PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011

1.0 PHA Information

PHA Name: Fort Deposit Housing Authority PHA Code: **AL193**

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

PHA Fiscal Year Beginning: (MM/YYYY): **04/01/2011**

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

Number of PH units: **50** Number of HCV units: **0**

3.0 Submission Type

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

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

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

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

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

The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination

Our goal is to provide drug free, decent, safe, and sanitary housing for eligible families and to provide opportunities and promote self-sufficiency and economic independence for residents.

In order to achieve this mission, we will:

- Recognize residents as our ultimate customer;
- Improve Public Housing Authority (HA) management and service delivery efforts through effective and efficient management of HA staff;
- Seek problem-solving partnerships with residents, community, and government leadership;
- Apply HA resources, to the effective and efficient management and operation of public housing programs, taking into account changes in Federal funding

5.2 Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

*Recognize residents as our ultimate customer.

*Improve Public Housing Management and service delivery efforts through effective and efficient management of HA staff.

*Seek problem solving partnerships with residents, community, and government leadership.

*Apply HA resources to be effective and efficient management and operations of public housing and housing choice voucher, taking into account changes in Federal funding.

6.0 PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: None

(b) Identify the specific location(s) where the public may obtain copies of the Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.
751 Edgewood Drive, Fort Deposit, AL 36032

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. *Include statements related to these programs as applicable.*

8.0 Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing. ***SEE ATTACHED***

8.2 Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. ***SEE ATTACHED***

8.3	**Capital Fund Financing Program (CFFP).** ☐ Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	**Housing Needs**. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. Approximately 1000 families are in need of housing in the housing authority jurisdiction. At the current time the housing authority has 127 families on the Public Housing waiting list (40- One Bedrooms, 50 Two Bedrooms, 34 Three Bedrooms, and 86 Four Bedrooms) and the housing authority has 214 families on the Housing Voucher waiting list (40 – One Bedrooms, 96 – Two Bedrooms, 67 – Three Bedrooms, and 8 – Four Bedrooms.

9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. The housing authority does not plan to have any deviations from the Five Year Plan. This plan was written after consultation with necessary parties and entities as provided in the guidelines issued by HUD. All necessary accompanying documents are attached to the document, or are available upon request. The PHA plans to make as many affordable housing units, that are suitable for living, and that will meet the economic needs of families, available to as many families as possible in the jurisdiction it serves. We intend to make capital improvements to our existing housing stock with available funds to improve living conditions. We further plan to improve our vacancies by improving our turn-around time for vacant units, and lease up capability to ensure more families in occupancy. We plan to follow the deconcentration and income mixing policies, following information taken from the development analysis, to insure a balance of income levels and income mix at each development. The PHA has set a discretionary minimum rent for public and Section 8 housing, and has adopted a minimum rent hardship policy.
10.0	**Additional Information**. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. The housing authority had reduced the waiting list and has reduced vacant unit turnaround time, but is still working to further reduce the vacant unit turnaround time. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" This agency considers changes that substantially deviate from the approved plan to be changes from the approved plan that impact over 50% of our residents/participants in the specific program affected. This impact could be for financial or policy implementation reasons.

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

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 there under 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

Other PHA Goals and Objectives:
NEW GOAL—with Submission of the Annual Plan beginning January 1, 2011.

The Fort Deposit Housing Authority will comply and support the Violence Against Women and Justice Department Reauthorization Act 2005:

HUD published Notices: PIH 2006-23 and PIH 2006-42 for Implementation of the Violence Against Women and Justice Reauthorization Act 2005 (VAWA). The VAWA prohibits the eviction of, and removal of assistance from certain persons living in public or Section 8 assisted housing if the asserted grounds for such action is an instance of domestic violence, dating violence, sexual assault, or stalking as those terms are defined in Section 3 of the United States Housing Act of 1937 as amended by VAWA. The HA distributed notices to all residents informing them that the HA would not evict or terminate victims of criminal domestic violence, dating violence, sexual assault or staking, as well as members of the victims' family listed on the dwelling lease. The HA would only take action to have the person committing the violence removed from the dwelling lease for the protection of the family. Based on the requirements contained in HUD Notice 2006-23, the HA developed certification forms for victims to certify that the alleged incident of abuse are bona fide and agree to have the alleged abuser removed from the dwelling lease. (AHA certification form and HUD form 50066). The HA will also allow the victim and remaining family members to relocate for safety reasons to another public housing development managed by the HA. To inform new public housing households of the requirements of VAWA, the HA developed a notice that is covered with the Public Housing household during the leasing session. Each person participating in the lease session is also required to sign the notice that explains the requirements of VAWA.

