

HA Name <b>Johnson City Housing Authority</b>		Locality (City/County & State) <b>Johnson City/Blanco County, TX</b>		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revision No: _____	
A	Development Number/Name	Work Stmt. 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
	TX 256 – Oak Crest Acres	<b>See Annual Statement</b>				
B.	Physical Improvements Subtotal		62,000.00	65,000.00	73,000.00	80,000.00
C.	MANAGEMENT IMPROVEMENTS		3,000.00	3,000.00	4,000.00	5,000.00
D.	HA-Wide Nondwelling Structures and Equipment		5,000.00	10,000.00	10,000.00	10,000.00
E.	Administration		2,000.00	2,000.00	2,000.00	2,000.00
F.	Other		0.00	0.00	0.00	0.00
G.	Operations		2,000.00	2,000.00	2,000.00	2,000.00
H.	Demolition		0.00	0.00	0.00	0.00
I.	Replacement Reserve		0.00	0.00	0.00	0.00
J.	Mod Used for Development		0.00	0.00	0.00	0.00
K.	Total CGP Funds		\$74,000	\$82,000	\$91,000	\$99,000
L.	Total Non-GCP Funds					
M.	Grand Total					
Signature of Executive Director			Date	Signature of Public Housing Director		Date

Page \_\_\_ of \_\_\_

form HUD-52834 (10/96)  
Ref Handbook 7485..3

**Five-Year Action Plan**  
**Part II: Supporting Pages**  
**Physical Needs Work Statement(s)**  
**Comprehensive Grant Program (CGP)**

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

Work Statement	Work Statement for Year: <u>2</u> FFY Grant: <u>2011</u>			Activities for Year: <u>3</u> FFY Grant: <u>2012</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
<b>See Annual Statement</b>	TX256 Oak Crest Acres:			<b>TX256 Oak Crest Acres:</b>		
	<b>OPERATIONS</b>		2,000.00	<b>OPERATIONS</b>		2,000.00
			0.00			0.00
	<b>MGMT IMPROVEMENTS</b>		0.00	<b>MGMT IMPROVEMENTS</b>		0.00
	Training		1,000.00	Training		1,000.00
	Office Equipment		2,000.00	Computer Software		2,000.00
			0.00			0.00
	<b>Fees &amp; Costs</b>		6,000.00	<b>Fees &amp; Costs</b>		4,000.00
			0.00			0.00
	<b>Site Improvements</b>		0.00	<b>Site Improvements</b>		0.00
	Landscaping/Tree Trimming		5,000.00	Sidewalk Repairs		5,000.00
	Sewer Replacement		20,000.00	Sewer Replacement		40,000.00
	<b>Dwelling Structures</b>		0.00	<b>Dwelling Structures</b>		0.00
	Exterior Improvements		10,000.00	Interior Improvements		10,000.00
			0.00			0.00
	<b>Dwelling Equipment</b>		0.00	<b>Dwelling Equipment</b>		0.00
	Kitchen Appliances		15,000.00	Kitchen Appliances		9,000.00
			0.00			0.00
	<b>Non-Dwelling Structures</b>		0.00	<b>Non-Dwelling Structures</b>		0.00
	Maintenance/Storage		10,000.00	Maintenance/Storage Building		5,000.00
			0.00			0.00
	<b>Non-Dwelling Equipment</b>		0.00	<b>Non-Dwelling Equipment</b>		0.00
	Maintenance Equipment		1,500.00	Maintenance Equipment		2,500.00
	Computer Equipment		1,500.00	Computer Equipment		1,500.00
			0.00			0.00
			0.00			0.00
		0.00			0.00	
		0.00			0.00	
		0.00			0.00	
		0.00			0.00	
<b>Subtotal of Estimated Cost</b>		<b>74,000</b>	<b>Subtotal of Estimated Cost</b>		<b>82,000</b>	

Form HUD-52834 (10/96)  
Ref Handbook 7485.3

**Five-Year Action Plan**  
**Part II: Supporting Pages**  
**Physical Needs Work Statement(s)**  
**Comprehensive Grant Program (CGP)**

