

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: <u>Housing Authority of the City of Floydada</u> PHA Code: <u>TX189</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2012</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>58</u> Number of HCV units: <u>140</u>																										
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"> <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	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the Housing Authority of the City of Floydada 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.																										
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. Floydada Housing Authority: Goals and Objectives <ul style="list-style-type: none"> • Expand the supply of assisted housing • Improve the quality of assisted housing, Modernize units to improve marketability and improve customer satisfaction. • Increase customer satisfaction: Solicit tenant's comments and suggestions regarding services provided. • Improve community quality of life and economic vitality • Promote self-sufficiency and asset development of families and individuals • Ensure Equal Opportunity in Housing for all Americans; Our goal is to insure equal housing opportunities and tenant rights 																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: None of the Housing Authority of the City of Floydada PHA Annual Plan Elements have been revised 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. Main business office of the Housing Authority of the City of Floydada is where the public may obtain copies of the 5-Year and Annual PHA Plan.																										
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. The following is Not Applicable for the Housing Authority of the City of Floydada.</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. (See Attachment – 2012 Capital Fund Program Annual Statement (See Attachment - Performance and Evaluation Reports))																										
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. (See Attachment – Capital Fund Program Five Year Action Plan)																										
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. The following is Not Applicable for the Housing Authority of the City of Floydada.																										

9.0 Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

Housing Problems Output for -All Households

Name of Jurisdiction: Floydada city, Texas	Source of Data: CHAS Data Book					Data Current as of: 2000					
Household by Type, Income, & Housing Problem	Renters					Owners					Total Households
	Elderly 1 & 2 member households	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Renters	Elderly 1 & 2 member households	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Owners	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
1. Household Income <=50% MFI	28	130	27	14	199	89	44	12	40	185	384
2. Household Income <=30% MFI	12	95	19	14	140	44	30	0	25	99	239
3. % with any housing problems	33.3	100	100	71.4	91.4	43.2	33.3	N/A	100	54.5	76.2
4. % Cost Burden >30%	33.3	73.7	100	0	66.4	43.2	33.3	N/A	100	54.5	61.5
5. % Cost Burden >50%	33.3	57.9	100	0	55.7	34.1	33.3	N/A	100	50.5	53.6
6. Household Income >30% to <=50% MFI	16	35	8	0	59	45	14	12	15	86	145
7. % with any housing problems	75	71.4	100	N/A	76.3	35.6	71.4	100	100	61.6	67.6
8. % Cost Burden >30%	75	71.4	50	N/A	69.5	26.7	71.4	66.7	100	52.3	59.3
9. % Cost Burden >50%	0	0	0	N/A	0	17.8	0	33.3	0	14	8.3
10. Household Income >50 to <=80% MFI	4	4	30	14	52	40	115	28	25	208	260
11. % with any housing problems	0	0	100	28.6	65.4	0	26.1	64.3	0	23.1	31.5
12. % Cost Burden >30%	0	0	0	28.6	7.7	0	0	14.3	0	1.9	3.1
13. % Cost Burden >50%	0	0	0	0	0	0	0	14.3	0	1.9	1.5
14. Household Income >80% MFI	8	60	14	10	92	155	325	43	50	573	665
15. % with any housing problems	0	16.7	71.4	0	21.7	0	3.1	44.2	0	5.1	7.4
16. % Cost Burden >30%	0	0	0	0	0	0	0	0	0	0	0
17. % Cost Burden >50%	0	0	0	0	0	0	0	0	0	0	0
18. Total Households	40	194	71	38	343	284	484	83	115	966	1,309
19. % with any housing problems	40	67	94.4	36.8	66.2	12.3	12.4	59	34.8	19	31.4
20. % Cost Burden >30	40	49	32.4	10.5	40.2	10.9	4.1	14.5	34.8	10.7	18.4
21. % Cost Burden >50	10	28.4	26.8	0	22.7	8.1	2.1	9.6	21.7	6.8	11

**Floydada Housing Authority
Housing Needs of Families on the Waiting List**

Waiting list type: (select one)