It is the goal of the HA not to evict any public housing resident who is a victim of violence covered under the Violence Against Womens' Act.

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacment 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:	Grant Type and Number	FFY of Grant:
Fort Deposit Housing Authority	Capital Fund Program Grant No: AL09-P193-501-09 Replacement Housing Factor Grant No.: Date of CFFP:	**2009** **FFY of Grant Approval** **2009**

Type of Grant
[ ] Original Annual Statement **[ ] Reserve for Disasters/Emergencies** **[ ] Revised Annual Statement (revision no:)**
[X] Performance and Evaluation Report for Period Ending 09/30/2010 **[ ] 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 20) [3]	8,000.00		8,000.00	-
3	1408 Management Improvements	16,000.00		-	-
4	1410 Administration (may not exceed 10% of line 20)	-		-	-
5	1411 Audit	-		-	-
6	1415 Liquidated Damages	-		-	-
7	1430 Fees and Costs	6,900.00		6,900.00	5,861.00
8	1440 Site Acquisition	-		-	-
9	1450 Site Improvement	-		-	-
10	1460 Dwelling Structures	40,000.00		40,000.00	40,000.00
11	1465.1 Dwelling Equipment - Nonexpendable	-		-	-
12	1470 Nondwelling Structures	9,791.00		-	-
13	1475 Nondwelling Equipment	-		-	-
14	1485 Demolition	-		-	-
15	1492 Moving to Work Demonstration	-		-	-
16	1495.1 Relocation Costs	-		-	-
17	1499 Development Activities [4]	-		-	-
18a	1501 Collaterization 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)	80,691.00		54,900.00	45,861.00
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	-		-	-

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 and Capital Fund Program Replacment 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:	Grant Type and Number	FFY of Grant:
Fort Deposit Housing Authority	Capital Fund Program Grant No: AL09-P193-501-09 Replacement Housing Factor Grant No.: Date of CFFP:	2009 FFY of Grant Approval 2009

Type of Grant

[ ] Original Annual Statement [ ] Reserve for Disasters/Emergencies [ ] Revised Annual Statement (revision no:)

[X] Performance and Evaluation Report for Period Ending 09/30/2010 [ ] Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended

Signature of Executive Director	Date	Signature of Public Housing Director	Date
Alan Smith	1-13-11		

Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FFY of Grant:
Fort Deposit Housing Authority	Capital Fund Program Grant No: AL09-P193-501-09 Replacement Housing Factor Grant No.: **CFFP (Yes / No):**	**2009**

Development Number Name/HA - Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
PHA Wide	Operations	**1406**		8,000	-	8,000	-	
PHA Wide	Security Officer	**1408**		16,000	-	-	-	
PHA Wide	A&E Fees	**1430**		6,900	-	6,900	5,861	
PHA Wide	Electrical Upgrade to Units	**1460**		40,000	-	40,000	40,000	
PHA Wide	Remodel Office	**1470**		9,791		-	-	
				80,691	-	54,900	45,861	

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:	**Federal FFY of Grant:**
Fort Deposit Housing Authority	**2009**

Development Number Name/HA - Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates [1]
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	**9/14/2011**			**9/14/2013**			

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.

