

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
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1.0	PHA Information PHA Name: The Housing Authority of the City of Okolona PHA Code: MS070 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: 07/01/2011				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 67 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.)				
	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: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.				
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. Attachment 1				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Attachment 2 (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. 1. PHA Management Office 7005 South Gatlin Street Okolona, MS 38860				
7.0	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>				
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 <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. Attachment 3 (A) MS26P07050108 (B) MS26P07050109 (C) MS26S07050109 (D) MS26P07050110 (E) MS26P07050111				
8.2	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. Attachment 3 (F) MS26P070501				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

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.</p> <p>Attachment 4</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.</p> <p>Attachment 4</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.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>Attachment 5</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</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</p> <p>(j) Form HUD-50075, <i>Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan</i></p> <p>Attachment 6</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> <p>Attachment 3</p>

OTHER:

The Violence Against Women and Justice Department Reauthorization Act of 2005
Attachment 7

ATTACHMENT 1

Goals and Objectives for The Housing Authority of the City of Okolona

1. Expand the supply of assisted housing by:
 - A. Reducing public housing vacancies by maintaining vacancies under 3%
2. Improve the quality of assisted housing by:
 - A. Improving public housing management
 1. Score 90 % or better on PHAS
 2. Renovate or modernize public housing units
3. Provide an improved living environment by:
 - A. Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments. These measures are ongoing.
 - B. Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments. These measures are ongoing.
 - C. Implement public housing security improvements. These measures are ongoing.
4. Promote self-sufficiency and asset development of assisted households by:
 - A. Providing or attracting supportive services to improve assistance recipients' employability
 - B. Provide or attract supportive services to increase independence for the elderly or families with disabilities.
5. Ensure equal opportunity and affirmatively further fair housing by:
 - A. Undertaking affirmative measures to ensure access to assisted housing regardless of race, color religion, nation origin, sex, familial status, and disability.
 - B. Undertaking affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability.
 - C. Undertaking affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.

ATTACHMENT 2

The Housing Authority of the City of Okolona has adopted the following policies:

The Housing Authority Board of Commissioners has adopted a Policy on Collection Loss and Write Offs.

The Admissions and Continued Occupancy Policy has been reviewed and revised/edited to meet the policies and procedures of the Housing Authority.

The Housing Authority of the City of Okolona has adopted a Policy regarding tracking crime and crime-related activities by site.

Pet Policy

The Housing Authority of the City of Okolona has a pet policy, which is an attachment to the Public Housing dwelling lease. It is also addressed in the admission to and continued occupancy plan. The rules adopted are reasonably related to the legitimate interest of the housing authority to provide a decent, safe and sanitary living environment for all tenants, and to protect and preserve the physical condition of the property, as well as the financial interest of the PHA.

Current Fiscal Year Audit

The results of the most recent Fiscal year audit are available for review as part of the supporting documents.

Asset Management

Housing Authority of the City of Okolona owns and operates three subdivisions under one AMP number.

Designated Housing for Elderly and Disabled Families

The Housing Authority of the City of Okolona does not have any housing designated for elderly; however, the PHA does have accessible units designated for persons with disabilities.

ATTACHMENT 3A

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the City of Okolona		Grant Type and Number Capital Fund Program Grant No: MS26P070501-08 Replacement Housing Factor Grant No:		Federal FY of Grant: FY 7/1/08	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no :2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/10 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$6,202	\$29,640.54	\$29,640.54	\$6,202
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$10,000	\$2,187.50	\$2,187.50	\$2,187.50
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$82,229	\$72,202.96	\$72,202.96	\$72,202.96
11	1465.1 Dwelling Equipment—Nonexpendable	\$5,600	\$0.00		
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$104,031	\$104,031	\$104,031	\$80,592.46
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				
Signature of Executive Director <i>Judene Brown-Chapman</i>		Signature of Public Housing Director		Date	
Date May 21, 2011					

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.