- Section 8 tenant-based assistance
 Public Housing
 Combined Section 8 and Public Housing
 Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	59		
Extremely low income <=30% AMI	38		
Very low income (>30% but <=50% AMI)	10		
Low income (>50% but <80% AMI)	11		
Families with children	58		
Elderly families	0		
Families with Disabilities	0		
Race/ethnicity: Hispanic	49		
Race/ethnicity: Caucasian	8		
Race/ethnicity: African-American	2		
Race/ethnicity: American Indian	0		

Characteristics by Bedroom Size (Public Housing Only)

1BR	4		
2 BR	39		
3 BR	16		
4 BR			
5 BR			
5+ BR			

Is the waiting list closed (select one)? No Yes

If yes:

How Long Has It Been Closed (# of Months)?

Does the PHA expect to reopen the list in the PHA Plan year? No Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? No Yes

**Floydada Housing Authority
Housing Needs of Families on the PHA's Waiting Lists**

Waiting list type: (select one)

- Section 8 tenant-based assistance
- Public Housing
- Combined Section 8 and Public Housing
- Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total			
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children			
Elderly			
Families with Disabilities			
Race/ethnicity: Hispanic			
Race/ethnicity: Caucasian			
Race/ethnicity: African-American			
Race/ethnicity: American Indian			
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How Long Has It Been Closed (# of Months)? 12 Months			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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>Housing Authority of the City of Floydada is preparing to use the following strategies for addressing their Housing needs for family in their jurisdiction and on their waiting list for the upcoming year.</p> <ul style="list-style-type: none"> • Employ effective maintenance and management policies to minimize the number of public housing units off-line • Reduce turnover time for vacated public housing units • Reduce time to renovate public housing units • Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration • Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program • Adopt rent policies to support and encourage work
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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 style="text-align: center;">Floydada Housing Authority - Progress in Meeting Mission and Goals</p> <p>In accordance with the 5-year plan: Due to doing most work items by forced account all work items were completed on schedule and due to low construction bids were able to move some work items forward. Floydada Housing Authority has remained on target with the objectives set forth in their plan. The Executive Director has ensure the review of all existing polices and procedures to incorporate all necessary requirements and if warranted, will make revisions as needed.</p> <p>Section 8 – Maintain goal by stay at 100%</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p style="text-align: center;">Floydada Housing Authority - Significant Amendment and Substantial Deviation/Modification</p> <p><i>a. Substantial Deviation from the 5-Year Plan</i></p> <p>Substantial Deviation from the 5-year Plan: Any change to Mission statement such as: 50% deletion from or addition to the goals and objectives as a whole 50% or more decrease in the quantifiable measurement of any individual goal or objective.</p> <p><i>b. Significant Amendment or Modification to the Annual Plan</i></p> <p>50% variance in the funds projected in the Capital Fund Program Annual Statement. Any Increase or decrease over 50% in the funds projected in the Financial Resource statement and/or the Capital Fund Program annual Statement Any change in a policy or procedure that requires a regulatory 30-day posting Any submission to HUD that requires a separate notification to residents, such as Hope VI, Public Housing Conversion, Demolition/Disposition, designated Housing or Homeownership programs.</p>
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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>Floydada Housing Authority (RAB) - No comments concerning the Floydada Housing Authority PHA Annual Plan.</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>
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Attachment: Statement of Financial Resources

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2011 grants)		
a) Public Housing Operating Fund (FY 2011)	135,881.00	
b) Public Housing Capital Fund	72,620.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
TX21P18950109	10,559.72	
TX21P18950110	24,782.81	
3. Public Housing Dwelling Rental Income	39,260.00	
4. Other income (list below)		
4. Non-federal sources (list below)		
Total resources	\$283,103.53	

Attachment: Fiscal Audit

Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))? (If no, skip to component 17.)
2. Yes No: Was the most recent fiscal audit submitted to HUD?
3. Yes No: Were there any findings as the result of that audit?
4. Yes No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? **6 Findings**
5. Yes No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

Floydada Housing Authority has 6 Findings and has submitted them to HUD. Floydada Housing Authority has until the end of YR 2012 to resolve the findings.

