

1.0	PHA Information PHA Name: <u>Housing Authority of Avon Park, Florida</u> PHA Code: <u>FL-012</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>12/31/2011</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>129</u> Number of HCV units: _____																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:35%;">Participating PHAs</th> <th rowspan="2" style="width:10%;">PHA Code</th> <th rowspan="2" style="width:20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width:20%;">Programs Not in the Consortia</th> <th colspan="2" style="width:15%;">No. of Units in Each Program</th> </tr> <tr> <th style="width:5%;">PH</th> <th style="width:5%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</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:						PHA 2:						PHA 3:					
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 aim of the Avon Park Housing Authority is to ensure safe, decent and affordable housing; to create opportunities for resident's self-sufficiency and economic opportunities; and to assure fiscal integrity by all program participants. In order to achieve this mission we will: <ul style="list-style-type: none"> • Recognize the housing needs of the community at large. • Seek public and private partnerships to achieve our goals. • Act as an agent for change • Maximize limited HUD resources 																										
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. The Goals & Objectives for the APHA are as follows; <ol style="list-style-type: none"> 1. Board Development <ol style="list-style-type: none"> A. Establish criteria for board membership B. Educate commissioners as to scope of their responsibility/authority & advocate active participation. C. Encourage Resident Commissioner participation & represent/obtain feedback from all APHA residents. 2. Resident Involvement and Inclusion <ol style="list-style-type: none"> A. Expand Resident Council & Liaison participation; create & sustain resident feedback mechanism. B. Encourage Community Neighborhood Watch programs on all APHA sites. 3. Resident Services: Meet Resident's Needs <ol style="list-style-type: none"> A. Develop method to identify needs B. Conduct annual family needs assessment C. Conduct preventive maintenance survey D. Identify & take advantage of opportunities to provide economic opportunity for residents. E. Assist residents in meeting affordable housing needs 4. Strategic Plan: Setting a future for the HA <ol style="list-style-type: none"> A. Determine needs for and continue to secure additional affordable housing for Avon Park and area through pursuit of various affordable housing development initiatives. <ol style="list-style-type: none"> 1) Leverage APHA property assets 2) Collaborate and Partner with other affordable housing development organizations 3) Pursue APHA property acquisition &/or management opportunities where appropriate. 																										

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Plan changes: ACOP Revisions; Added revisions to the ACOP for Preferences; Special Needs; Emergency & Transitional Housing and adding debt services payment reservations to Capital Fund Program Budget to support PMHP funding (SAIL Loan) for underwriting substantial rehab to Lakeside Park project.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan; APHA Main Office, 21 Tulane Drive, Avon Park, Florida</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>; Plan includes financing under approved Public Housing Mortgage Program, reservation of CFP funding to underwrite SAIL Loan Program commitment for substantial rehab of Lakeside Park project.</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input checked="" 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. See 6.0 & 7.0 above</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. The greatest housing needs for Highlands County reflects the absence of affordable rental housing. Underserved population includes elderly, disabled and extremely low income families. Complicating this limited affordable housing stock issue is an unemployment rate of +12% for Highlands County and minimal interest by local lending institutions to underwrite marginal risk multi-family residential construction. Local governments cannot support affordable housing strategies due to property value declines and shrinking tax revenues.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. With what limited resources the APHA has available, the APHA is moving forward to provide additional affordable rental housing through funding made available through the Federal Home Loan Bank Funding, State of Florida HOME funding, and USDA for 72 families of low to moderate income. The APHA also purchased a Mark-To-Market Project Based Section 8 Apartment Complex of 36 units that will help meet waiting list need. The PHA also substantially rehabbed its 50 unit PH Elderly/Disabled Project to preserve existing housing meet local need. Finally, APHA is in the process of obtaining additional funding through the Federal Home Loan Bank and State of Florida SAIL loan program to substantially rehab and convert 16 family units to Emergency/Transitional housing to meet homeless needs.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. The APHA has made significant progress in obtaining additional affordable housing through the use of multiple subsidy and loan underwriting initiatives that will not only provide additional affordable rental housing to our community but also improve and preserve our subsidized housing assets. The APHA will continue to pursue other funding opportunities to facilitate and accelerate the substantial rehabilitation of the balance of the APHA's public housing stock for long-term viability preservation.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification". No substantial deviation or modifications from last year's Plan.</p>

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)

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:

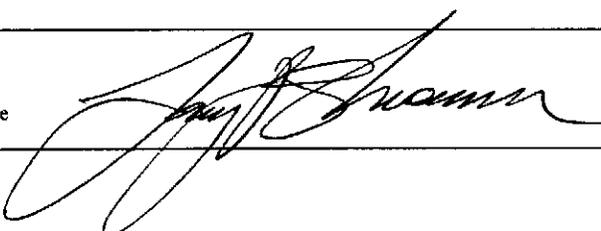
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further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

AVON PARK HOUSING AUTHORITY

FL-012

 PHA Name

 PHA Number/HA Code

<small>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)</small>	
Name of Authorized Official Larry P. Shoeman	Title Executive Director
Signature 	Date 10/12/2010

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Avon Park Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program; 2011

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.)