ATTACHMENT 3A

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Okolona		Grant Type and Number Capital Fund Program Grant No: MS26P070501-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 7/1/08			
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	Funds Obligated	Funds Expended	
HA-WIDE	Operations	1406		6,202	29,640.54	29,640.54	6,202	21%
HA-WIDE	A/E Fees/MOD Coordinator	1430		10,000	2,187.50	2,187.50	2,187.50	100%
MS070-002 Triplett	Kitchen and Bathroom Renovation @ 2,955 per unit	1460	17 units	50,229	0.00		0.00	
MS070-002 Triplett	Replace Electrical Devices @ 882 per unit	1460	17 units	15,000	6,337.10	6,337.10	6,337.10	100%
MS070-002 Triplett	Interior Painting @ 1,000 per unit	1460	17 units	17,000	17000	17000	17,000	100%
HA-WIDE	Stoves - 7 ea. @375	1465.1	7	2,625	0.00		0.00	
HA-WIDE	Refrigerators – 7 ea. @425	1465.1	7	2,975	0.00		0.00	
MS070-002 Triplett	HVAC Replacement	1460	10 units	0.00	31,965.86	31,965.86	31,965.86	100%
MS070-002 Triplett	Roof Replacement	1460	1 bldg	9,000	9,000	9,000	9,000	100%
MS070-002 Triplett	Attic Insulation	1460	5 bldg	0.00	7,900	7,900	7,900	100%
			Total	104,031	104,031	104,031	80,592.46	79%

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.

ATTACHMENT 3A

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of the City of Okolona			Grant Type and Number Capital Fund Program No: MS26P070501-08 Replacement Housing Factor No:			Federal FY of Grant: 7/1/08	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	3/31/09	9/30/09	3/15/10	12/31/09		12/31/10	

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.

ATTACHMENT 3B

Part I: Summary					
PHA Name: The Housing Authority of the City of Okolona		Grant Type and Number Capital Fund Program Grant No: MS26P07050109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$25,000	\$25,000	\$15,000	\$2,500
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$79,031	\$91,241	\$0.00	
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	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)	\$104,031	\$116,241	\$15,000	\$2,500
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
<i>Dewene Brown, Chairperson</i>		May 21, 2011			

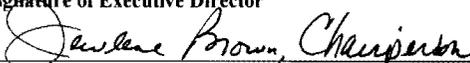
¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: The Housing Authority of the City of Okolona				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Development Wide	03/31/2010		12/31/2010		

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.

ATTACHMENT 3C

Part I: Summary					
PHA Name: The Housing Authority of the City of Okolona		Grant Type and Number Capital Fund Program Grant No: MS26S07050109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/10 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$31,000	\$30,500	\$30,500	\$30,500
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$100,682	\$101,182	\$101,182	\$101,182
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$131,682	\$131,682	\$131,682	\$131,682
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date Mar 21, 2011		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.

ATTACHMENT 3D

Part I: Summary					
PHA Name: The Housing Authority of the City of Okolona		Grant Type and Number Capital Fund Program Grant No: MS26P07050110 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2010 FFY of Grant Approval: 2010	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 20) ³	\$11,624.00		0.00	0.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 20)	\$2,617.00		0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$20,000.00		\$3,750	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$8,000.00		0.00	0.00
10	1460 Dwelling Structures	\$70,000.00		0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$2,000.00		0.00	0.00
12	1470 Non-dwelling Structures	\$1,000.00		0.00	0.00
13	1475 Non-dwelling Equipment	\$1,000.00		0.00	0.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$116,241.00		\$3,750	0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	\$70,000.00		0.00	0.00
Signature of Executive Director <i>Jewlene Brown, Champion</i>		Date <i>Mar 21, 2011</i>		Signature of Public Housing Director	
				Date	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: The Housing Authority of the City of Okolona				Federal FFY of Grant: 2010	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MS07000001(A) MS07000001(B) MS07000002	Within 24 months of the execution of the ACC		Within 48 months of the execution of the ACC		

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.