Attachment: Violence Against Women Act

Violence Against Women Act – Floydada Housing Authority TX189

Statement:

Floydada Housing Authority is dedicated to providing this community with quality, affordable housing that is decent, well maintained and free from drugs and violent crime. We endeavor to provide communities that are made up of a diverse range of economic incomes so that the children of these communities have role models that are visible, striving to make economic gains for their families. We are committed to providing our residents with as many opportunities as possible to become economically self-sufficient. We shall do all of these things while serving our residents with the highest degree of professional courtesy, empathy and respect.

Goals:

Floydada Housing Authority may request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking and that the incidences of threatened or actual abuse are bona fide in determining whether the protections afforded to such individuals under VAWA are applicable.

Floydada Housing Authority responding to an incident or incidents of actual or threatened domestic violence, dating violence or stalking that may affect a tenant's participation in the housing program to request in writing that an individual complete, sign and submit, within 14 business days of the request, a HUD- approved certification form. On the form, the individual certifies that he/she is a victim of domestic violence, dating violence, or stalking, and that the incident or incidences in question are bona fide incidences of such actual or threatened abuse. On the certification form, the individual shall provide the name of the perpetrator.

Floydada Housing Authority is not required to demand that an individual produce official documentation or physical proof of an individual's status as a victim of domestic violence, dating violence, sexual assault, or stalking in order to receive the protections of VAWA. Note that, Floydada Housing Authority at their discretion may provide assistance to an individual based solely upon the individual's statement or other corroborating evidence.

Floydada Housing Authority will notify tenants of their rights with VAWA including the existence of the HUD 50066 making it available at the time of admission and include with eviction/termination notice.

Objectives:

Floydada Housing Authority protects tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

Annual Statement / Performance and Evaluation Report
 Capital Fund Program and 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 4/3/2012

Part I: Summary					
PHA Name: Housing Authority of the City of Floydada		Grant Type and Number Capital Fund Program Grant No. TX21P18950112 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2012 FFY of Grant Approval:
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	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$8,377.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$1,500.00	\$0.00	\$0.00	\$0.00
4	1410 Administration (may not exceed 10% of line 21)	\$2,000.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$3,000.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$12,100.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$4,800.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$23,090.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$1,000.00	\$0.00	\$0.00	\$0.00
12	1470 Non-dwelling Structures	\$14,753.00	\$0.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment	\$1,000.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$1,000.00	\$0.00	\$0.00	\$0.00
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)	\$72,620.00	\$0.00	\$0.00	\$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				
Signature of Executive Director		Date:	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 II: Supporting Pages

PHA Name: Housing Authority of the City of Floydada		Grant Type and Number Capital Fund Program Grant No. TX21P18950112 Replacment Housing Factor Grant No.				CFPP (Yes/No) :			Federal FFY of Grant: 2012	
Development Number Name/PHA-Wide Activites	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work		
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²			
TX189-HA										
TX189-HA-1	Operations	1406		\$8,377.00	\$0.00	\$0.00	\$0.00			
	SUBTOTAL	1406		\$8,377.00	\$0.00	\$0.00	\$0.00			
TX189-HA-2	Software Upgrades	1408		\$500.00	\$0.00	\$0.00	\$0.00			
TX189-HA-3	Provide training for Executive Director	1408		\$1,000.00	\$0.00	\$0.00	\$0.00			
	SUBTOTAL	1408		\$1,500.00	\$0.00	\$0.00	\$0.00			
TX189-HA-4	Hire Non-Technical Help	1410		\$2,000.00	\$0.00	\$0.00	\$0.00			
	SUBTOTAL	1410		\$2,000.00	\$0.00	\$0.00	\$0.00			
TX189-HA-5	Audit	1411		\$3,000.00	\$0.00	\$0.00	\$0.00			
	SUBTOTAL	1411		\$3,000.00	\$0.00	\$0.00	\$0.00			
TX189-HA-6	Hire consultant to assist with CFP Budgets	1430		\$2,000.00	\$0.00	\$0.00	\$0.00			
TX189-HA-7	Inspector to oversee work in progress	1430		\$500.00	\$0.00	\$0.00	\$0.00			
TX189-HA-8	Hire an architect to develop plans and specs	1430		\$9,100.00	\$0.00	\$0.00	\$0.00			
TX189-HA-9	Provide funds for reproduction	1430		\$500.00	\$0.00	\$0.00	\$0.00			
	SUBTOTAL	1430		\$12,100.00	\$0.00	\$0.00	\$0.00			
TX189-HA-10	Remodel Office	1470		\$14,753.00	\$0.00	\$0.00	\$0.00			
	SUBTOTAL	1470		\$14,753.00	\$0.00	\$0.00	\$0.00			