Delaney Heights
Lakeside Park
APHA Administrative Office; 21 Tulane Drive, Avon Park, Highlands County, Florida 33826-1327

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

Larry P. Shoeman

Title

Executive Director

Signature

Date

October 12, 2010

form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

Certification of Payments to Influence Federal Transactions

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

Applicant Name

AVON PARK HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

Capital Fund Program: 2011

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

Larry P. Shoeman

Title

Executive Director

Signature

Date (mm/dd/yyyy)

10/12/2010

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: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Avon Park Housing Authority PO-Box 1327 Avon Park, FL 33826-1327 Congressional District, if known: 4c ^{12th} 16 th	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: <p align="center" style="font-size: 2em;">N/A</p> Congressional District, if known:	
6. Federal Department/Agency: U.S. Dept. of HUD	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ 229,143	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): <p align="center" style="font-size: 1.5em;">NONE</p>	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): <p align="center" style="font-size: 1.5em;">NONE</p>	
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:  Print Name: <u>LARRY P. SHOEMAN</u> Title: <u>Executive Director</u> Telephone No.: <u>867-452-4432 x42204</u> Date: <u>10/12/10</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Resident Advisory Board & Resident Meeting(s)

Monday, August 16, 2009

2010 Annual/5 Year Plan

LAKESIDE PARK: APHA Main Office Conference Room 4:00 P.M.

SUMMARY: Mr. Shoeman opened the meeting with a welcome and attendees (7) made self-introductions. Mr. Shoeman then proceeded to provide the attending residents with an over-view of the Annual & Five year Plan. Residents asked questions related to the degree of rehab scheduled for Lakeside Park and timelines related. Mr. Shoeman responded with identifying potential funding sources and approximately time lines should full rehab funding become available. Mr. Shoeman also responded to resident questions regarding the temporary relocation process planned that would accommodate the rehabilitation, energy contracting & items related. Mr. Shoeman also reviewed the Five Year Plan and funding reservations planned on a year-by- year basis. Mr. Shoeman in summary stated that State funding had been secured for limited roof replacement and that, based on limited CFP funding available at the present time only one or two buildings of the 37 will be substantially rehabbed each year over the next five year. However, Mr. Shoeman also stated that the APHA would apply for funding where available to speed up that schedule. Mr. Shoeman also discussed the new Emergency/Transitional Housing Program scheduled for Lakeside Park and pending schedule related. After all questions were fielded regarding both the Plans and Policy changes related, Mr. Shoeman thanked the residents for coming out to today's meeting. General Resident comments were in agreement of the Plan and support of the Policies discussed. Meeting was closed at 4.52pm.

Tuesday, August 17, 2009

2010 Annual/5 Year Plan

DELANEY HEIGHTS: DELANEY HEIGHTS COMMUNITY BUILDING 4:00 P.M.

SUMMARY: Mr. Shoeman opened the meeting with a welcome and attendees (15) made self-introductions. Mr. Shoeman then proceeded to provide the attending residents with an over-view of the Annual & Five year Plan. Residents were advised that, as a result of full 2009 CFP funding expenditure & ARRA grant spent on substantial rehab of Delaney Heights, the 2010-2015 CFP funding will be concentrated on Lakeside Park substantial rehab. Respectively Delaney Heights will only receive preventative and limited capital improvements in subsequent years. Residents asked if the same resident employment opportunities would be extended to the Lakeside Park rehab. Mr. Shoeman replied that it was his hope that whoever is selected as the General Contractor for that work, they would hire the previously trained APHA work crew, provided that they were credentialed to perform that work. Mr. Shoeman also provided a overview of the new Emergency/Transitional Housing Program scheduled for Lakeside Park and the possibility of a community garden for Delaney Heights where the shuffleboard court currently exists. Residents were supportive of that concept.. After all questions were fielded, Mr. Shoeman thanked the residents for coming out to today's meeting. General Resident comments were in agreement of the Plan and support of the Policies discussed. Meeting was closed at 5:08 pm.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary		PHA Name: Avon Park Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP: 2011		FFY of Grant: 2011 FFY of Grant Approval:	
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies	Total Estimated Cost		Obligated	Total Actual Cost ¹
			Original	Revised ²		
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³		17,265			
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)		17,265			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		3,000			
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		93,500			
11	1465.1 Dwelling Equipment—Nonexpendable		3,500			
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs		4,300			
17	1499 Development Activities ⁴					

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

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary

PHA Name: Avon Park Housing Authority
 Grant Type and Number: Capital Fund Program Grant No: []
 Replacement Housing Factor Grant No: []
 Date of CFFP: []

FFY of Grant: 2011
 FFY of Grant Approval: []

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	54,500			
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)	193,330			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director: *[Signature]* Date: 10/19/10 Signature of Public Housing Director: _____ Date: _____

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

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary

PHA Name/Number; Avon Park Housing Authority; FL-012		Locality; Avon Park/Highlands County, Florida			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number and Name FL-012; Lakeside Park	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015	
B. Physical Improvements Subtotal	Approved Statement	93,500	93,500	93,500	93,500	
C. Management Improvements						
D. PHA-Wide Non-dwelling Structures and Equipment						
E. Administration		17,265	17,265	17,265	17,265	
F. Other		7,800	7,800	7,800	7,800	
G. Operations		17,265	17,265	17,265	17,265	
H. Demolition						
I. Development						
J. Capital Fund Financing - Debt Service		54,500	54,500	54,500	54,500	
K. Total CFP Funds		193,330	193,330	193,330	193,330	
L. Total Non-CFP Funds						
M. Grand Total						

Capital Fund Program—Five-Year Action Plan

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

