

**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**

*2011*

*CFP Submission*

*Groveton Housing Authority,*

*Groveton, Texas*

*TX231v01*

1.0	<b>PHA Information</b> PHA Name: <u>Groveton Housing Authority</u> PHA Code: <u>TX231</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2011</u>																										
2.0	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>18</u> Number of HCV units: _____																										
3.0	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</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	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <p style="text-align: center;"><b><i>The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.</i></b></p>																										
5.2	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <b>See Page 3</b>																										
6.0	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (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.																										
7.0	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>																										
8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.																										
8.2	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.																										
8.3	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.																										
9.0	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.																										
9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>																										

<p><b>10.0</b></p>	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>
<p><b>11.0</b></p>	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</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>

### 8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

<b>Part I: Summary</b>					
PHA Name: <i>Groveton Housing Authority</i>		Grant Type and Number Capital Fund Grant Number: <i>TX24P231501-11</i> Replacement Housing Factor Grant No: N/A Date of CFFP:		FFY of Grant: <i>2011</i> FFY of Grant Approval: <i>2011</i>	
<b>Type of Grant</b>					
<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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total Non- CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	<i>\$2,500.00</i>			
3	1408 Management Improvements	<i>\$1,500.00</i>			
4	1410 Administration (may not exceed 10% of line 21)	<i>\$1,000.00</i>			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs	<i>\$1,000.00</i>			
8	1440 Site Acquisition				
9	1450 Site Improvement	<i>\$1,000.00</i>			
10	1460 Dwelling Structures	<i>\$11,297.00</i>			
11	1465.1 Dwelling Equipment – Nonexpendable	<i>\$6,308.00</i>			
12	1470 Non-Dwelling Structures				
13	1475 Non-Dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Cost				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup>To be completed for the Performance and Evaluation Report

<sup>2</sup> To be completed for the Performance and Evaluations Report or a revised Annual Statement

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grant for Operations.

<sup>4</sup> RHF funds shall be included here.

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

<b>Part I: Summary</b>							
PHA Name: <i>Groveton Housing Authority</i>		<b>Grant Type and Number</b> Capital Fund Grant Number: <i>TX24P231501-11</i> Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: <i>2011</i> FFY of Grant Approval: <i>2011</i>		
<b>Type of Grant</b> <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 <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended		
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)	<i>\$25,105.00</i>					
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						
<b>Signature of Executive Director</b> _____ <small>of Executive Director</small>			<b>Date</b> _____	<b>Signature of Public Housing Director</b> _____			<b>Date</b> _____

<sup>1</sup>To be completed for the Performance and Evaluation Report  
<sup>2</sup> To be completed for the Performance and Evaluations Report or a revised Annual Statement  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grant for Operations.  
<sup>4</sup> RHF funds shall be included here.

### 8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
PHA Name: <i>Groveton Housing Authority</i>		Grant Type and Number Capital Fund Program Grant No: <i>TX24P231501-11</i> CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: <i>2011</i>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
<i>PHA Wide</i>	<i>Operations</i>	<i>1406</i>		<i>\$2,500.00</i>				
<i>PHA Wide</i>	<i>Supplies</i>	<i>1408</i>		<i>\$1,500.00</i>				
<i>PHA wide</i>	<i>Accounting Fees</i>	<i>1410</i>		<i>\$1,000.00</i>				
<i>PHA Wide</i>	<i>A&amp;E Fees &amp; costs</i>	<i>1430</i>		<i>\$1,000.00</i>				
<i>TX231-000001</i>	<i>Site Improvements – landscaping etc.</i>	<i>1450</i>		<i>\$1,000.00</i>				
<i>TX231-000001</i>	<i>A/C Work,</i>	<i>1460</i>		<i>\$7,797.00</i>				
<i>TX231-000001</i>	<i>Shower repairs</i>	<i>1460</i>		<i>\$4,000.00</i>				
<i>TX231-000001</i>	<i>Replace hot water heaters, washers &amp; dryers</i>	<i>1460</i>		<i>\$6,308.00</i>				
				<i>\$25,105.00</i>				