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary						
PHA Name/Number: Floydada Housing Authority/TX189		Locality (Floydada/Floyd County, Texas)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement For Year 1 FFY: <u>2012</u>	Work Statement of Year 2 FFY: <u>2013</u>	Work Statement of Year 3 FFY: <u>2014</u>	Work Statement for Year 4 FFY: <u>2015</u>	Work Statement for Year 5 FFY: <u>2016</u>
B.	Physical Improvements Subtotal	Annual Statement	\$9,223.00	\$43,143.00	\$43,143.00	\$43,143.00
C.	Management Improvements		\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00
D.	PHA-Wide Non-Dwelling Structures and Equipment		\$31,420.00	\$500.00	\$500.00	\$500.00
E.	Administration		\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00
F.	Other		\$20,100.00	\$17,100.00	\$17,100.00	\$17,100.00
G.	Operations		\$8,377.00	\$8,377.00	\$8,377.00	\$8,377.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		\$72,620.00	\$72,620.00	\$72,620.00	\$72,620.00

Part II: Supporting Pages - Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY: 2012	Work Statement for Year 2 FFY: 2013			Work Statement for Year 3 FFY: 2014		
	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	TX189-HA			TX189-HA		
Annual Statement	Operations		\$8,377.00	Operations		\$8,377.00
	Software Upgrades		\$500.00	Software Upgrades		\$500.00
	Provide training for Executive Director		\$1,000.00	Provide training for Executive Director		\$1,000.00
	Hire Non-Technical Help		\$2,000.00	Hire Non-Technical Help		\$2,000.00
	Audit		\$3,000.00	Audit		\$3,000.00
	Hire consultant to assist with CFP Budget		\$2,000.00	Hire consultant to assist with CFP Budget		\$2,000.00
	Inspector to oversee work in progress		\$500.00	Inspector to oversee work in progress		\$500.00
	Hire an architect to develop plans and specs		\$9,100.00	Hire an architect to develop plans and specs		\$9,100.00
	Provide funds for reproduction		\$500.00	Provide funds for reproduction		\$500.00
	Environmental survey for land		\$3,000.00			
				Computer/Other Equipment		\$500.00
	Maintenance Tools & Equipment		\$500.00			
	Computer/Other Equipment		\$500.00	Relocation Cost		\$1,000.00
	Construct new community building		\$30,420.00			
	Relocation Cost		\$1,000.00			
	Subtotal of Estimated Cost		\$62,397.00	Subtotal of Estimated Cost		\$28,477.00