ATTACHMENT 3E

Part I: Summary					
PHA Name: The Housing Authority of the City of Okolona		Grant Type and Number Capital Fund Program Grant No: MS26P07050111 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval: 2011	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 20) ³	\$11,624.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 20)	\$2,617.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$20,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$8,000.00			
10	1460 Dwelling Structures	\$70,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	\$2,000.00			
12	1470 Non-dwelling Structures	\$1,000.00			
13	1475 Non-dwelling Equipment	\$1,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$116,241.00			
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	\$70,000.00			
Signature of Executive Director <i>Dewlene Brown, Chairperson</i>		Date <i>Mar. 21, 2011</i>		Signature of Public Housing Director	
				Date	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: The Housing Authority of the City of Okolona				Federal FFY of Grant: 2011	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MS07000001(A) MS07000001(B) MS07000002	Within 24 months of the execution of the ACC		Within 48 months of the execution of the ACC		

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

Capital Fund Program—Five-Year Action Plan

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

ATTACHMENT 3F

Part I: Summary						
PHA Name/Number MS26P070 The Housing Authority of the City of Okolona			Locality (City/County & State) Okolona / Chickasaw / MS		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	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
A.	MS0700001(A) Okolona Terrace		\$73,617	\$80,617	\$60,000	\$16,000
A.	MS07000001(B) Washington Courts		\$0	\$1,000	\$17,617	\$60,117
A.	MS07000002 Triplett		\$9,000	\$1,000	\$5,000	\$6,500
B.	Physical Improvements Subtotal		\$82,617	\$82,617	\$82,617	\$82,617
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		\$1,000	\$1,000	\$1,000	\$1,000
E.	Administration		\$1,000	\$1,000	\$1,000	\$1,000
F.	Other		\$20,000	\$20,000	\$20,000	\$20,000
G.	Operations		\$11,624	\$11,624	\$11,624	\$11,624
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$116,241	\$116,241	\$116,241	\$116,241
L.	Total Non-CFP Funds					
M.	Grand Total		\$116,241	\$116,241	\$116,241	\$116,241

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2011	Work Statement for Year: 2 FFY 2012			Work Statement for Year: 3 FFY 2013		
	MS07000001(A) Okolona Terrace General Description of Major Work Categories	Quantity	Estimated Cost	MS07000001(A) Okolona Terrace General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Site improvements 50	1	\$1,000	Mech Systems - HVAC	20	\$80,617
	Electrical – upgrades	10 units	\$5,000			
	Mech Systems – HVAC	15 units	\$65,617			
	Appliances 65.1	1	\$1,000			
	Non-dwelling Structures 70	1	\$500			
	Non-dwelling Equip 75	1	\$500			
Subtotal of Estimated Cost			\$73,617	Subtotal of Estimated Cost		\$80,617

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 II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2011	Work Statement for Year: 2 FFY 2012			Work Statement for Year: 3 FFY 2013		
	MS0700001(B) Washington Courts General Description of Major Work Categories	Quantity	Estimated Cost	MS0700001(B) Washington Courts General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement				Site improvements 50	1	\$1,000
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$1,000

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2011	Work Statement for Year: 2 FFY 2012			Work Statement for Year: 3 FFY 2013		
	MS07000002 Triplet General Description of Major Work Categories	Quantity	Estimated Cost	MS07000002 Triplet General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Site improvements 50	1	\$9,000	Fire prevention/safety	2	\$1,000
	Subtotal of Estimated Cost		\$9,000	Subtotal of Estimated Cost		\$1,000

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 II: Supporting Pages – Physical Needs Work Statement(s)					
Work Statement for Year: 4 FFY 2014			Work Statement for Year: 5 FFY 2015		
MS07000002 Triplett General Description of Major Work Categories	Quantity	Estimated Cost	MS07000002 Triplett General Description of Major Work Categories	Quantity	Estimated Cost
Site improvements 50	1	\$1,000	Interior renovation		
Exterior - paint/clean	1	\$2,500	Floors	1	\$2,000
Fire prevention/safety	1	\$1,000	Electrical - upgrades	1	\$1,000
Appliances 65.1	2	\$500	Kitchens - renovate		
			Bathrooms - renovate		
			Water heaters		
			Windows		
			Exterior - paint/clean		
			Siding		
			Fire prevention/safety		
			Mech Systems - HVAC		
			Roofing		
			Appliances 65.1	5	\$3,500
			Non-dwelling_St 70		
			Non-dwelling_Eq 75		
Subtotal of Estimated Cost		\$5,000	Subtotal of Estimated Cost		\$6,500