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacment 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:	Grant Type and Number	FFY of Grant:
Fort Deposit Housing Authority	Capital Fund Program Grant No: AL09S193501-09 **CFRG** Replacement Housing Factor Grant No.: Date of CFFP:	**2009** **FFY of Grant Approval** **2009**

Type of Grant
[ ] Original Annual Statement **[ ] Reserve for Disasters/Emergencies** **[ ] Revised Annual Statement (revision no:)**
[X] Performance and Evaluation Report for Period Ending 09/30/2010 **[X] 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 20) [3]	-	-	-	-
3	1408 Management Improvements	-	-	-	-
4	1410 Administration (may not exceed 10% of line 20)	-	-	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	8,241	-	8,241	8,241
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	-	-	-	-
10	1460 Dwelling Structures	94,434	-	94,434	94,434
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	-	-	-	-
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1492 Moving to Work Demonstration	-	-	-	-
16	1495.1 Relocation Costs	-	-	-	-
17	1499 Development Activities [4]	-	-	-	-
18a	1501 Collaterization 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)	102,675	-	102,675	102,675
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	-	-	-	-

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 and Capital Fund Program Replacment 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:	Grant Type and Number	FFY of Grant:
Fort Deposit Housing Authority	Capital Fund Program Grant No: AL09S193501-09 CFRG Replacement Housing Factor Grant No.: Date of CFFP:	2009 FFY of Grant Approval 2009

Type of Grant

[ ] Original Annual Statement [ ] Reserve for Disasters/Emergencies [ ] Revised Annual Statement (revision no:)

[X] Performance and Evaluation Report for Period Ending 09/30/2010 [X] Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended

Signature of Executive Director	Date	Signature of Public Housing Director	Date
Alan Smith	1-13-11		

Part II: Supporting Pages

PHA Name:	**Grant Type and Number**	**Federal FFY of Grant:**
Fort Deposit Housing Authority	Capital Fund Program Grant No: AL09S193501-09 CFRG Replacement Housing Factor Grant No.: **CFFP (Yes / No):**	**2009**

Development Number Name/HA - Wide Activities	**General Description of Major Work Categories**	**Dev. Acct No.**	**Quantity**	**Total Estimated Cost**		**Total Actual Cost**		**Status of Work**
				Original	**Revised [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
PHA Wide	A/E Fees	**1430**		8,241	-	7,783	7,783	Complete
PHA Wide	Electrical Wiring Upgrade; Kitchen							
	Cabinets; Sheetrock Installation	**1460**		94,434	-	94,434	94,434	Complete
					-	-	-	
				102,675		102,217	102,217	

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:	Federal FFY of Grant:
Fort Deposit Housing Authority	**2009**

Development Number Name/HA - Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates [1]
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	**3/17/2010**			**3/17/2012**			

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.

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacment 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:	Grant Type and Number	FFY of Grant:
Fort Deposit Housing Authority	Capital Fund Program Grant No: AL09-P193-501-10 Replacement Housing Factor Grant No.: Date of CFFP:	**2010** **FFY of Grant Approval** **2010**

Type of Grant
[ ] Original Annual Statement **[ ] Reserve for Disasters/Emergencies** **[ ] Revised Annual Statement (revision no:)**
[X] Performance and Evaluation Report for Period Ending 09/30/2011 **[ ] 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 20) [3]	8,000			
3	1408 Management Improvements	16,000			
4	1410 Administration (may not exceed 10% of line 20)	-			
5	1411 Audit	1,000			
6	1415 Liquidated Damages	-			
7	1430 Fees and Costs	5,900			
8	1440 Site Acquisition	-			
9	1450 Site Improvement	-			
10	1460 Dwelling Structures	30,000			
11	1465.1 Dwelling Equipment - Nonexpendable	10,000			
12	1470 Nondwelling Structures	9,520			
13	1475 Nondwelling Equipment	-			
14	1485 Demolition	-			
15	1492 Moving to Work Demonstration	-			
16	1495.1 Relocation Costs	-			
17	1499 Development Activities [4]	-			
18a	1501 Collaterization 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)	80,420			
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	-			

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 and Capital Fund Program Replacment 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:	Grant Type and Number	FFY of Grant:
Fort Deposit Housing Authority	Capital Fund Program Grant No: AL09-P193-501-10 Replacement Housing Factor Grant No.: Date of CFFP:	2010 FFY of Grant Approval 2010