Part II: Supporting Pages - Physical Needs Work Statement(s)							
Work Statement for Year 1 FFY: 2012	Work Statement for Year 2 FFY: 2015			Work Statement for Year 3 FFY: 2016			
	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>TX189-HA</i>			<i>TX189-HA</i>			
	Operations		\$8,377.00	Operations		\$8,377.00	
	Software Upgrades		\$500.00	Software Upgrades		\$500.00	
	Provide training for Executive Director		\$1,000.00	Provide training for Executive Director		\$1,000.00	
	Hire Non-Technical Help		\$2,000.00	Hire Non-Technical Help		\$2,000.00	
	Audit		\$3,000.00	Audit		\$3,000.00	
	Hire consultant to assist with CFP Budgets		\$2,000.00	Hire consultant to assist with CFP Budgets		\$2,000.00	
	Inspector to oversee work in progress		\$500.00	Inspector to oversee work in progress		\$500.00	
	Hire an architect to develop plans and specs		\$9,100.00	Hire an architect to develop plans and specs		\$9,100.00	
	Provide funds for reproduction		\$500.00	Provide funds for reproduction		\$500.00	
	Computer/Other Equipment		\$500.00	Computer/Other Equipment		\$500.00	
	Relocation Cost		\$1,000.00	Relocation Cost		\$1,000.00	
		Subtotal of Estimated Cost		\$28,477.00	Subtotal of Estimated Cost		\$28,477.00

Part I: Summary

PHA Name: Housing Authority of the City of Floyddada	Grant Type and Number Capital Fund Program Grant No: TX21P18950107 Date of CFFP: _____	Replacement Housing Factor Grant No: _____	FFY of Grant: _____ 2007 FFY of Grant Approval: _____
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Type of Grant
 Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: _____)
 Performance and Evaluation Report for Period Ending: 6/30/11
 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	11,400.00		11,400.00	11,400.00
3	1408 Management Improvements	1,000.00		1,000.00	1,000.00
4	1410 Administration (may not exceed 10% of line 21)	3,500.00		3,500.00	3,500.00
5	1411 Audit	1,000.00		1,000.00	1,000.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,700.00		15,700.00	15,700.00
8	1440 Site Acquisition				
9	1450 Site Improvement	500.00		500.00	500.00
10	1460 Dwelling Structures	29,740.00		29,740.00	29,740.00
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Non-dwelling Structures	1,000.00		1,000.00	1,000.00
13	1475 Non-dwelling Equipment	20,500.00		20,500.00	20,500.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	1,000.00		1,000.00	1,000.00
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)	\$85,340.00		\$85,340.00	\$85,340.00
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				

Signature of Executive Director	Date	Signature of Public Housing Director	Date
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¹To be completed for the Performance and Evaluation Report.

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

³PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Floydada		Grant Type and Number Capital Fund Program Grant No: TX21P18950107 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2007 CFFP (Yes/No):		
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 ¹	Funds Obligated ²	Funds Expended ²	
TX189-HA								
189-HA-1	Operations	1406		11,400.00		11,400.00	11,400.00	
	SUBTOTAL	1406		\$11,400.00		\$11,400.00	\$11,400.00	
189-HA-2	Software upgrades	1408		500.00		500.00	500.00	
189-HA-3	Computer/Other equipment	1408		500.00		500.00	500.00	
	SUBTOTAL	1408		\$1,000.00		\$1,000.00	\$1,000.00	
189-HA-4	Hire non-technical help	1410		2,000.00		2,000.00	2,000.00	
189-HA-5	Provide funds for training	1410		500.00		500.00	500.00	
189-HA-6	Provide funds for sundry items and travel	1410		1,000.00		1,000.00	1,000.00	
	SUBTOTAL	1410		\$3,500.00		\$3,500.00	\$3,500.00	
189-HA-7	Audit	1411		1,000.00		1,000.00	1,000.00	
	SUBTOTAL	1411		\$1,000.00		\$1,000.00	\$1,000.00	
189-HA-8	Hire inspector to oversee work in progress	1430		500.00		500.00	500.00	
189-HA-9	Administrative Fees/Costs	1430		2,000.00		2,000.00	2,000.00	
189-HA-10	Hire consultant to assist with annual plan	1430		2,000.00		2,000.00	2,000.00	
189-HA-11	Hire an architect to develop plans and specs	1430		8,400.00		8,400.00	8,400.00	
189-HA-12	Provide funds for state certification	1430		1,000.00		1,000.00	1,000.00	
189-HA-13	Provide funds for air monitoring during abatement	1430		1,000.00		1,000.00	1,000.00	
189-HA-14	Provide funds for reproduction of prints	1430		800.00		800.00	800.00	
	SUBTOTAL	1430		\$15,700.00		\$15,700.00	\$15,700.00	