ATTACHMENT 4

Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction: MS07000001			
	# of families	% of total families	Annual Turnover
Waiting list total	56		
Extremely low income <=30% AMI	18	32%	
Very low income (>30% but <=50% AMI)	37	66%	
Low income (>50% but <80% AMI)	1	2%	
Families with children	54	96%	
Elderly families	2	4%	
Families with Disabilities	0	0%	
Race/ethnicity #1	2	4%	
Race/ethnicity #2	54	96%	
Race/ethnicity	-		
Race/ethnicity	-		
Characteristics by Bedroom Size (Public Housing Only)			
1BR	23		
2 BR	21		
3 BR	11		
4 BR	1		
5 BR	0		
5+ BR	0		
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			

ATTACHMENT 4

Strategies for addressing affordable housing needs

Shortage of affordable housing for certain areas of our jurisdiction available to public housing applicants

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

- A. Employ effective maintenance and management policies to minimize the number of public housing units off-line
- B. Reduce turnover time for vacated public housing units
- C. Reduce time to renovate public housing units
- D. Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- E. Participate in the Consolidated Plan development process to ensure coordination with broader community strategies

Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

- A. Adopt rent policies to support and encourage work

Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

- A. Adopt rent policies to support and encourage work

Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

- A. Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing

Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

- A. Affirmatively market to races/ethnicities shown to have disproportionate housing needs

(2) Reasons for Selecting Strategies

- A. Funding constraints
- B. Staffing constraints
- C. Results of consultation with residents and the Resident Advisory Board
- D. Other: (list below)

ATTACHMENT 5

A. Progress in meeting Mission & Goals

The Housing Authority (HA) has completed comprehensive modernization programs on a portion of the housing units during 2010. The housing authority scored 87 out of 100 possible points on the physical inspection subsection of the PHAS review. This Housing Authority is striving to improve the community quality of life and economic suitability by recruiting a tenant body composed of families with a broad range of incomes to avoid concentration of the most economically deprived families. The HA has used a local preference system to select from applicants on the waiting list who have family incomes within adopted income ranges. This HA will continue its efforts to improve security in our developments working with the City and County law enforcement agencies and enforce the Screening and Eviction Policy (Formerly "One Strike").

B. Significant amendment and Substantial Deviation

"Substantial Deviation" of the Annual Plan from the 5-Year Plan is defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

"Significant Amendment or Modification" of the Annual Plan or 5-Year Plan is:

- i. Changes to rent or admissions policies or organization of the waiting list; or
- ii. Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund.

C. Other Information

Congress passed the Omnibus Appropriations Act of 2009 and said bill became Public Law 111-8 on March 11, 2009. Section 212 exempts the county of Los Angeles, California and the states of Alaska, Iowa, and Mississippi from the requirement to have a resident as a member of the governing board; provided that a minimum of six residents of public housing or Section 8 Assistance provide advice and comments to the PHA. The Advisory Board shall meet no less than quarterly.

ATTACHMENT 7

THE HOUSING AUTHORITY OF THE CITY OF OKOLONA POLICY ON VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

The Violence Against Women and Justice Department Reauthorization Act (VAWA) prohibits The Housing Authority of the City of Okolona (HA) to evict or remove assistance from certain persons (including members of the victim's immediate family) living in the HA developments if the asserted grounds for such action is an instance of domestic violence, dating violence, sexual assault, or stalking, as described in Section 3 of the U.S. Housing Act of 1937, and amended by the Violence Against Women and Justice Department Reauthorization Act of 2005.

The HA will accept certification from alleged victims in verifying this claim by a HA resident.