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

<b>PART I: SUMMARY</b>						
PHA Name/Number: <b>Groveton – TX231</b>			Locality (City/County & State): <b>Groveton, Trinity, TX</b>		<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY <b>2011</b>	Work Statement for Year 2 FFY <b>2012</b>	Work Statement for Year 3 FFY <b>2013</b>	Work Statement for Year 4 FFY <b>2014</b>	Work Statement for Year 5 FFY <b>2015</b>
	Physical Improvements Subtotal	Annual Statement	<b>\$22,571.00</b>	<b>\$18,263.00</b>	<b>\$12,797.00</b>	<b>\$25,105.00</b>
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment			<b>\$4,308.00</b>	<b>\$9,500.00</b>	
	ADMINISTRATION					
F.	Other					
G.	Operations		<b>\$2,534.00</b>	<b>\$2,534.00</b>	<b>\$2,534.00</b>	
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		<b>\$25,105.00</b>	<b>\$25,105.00</b>	<b>\$25,105.00</b>	<b>\$25,105.00</b>
L.	Total Non-CFP Funds					
M.	Grand Total		<b>\$25,105.00</b>	<b>\$25,105.00</b>	<b>\$25,105.00</b>	<b>\$25,105.00</b>



<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY <b>2010</b>	Work Statement for Year <b>4</b> FFY <b>2014</b>			Work Statement for Year: <b>5</b> FFY <b>2015</b>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	<i>PHA Wide- Install fencing</i>		<i>\$5,263.00</i>	<i>PHA Wide – Landscaping</i>		<i>\$3,500.00</i>
	<i>TX231-00001 – Paint apartments</i>	<i>18 units</i>	<i>\$5,500.00</i>	<i>TX231-00001 – A/C &amp; heat unit repair</i>	<i>2 – 4 units</i>	<i>\$9,763.00</i>
	<i>TX231-00001 – Install faucets &amp; medicine cabinets</i>	<i>6 units</i>	<i>\$2,034.00</i>	<i>TX231-00001 – Replace refrigerators, stoves &amp; water heaters</i>	<i>10 ea.</i>	<i>\$11,842.00</i>
	Subtotal of Estimated Cost		<b><i>\$12,797.00</i></b>	Subtotal of Estimated Cost		<b><i>\$25,105.00</i></b>

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY <b>2010</b>	Work Statement for Year <b>2</b> FFY <b>2012</b>		Work Statement for Year: <b>3</b> FFY <b>2013</b>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE ANNUAL STATEMENT	<i>PHA Wide – Operations</i>	<i>\$2,534.00</i>	<i>PHA Wide – Operations</i>	<i>\$2,534.00</i>
			<i>PHA WIDE – MOWING EQUIPMENT</i>	<i>\$4,308.00</i>
		Subtotal of Estimated Cost	<i>\$2,534.00</i>	Subtotal of Estimated Cost

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY <b>2010</b>	Work Statement for Year <b>4</b> FFY <b>2014</b>		Work Statement for Year: <b>5</b> FFY <b>2015</b>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE ANNUAL STATEMENT	<i>PHA Wide – Operations</i>	<i>\$2,534.00</i>		
	<i>PHA Wide – Update computers</i>	<i>\$4,500.00</i>		
	<i>PHA Wide- Replace copy machine</i>	<i>\$5,000.00</i>		
	Subtotal of Estimated Cost	<b><i>\$12,034.00</i></b>	Subtotal of Estimated Cost	

<b>Part I: Summary</b>		
PHA Name: <i>Groveton Housing Authority</i>	<b>Grant Type and Number</b> Capital Fund Grant Number: <i>TX24P231501-10</i> Replacement Housing Factor Grant No: N/A Date of CFFP:	FFY of Grant: <i>2010</i> FFY of Grant Approval: <i>2010</i>

**Type of Grant**  
 Original Annual Statement     Reserve for Disasters/ Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: *9/30/10*     Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total Non- CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	<i>\$2,500.00</i>		<i>\$2,500.00</i>	<i>\$2,500.00</i>
3	1408 Management Improvements	<i>\$1,000.00</i>		<i>\$1,000.00</i>	<i>\$180.00</i>
4	1410 Administration (may not exceed 10% of line 21)	<i>\$1,000.00</i>		<i>\$1,000.00</i>	<i>\$197.00</i>
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs	<i>\$1,000.00</i>		<i>\$1,000.00</i>	
8	1440 Site Acquisition				
9	1450 Site Improvement	<i>\$3,500.00</i>		<i>\$3,500.00</i>	<i>\$616.11</i>
10	1460 Dwelling Structures	<i>\$10,000.00</i>		<i>\$10,000.00</i>	<i>\$5,060.00</i>
11	1465.1 Dwelling Equipment – Nonexpendable	<i>\$5,105.00</i>		<i>\$5,105.00</i>	<i>\$770.21</i>
12	1470 Non-Dwelling Structures				
13	1475 Non-Dwelling Equipment	<i>\$1,000.00</i>		<i>\$1,000.00</i>	
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Cost				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup>To be completed for the Performance and Evaluation Report  
<sup>2</sup> To be completed for the Performance and Evaluations Report or a revised Annual Statement  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grant for Operations.  
<sup>4</sup> RHF funds shall be included here.