Type of Grant
[ ] Original Annual Statement
[ ] Reserve for Disasters/Emergencies
[ ] Revised Annual Statement (revision no:)
[X] Performance and Evaluation Report for Period Ending 09/30/2011
[ ] Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended

Signature of Executive Director	Date	Signature of Public Housing Director	Date
Alan Smith	1-13-11		

Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FFY of Grant:
Fort Deposit Housing Authority	Capital Fund Program Grant No: AL09-P193-501-10 Replacement Housing Factor Grant No.: **CFFP (Yes / No):**	**2010**

Development Number Name/HA - Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
PHA Wide	Operations	**1406**		8,000				
PHA Wide	Security Officer	**1408**		16,000				
PHA Wide	Audit	**1411**		1,000				
PHA Wide	A & E Fees	**1430**		5,900				
PHA Wide	Unit Remodel (Cabintes/Sheetrock)	**1460**		30,000				
PHA Wide	Ranges and Refrigerators/HVAC	**1465.1**		10,000				
PHA Wide	Remodel Office	**1470**		9,520				
				80,420				

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:	Federal FFY of Grant:
Fort Deposit Housing Authority	**2010**

Development Number Name/HA - Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates [1]
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	**7/14/2012**			**7/14/2014**			

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.

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacment 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:	Grant Type and Number	FFY of Grant:
Fort Deposit Housing Authority	Capital Fund Program Grant No: AL09-P193-501-11 Replacement Housing Factor Grant No.: Date of CFFP:	**2011** **FFY of Grant Approval** **2011**

Type of Grant
[X] 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 20) [3]	8,000			
3	1408 Management Improvements	16,000			
4	1410 Administration (may not exceed 10% of line 20)	-			
5	1411 Audit	1,000			
6	1415 Liquidated Damages	-			
7	1430 Fees and Costs	5,900			
8	1440 Site Acquisition	-			
9	1450 Site Improvement	-			
10	1460 Dwelling Structures	30,000			
11	1465.1 Dwelling Equipment - Nonexpendable	10,000			
12	1470 Nondwelling Structures	9,520			
13	1475 Nondwelling Equipment	-			
14	1485 Demolition	-			
15	1492 Moving to Work Demonstration	-			
16	1495.1 Relocation Costs	-			
17	1499 Development Activities [4]	-			
18a	1501 Collaterization 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)	80,420			
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	-			

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 and Capital Fund Program Replacment 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:	Grant Type and Number	FFY of Grant:
Fort Deposit Housing Authority	Capital Fund Program Grant No: AL09-P193-501-11 Replacement Housing Factor Grant No.: Date of CFFP:	2011 FFY of Grant Approval 2011

Type of Grant
[X] 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

Signature of Executive Director	Date	Signature of Public Housing Director	Date
Alan Smith	1-13-11		

Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FFY of Grant:
Fort Deposit Housing Authority	Capital Fund Program Grant No: AL09-P193-501-11 Replacement Housing Factor Grant No.: **CFFP (Yes / No):**	**2011**

Development Number Name/HA - Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
PHA Wide	Operations	**1406**		8,000				
PHA Wide	Security Officer	**1408**		16,000				
PHA Wide	Audit	**1411**		1,000				
PHA Wide	A & E Fees	**1430**		5,900				
PHA Wide	Unit Remodel (Cabintes/Sheetrock)	**1460**		30,000				
PHA Wide	Ranges and Refrigerators/HVAC	**1465.1**		10,000				
PHA Wide	Remodel Office	**1470**		9,520				
				80,420				

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:	**Federal FFY of Grant:**
Fort Deposit Housing Authority	**2011**

Development Number Name/HA - Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates [1]
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	**9/30/2013**			**9/30/2014**			

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
Part I: Summary

PHA Name **Fort Deposit Housing Authority**				**X Original 5-Year Plan** **Revision No:**	
Development Number/Name/HA-Wide	**Year 1**	Work Statement for Year 2 FFY Grant:2012 PHA FY:03/31/2012	Work Statement for Year 3 FFY Grant:2013 PHA FY:03/31/2013	Work Statement for Year 4 FFY Grant:2014 PHA FY:03/31/2014	Work Statement for Year 5 FFY Grant:2015 PHA FY:03/31/2015
	Annual Statement				
PHA Wide		$ 80,420	$ 80,420	$ 80,420	$ 80,420
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
CFP Funds Listed for 5-year planning		$ 80,420	$ 80,420	$ 80,420	$ 80,420
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages

Activities for Year 1	Activities for Year 2 FFY Grant 2012 PHA FY: 3/31/2012			Activities for Year 3 FFY Grant 2013 PHA FY: 3/31/2013		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See						
Annual	PHA Wide	Operations	8,000	PHA Wide	Operations	8,000
Statement	PHA Wide	A & E Fees	6,900	PHA Wide	A & E Fees	6,900
	PHA Wide	Electrical Upgrades	40,000	PHA Wide	Electrical Upgrades	40,000
	PHA Wide	Security Officer	16,000	PHA Wide	Security Officer	16,000
	PHA Wide	Remodel Office	9,520	PHA Wide	Remodel Office	9,520
		Total CFP Estimated Cost	80,420			80,420

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages

Activities for Year	4		Activities for Year	5	
FFY Grant	2014		FFY Grant	2015	
PHA FY:	12/31/2014		PHA FY:	12/31/2015	
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
PHA Wide	Operations	8,000	PHA Wide	Operations	8,000
PHA Wide	A & E Fees	6,900	PHA Wide	A & E Fees	6,900
PHA Wide	Electrical Upgrades	40,000	PHA Wide	Electrical Upgrades	40,000
PHA Wide	Security Officer	16,000	PHA Wide	Security Officer	16,000
PHA Wide	Remodel Office	9,520	PHA Wide	Remodel Office	9,520
	Total CFP Estimated Cost	80,420			80,420

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

FORT DEPOSIT HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

CAPITAL FUND

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 Federalagency 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.)

AL193

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	Title
Alan Smith	EXECUTIVE DIRECTOR
Signature X Alan Smith	Date 1-13-11

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

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

FORT DEPOSIT HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

CAPITAL FUND

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	Title
Alan Smith	EXECUTIVE DIRECTOR
Signature	**Date (mm/dd/yyyy)**
Alan Smith	1-13-11

Previous edition is obsolete

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

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

FORT DEPOSIT HOUSING AUTHORITY	AL193
PHA Name	PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official Alan Smith	Title EXECUTIVE DIRECTOR
Signature Alan Smith	Date 1-13-11

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

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

1. Type of Federal Action:
[b] a. contract
b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

2. Status of Federal Action:
[b] a. bid/offer/application
b. initial award
c. post-award

3. Report Type:
[a] a. initial filing
b. material change
For Material Change Only:
year _____ quarter _____
date of last report _____

4. Name and Address of Reporting Entity:
[x] **Prime** [ ] **Subawardee**
Tier _____, *if known*:

Congressional District, *if known*: 4c

5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:

Congressional District, *if known*:

6. Federal Department/Agency:
U S HOUSING & URBAN DEVELOPMENT

7. Federal Program Name/Description:

CFDA Number, *if applicable*: _____

8. Federal Action Number, *if known*:

9. Award Amount, *if known*:
$

10. a. Name and Address of Lobbying Registrant
(*if individual, last name, first name, MI*):

b. Individuals Performing Services (*including address if different from No. 10a*)
(*last name, first name, MI*):

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: Alan Smith
Print Name: Alan Smith
Title: EXECUTIVE DIRECTOR
Telephone No.: 334-566-4425 Date: 1-13-11

Federal Use Only:

Authorized for Local Reproduction
Standard Form LLL (Rev. 7-97)

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_X__ Annual PHA Plan for the PHA fiscal year beginning _2011_____, 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.

Fort Deposit Housing Authority	AL193
PHA Name	PHA Number/HA Code

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

_X_ Annual PHA Plan for Fiscal Years 20__11__ - 20__11__

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
FRANCIS TOLLIVER	CHAIRPERSON
Signature: Frances Tolliver	Date: 1-14-11