The VAWA provides "criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of the tenancy or occupancy rights, if the tenant or immediate family member of the tenant's family is the victim or threatened victim of that abuse." VAWA further provides that incidents of actual or threatened domestic violence, dating violence, or stalking may not be construed either as serious or repeated violations of the lease by the victim of such violence or as good cause for terminating the tenancy or occupancy rights of the victim of such violence.

VAWA does not limit the HA's authority to terminate the tenancy of any tenant if the HA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property.

When a tenant family is facing lease termination because of the actions of a tenant, household member, guest, or other person under the tenant's control and a tenant or immediate family member of the tenant's family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating violence, or stalking, the HA will require the individual to submit documentation affirming that claim.

The documentation must include two elements:

A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking

One of the following:

A police or court record documenting the actual or threatened abuse

A statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to the HA within 14 business days after the individual claiming victim status receives a request for such certification. The HA, owner or manager will be aware that the delivery of the certification form to the tenant in response to an incident via mail may place the victim at risk, e.g., the abuser may monitor the mail. The HA may require that the tenant come into the office to pick up the certification form and will work with tenants to make delivery arrangements that do not place the tenant at risk. This 14-day deadline may be extended at the HA's discretion. If the individual does not provide the required certification and supporting documentation within 14 business days, or the approved extension period, the HA may proceed with assistance termination.

The HA also reserves the right to waive these victim verification requirements and accept only a self-certification from the victim if the HA deems the victim's life to be in imminent danger.

In extreme circumstances when the HA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's (including the victim's) tenancy is not terminated, the HA will bypass the standard process and proceed with the immediate termination of the family's assistance.

The HA will request that a victim of the domestic violence described in this policy to provide evidence or certify to the HA that the incident or incidents of abuse are bona fide

All information provided to the HA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared data base nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

The HA's five-year and Annual Plan contains information regarding any goals, activities, objectives, policies, or programs of the HA that are intended to support assist victims of domestic violence described above.

ATTACHMENT 6

CERTIFICATIONS

Contents Index:

- (A) PHA Certifications of Compliance with the PHA Plans and Related Regulations signed by the Chairman of HA's Board of Commissioners, form HUD-50077*
- (B) Certification for a Drug-Free Workplace, form HUD-50070*
- (C) Certification of Payments to Influence Federal Transactions, form HUD-50071*
- (D) Disclosure of Lobbying Activities, form SF-LLL*
- (E) Resident Advisory Board (RAB) comments and Challenged elements*
- (F) Civil Rights Certification, form HUD-50077-CR*
- (G) Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan, form HUD-50075*

**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 **2011** 5-Year and/or **2011** Annual PHA Plan for the PHA fiscal year beginning **07/01/2011**, 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.

HOUSING AUTHORITY OF THE CITY OF OKOLONA

PHA Name

MS070

PHA Number/HA Code

2011 5-Year PHA Plan for Fiscal Years 2011 - 2015

2011 Annual PHA Plan for Fiscal Years 2011 - 2012

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 Jewelene Brown	Title Board Chairperson
Signature 	Date <i>March 21, 2011</i>

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

The Housing Authority of the City of Okolona

Program/Activity Receiving Federal Grant Funding

MS26P07050111

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.)

Okolona Terrace, South Gatlin Road
Washington Court, Washington Court Circle
Triplett Apartments, Triplett Street

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

Jewelene Brown

Title

Board Chairperson

Signature

X 

Date

March 21, 2011

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

The Housing Authority of the City of Okolona

Program/Activity Receiving Federal Grant Funding

MS26P07050111

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)

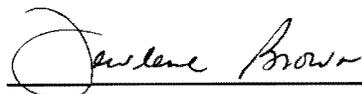
Name of Authorized Official

Jewlene Brown

Title

Board Chairperson

Signature



Date (mm/dd/yyyy)

03/21/2011

Membership of the Resident Advisory Board

Name	Address	
Rita Sharp	7019 Okolona Terrace	Okolona, MS 38860
Peggy Wells	7009 Okolona Terrace	Okolona, MS 38860
Mike Jones	7007 Okolona Terrace	Okolona, MS 38860
Annie Heard	1613 Washington Court	Okolona, MS 38860
Dorothy Kimble	7003 Okolona Terrace	Okolona, MS 38860
Patricia Dearing	7022 Okolona Terrace	Okolona, MS 38860
Elizabeth Ransom	7004 Okolona Terrace	Okolona, MS 38860

(1) Resident Advisory Board Recommendations

No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

(2) CHALLENGED ELEMENTS:

No: Did the PHA have any challenged elements on the PHA Plan from the Resident Advisory Board/s?