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

<b>Part I: Summary</b>					
PHA Name: <i>Groveton Housing Authority</i>	<b>Grant Type and Number</b> Capital Fund Grant Number: <i>TX24P231501-10</i> Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: <i>2010</i> FFY of Grant Approval: <i>2010</i>			
<b>Type of Grant</b> <input 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: <i>9/30/10</i> <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
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)	<i>\$25,105.00</i>		<i>\$25,105.00</i>	<i>\$9,323.32</i>
21	Amount of line 20 Related to LBP activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date

<sup>1</sup>To be completed for the Performance and Evaluation Report  
<sup>2</sup> To be completed for the Performance and Evaluations Report or a revised Annual Statement  
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<b>Part II: Supporting Pages</b>								
PHA Name: <i>Groveton Housing Authority</i>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <i>TX24P231501-10</i> CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: <i>2010</i>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
<i>PHA Wide</i>	<i>Operations</i>	<i>1406</i>		<i>\$2,500.00</i>		<i>\$2,500.00</i>	<i>\$2,500.00</i>	<i>100%</i>
<i>PHA Wide</i>	<i>Accounting fees (partial), advertising, fax expenses</i>	<i>1408</i>		<i>\$1,000.00</i>		<i>\$1,000.00</i>	<i>\$180.00</i>	<i>18%</i>
<i>PHA Wide</i>	<i>Supplies</i>	<i>1410</i>		<i>\$1,000.00</i>		<i>\$1,000.00</i>	<i>\$197.00</i>	<i>19.7%</i>
<i>PHA Wide</i>	<i>Fees &amp; Costs</i>	<i>1430</i>		<i>\$1,000.00</i>		<i>\$1,000.00</i>		<i>0%</i>
<i>TX231-000001</i>	<i>Fence repair – Site improvements</i>	<i>1450</i>		<i>\$3,500.00</i>		<i>\$3,500.00</i>	<i>\$616.11</i>	<i>12%</i>
<i>TX231-000001</i>	<i>Interior improvements including de-humidifiers, A/C work, interior painting</i>	<i>1460</i>		<i>\$5,000.00</i>		<i>\$5,000.00</i>	<i>\$5,060.00</i>	<i>101%</i>
<i>TX231-000001</i>	<i>Install natural gas generators</i>	<i>1460</i>		<i>\$5,000.00</i>		<i>\$5,000.00</i>		<i>0%</i>
<i>TX231-000001</i>	<i>Purchase ranges, refrigerators, washers, dryers, stoves &amp; hot water heaters as needed</i>	<i>1465</i>		<i>\$5,105.00</i>		<i>\$5,105.00</i>	<i>\$770.21</i>	<i>15%</i>
<i>TX231-000001</i>	<i>Replace maintenance tools &amp; office equipment</i>	<i>1475</i>		<i>\$1,000.00</i>		<i>\$1,000.00</i>		<i>0%</i>
				<i>\$25,105.00</i>		<i>\$25,105.00</i>	<i>\$9,323.32</i>	<i>37%</i>

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

## **10 -B. Criteria for Substantial Deviations and Significant Amendments**

### **(1) Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### **A. Substantial Deviation from the 5-Year Plan**

- *Changes to rent, admissions policies, or organization of the waiting list; and*
- *Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. There are no changes to the Capital Fund Program that would constitute a significant amendment or substantial deviation*

#### **B. Significant Amendment or Modification to the Annual Plan**

- ✓ *Changes to rent, admissions policies, or organization of the waiting list; and*
- ✓ *Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. There are no changes to the Capital Fund Program that would constitute a significant amendment or substantial deviation*

## **11.0(f) Resident Advisory Board (RAB) Comments**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

Attached at Attachment (File name)

Provided below:

3. In what manner did the PHA address those comments? (select all that apply)

Considered comments, but determined that no changes to the PHA Plan were necessary.

The PHA changed portions of the PHA Plan in response to comments

List changes below:

Other: (list below)

## **11.0(g) Challenged Elements**

*The PHA received no challenges on elements of the 2011 – 2015 CFP*

**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.

Groveton Housing Authority

TX231

\_\_\_\_\_  
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	Title
<i>ALTON MERICIE</i>	Board Chairman
Signature <i>Alton Mericie</i>	Date <i>1-12-11</i>