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

Work Statement	Work Statement for Year: <u>4</u> FFY Grant: <u>2013</u>			Activities for Year: <u>5</u> FFY Grant: <u>2014</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
<b>See Annual Statement</b>	<b>TX256 Oak Crest Acres:</b>			<b>TX256 Oak Crest Acres:</b>		
	<b>OPERATIONS</b>		2,000.00	<b>OPERATIONS</b>		2,000.00
			0.00			0.00
	<b>MGMT IMPROVEMENTS</b>		0.00	<b>MGMT IMPROVEMENTS</b>		0.00
	Training		1,000.00	Training		1,000.00
	Office Furniture/Equipment		2,000.00	Computer Software		4,000.00
			0.00			0.00
	<b>Fees &amp; Costs</b>		2,000.00	<b>Fees &amp; Costs</b>		2,000.00
			0.00			0.00
	<b>Site Improvements</b>		0.00	<b>Site Improvements</b>		0.00
	Landscaping/Tree Trimming		10,000.00	Sidewalk Repairs		10,000.00
	Sewer Replacement		27,000.00	Sewer Replacement		35,000.00
			0.00			0.00
	<b>Dwelling Structures</b>		0.00	<b>Dwelling Structures</b>		0.00
	Exterior Improvements		20,000.00	Interior Improvements		25,000.00
			0.00			0.00
	<b>Dwelling Equipment</b>		0.00	<b>Dwelling Equipment</b>		0.00
	Appliances		15,000.00	Appliances		10,000.00
			0.00			0.00
	<b>Non-Dwelling Structures</b>		0.00	<b>Non-Dwelling Structures</b>		0.00
	Maintenance/Storage		10,000.00	Maintenance/Storage		5,000.00
			0.00			0.00
	<b>Non-Dwelling Equipment</b>		0.00	<b>Non-Dwelling Equipment</b>		0.00
Maintenance Equipment		1,500.00	Maintenance Equipment		2,500.00	
Computer Equipment		500.00	Computer Equipment		2,500.00	
		0.00			0.00	
		0.00			0.00	
		0.00			0.00	
		0.00			0.00	
		0.00			0.00	
		0.00			0.00	
<b>Subtotal of Estimated Cost</b>		<b>91,000</b>	<b>Subtotal of Estimated Cost</b>		<b>\$99,000</b>	

Form HUD-52834 (10/96)  
Ref Handbook 7485.3

**Appendix A  
PHA Certifications**

<b>PHA Certifications of Compliance with PHA Plans and Related Regulations</b>	<b>U.S. Department of Housing and Urban Development</b> Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011
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**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the  5-Year and/or  Annual PHA Plan for the PHA fiscal year beginning 04/01/2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low- or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

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

The Housing Authority of the City of Johnson City

TX256

PHA Name

PHA Number/HA Code

- X  
 \_\_\_\_\_ 5-Year PHA Plan for Fiscal Years 20<sup>10</sup> - 20<sup>16</sup>
- X  
 \_\_\_\_\_ Annual PHA Plan for Fiscal Years 20<sup>10</sup> - 20<sup>11</sup>

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

Name of Authorized Official	Title
Susan Hamm	Chairperson, Board of Commissioners
Signature <i>Susan Hamm</i>	Date March 15th, 2010

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

The Housing Authority of the city of Johnson City

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Fund and Capital Funds

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

304 S. Avenue F, Johnson City TX 78636

Check here  if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

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

Name of Authorized Official <b>Pamela K. Brace</b>	Title <b>Executive Director</b>
Signature 	Date <b>03/16/2010</b>

OMB Approval No. 2577-0157 (Exp. 3/31/2010)

### Certification of Payments to Influence Federal Transactions

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

Applicant Name

The Housing Authority of the city of Johnson City

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Fund and Capital Funds

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

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

Name of Authorized Official

Pamela K. Brace

Title

Executive Director

Signature



Date (mm/dd/yyyy)

03/16/2010

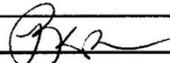
Previous edition is obsolete

form HUD 50071 (3/98)  
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

Approved by OMB  
0348-0046

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award c. post-award		<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier <input checked="" type="checkbox"/> , if known: The Housing Authority of the City of Johnson City 304 S. Avenue F, P.O. Box 177 Johnson City TX 78636  <b>Congressional District, if known:</b> 4c District 10			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   <b>Congressional District, if known:</b>		
<b>6. Federal Department/Agency:</b> The Department of Housing & Urban Development The Office of Public Housing			<b>7. Federal Program Name/Description:</b> Operating Fund and Capital Fund Program CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):  None			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):  None		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature:  Print Name: Pamela K. Brace Title: Executive Director Telephone No.: (830) 868-7322      Date: 03/16/2010		
<b>Federal Use Only:</b>				Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

## Appendix B

### Resident Advisory Board and Comments made by the RAB

#### The 2010 Resident Advisory Board Consists of:

Elizabeth Sooter

Bonnie Felps

Helen Maxwell

Dorothy Turner

Pat Stokes

Frederica Collins

#### Suggestions/Comments Made by the Board:

Community Building needs handicap accessible thresholds on the exterior doors

#### Response from the Board of Commissioners:

That upgrade will be completed as soon as possible. We appreciate the time and consideration given by the RAB. (Renovations were completed prior to submission of this plan.)