Other: (list below)

In accordance with 24 CFR903.13, the Resident Advisory Board of the Housing Authority of the City of Okolona met on February 15, 2011 to make final recommendations and comments regarding the development of the 2011 PHA Plan. After a detailed review and discussion no further recommendations or comments were offered by the Resident Advisory Board.

Civil Rights CertificationU.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.

The Housing Authority of the City of Okolona

MS070

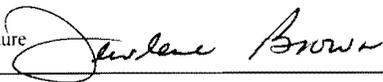
PHA Name

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
Jewlene BrownTitle
Board Chairperson

Signature

Date **03/21/2011**

**Certification by State or Local Official of PHA Plans Consistency with
the Consolidated Plan**

I, Gloria E. Adams Ph.D. the Manager of Grant Management certify
that the Five Year and Annual PHA Plan of the Housing Authority of the City of Okolona is
consistent with the Consolidated Plan of Mississippi prepared
pursuant to 24 CFR Part 91.


Gloria E. Adams, 12-20-10

Signed / Dated by Appropriate State or Local Official

THE HOUSING AUTHORITY OF THE CITY OF OKOLONA

P.O. BOX 190
OKOLONA, MISSISSIPPI 38860-0190

APRIL 21, 2011

MS. HOLLY KNIGHT
DIRECTOR, JACKSON HUB OFFICE OF PUBLIC HOUSING
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
DR. A.H. MCCOY FEDERAL BUILDING, ROOM 910
100 WEST CAPITOL STREET
JACKSON MS 39269-1096

RE: 2011 PUBLIC HOUSING AGENCY PLAN CERTIFICATIONS

DEAR HOLLY:

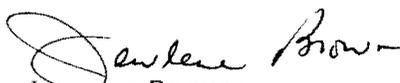
ENCLOSED YOU WILL FIND ORIGINAL COPIES OF ALL CERTIFICATIONS PERTAINING TO THE HOUSING AUTHORITY ANNUAL AND FIVE YEAR PLANS. THEY ARE AS FOLLOWS:

- (A) PHA CERTIFICATIONS OF COMPLIANCE WITH THE PHA PLANS AND RELATED REGULATIONS SIGNED BY THE CHAIRMAN OF HA'S BOARD OF COMMISSIONERS, FORM HUD-50077
- (B) CERTIFICATION FOR A DRUG-FREE WORKPLACE, FORM HUD-50070
- (C) CERTIFICATION OF PAYMENTS TO INFLUENCE FEDERAL TRANSACTIONS, FORM HUD-50071
- (D) RESIDENT ADVISORY BOARD (RAB) COMMENTS AND CHALLENGED ELEMENTS
- (E) CIVIL RIGHTS CERTIFICATION, FORM HUD-50077-CR
- (F) CERTIFICATION BY STATE OR LOCAL OFFICIAL OF PHA PLANS CONSISTENCY WITH THE CONSOLIDATED PLAN, FORM HUD-50075

THE HA HELD THE PUBLIC HEARING ON MARCH 21, 2011, AND CURRENTLY HAVE ON FILE ALL THE SUPPORTING DOCUMENTS AVAILABLE FOR PUBLIC REVIEW. WE WILL TRANSMIT OUR PLAN ELECTRONICALLY TODAY.

SHOULD YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL INFORMATION REGARDING OUR PLAN, PLEASE CONTACT OUR OFFICE.

SINCERELY, THE HOUSING AUTHORITY OF THE CITY OF OKOLONA



JEWLENE BROWN
BOARD CHAIRPERSON

CC: CLAUDE F. WEATHERS
PROGRAM ANALYST