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

²To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Floydada	Grant Type and Number Capital Fund Program Grant No: TX21P18950107 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2007			
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	Revised¹	Funds Obligated²	Funds Expended²	
TX189-HA								
189-HA-15	Hire part time maintenance help	1450		500.00		500.00	500.00	
	SUBTOTAL	1450		\$500.00		\$500.00	\$500.00	
189-HA-16	Install new a/c in office	1470		1,000.00		1,000.00	1,000.00	
	SUBTOTAL	1470		\$1,000.00		\$1,000.00	\$1,000.00	
189-HA-17	Purchase a pick-up truck with a tommy lift (maintenance)	1475		20,000.00		20,000.00	20,000.00	
189-HA-18	Maintenance tools & equipment	1475		500.00		500.00	500.00	
	SUBTOTAL	1475		\$20,500.00		\$20,500.00	\$20,500.00	
189-HA-19	Relocation costs	1495.1		1,000.00		1,000.00	1,000.00	
	SUBTOTAL	1495.1		\$1,000.00		\$1,000.00	\$1,000.00	
	HAWIDE NEEDS TOTAL			\$55,600.00		\$55,600.00	\$55,600.00	

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

Part I: Summary					
PHA Name: Housing Authority of the City of Floyddada		Grant Type and Number Capital Fund Program Grant No: TX21P18950108 Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				FFY of Grant: _____ 2008 FFY of Grant Approval: _____	
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: 6/30/11 <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	11,400.00		11,400.00	11,400.00
3	1408 Management Improvements	1,000.00		1,000.00	1,000.00
4	1410 Administration (may not exceed 10% of line 21)	4,500.00		4,500.00	4,500.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	14,900.00		14,900.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	500.00		500.00	500.00
10	1460 Dwelling Structures	29,971.00		29,971.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Non-dwelling Structures				0.00
13	1475 Non-dwelling Equipment	20,500.00		20,500.00	18,031.82
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	1,000.00		1,000.00	0.00
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)	\$83,771.00		\$83,771.00	\$35,431.82
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	

¹To be completed for the Performance and Evaluation Report.

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

³PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴RHF funds shall be included here.

Part II: Supporting Pages										
PHA Name: Housing Authority of the City of Floydada		Grant Type and Number Capital Fund Program Grant No: TX21P18950108 Replacement Housing Factor Grant No:				CFFP (Yes/No):			Federal FFY of Grant: 2008	
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 ¹	Funds Obligated ²	Funds Expended ²			
TX189-HA										
189-HA-1	Operations	1406		11,400.00		11,400.00	11,400.00			
	SUBTOTAL	1406		\$11,400.00		\$11,400.00	\$11,400.00			
189-HA-2	Software upgrades	1408		500.00		500.00	500.00			
189-HA-3	Computer/Other equipment	1408		500.00		500.00	500.00			
	SUBTOTAL	1408		\$1,000.00		\$1,000.00	\$1,000.00			
189-HA-4	Hire non-technical help	1410		2,000.00		2,000.00	2,000.00			
189-HA-5	Audit	1410		1,000.00		1,000.00	1,000.00			
189-HA-6	Provide funds for training for Executive Director	1410		500.00		500.00	500.00			
189-HA-7	Provide funds for sundry items and travel	1410		1,000.00		1,000.00	1,000.00			
	SUBTOTAL	1410		\$4,500.00		\$4,500.00	\$4,500.00			
189-HA-8	Hire inspector to oversee work in progress	1430		500.00		500.00	0.00			
189-HA-9	Administrative Fees/Costs	1430		2,000.00		2,000.00	0.00			
189-HA-10	Hire consultant to assist with annual plan	1430		2,000.00		2,000.00	0.00			
189-HA-11	Hire an architect to develop plans and specs	1430		8,400.00		8,400.00	0.00			
189-HA-12	Provide funds for state certification	1430		1,000.00		1,000.00	0.00			
189-HA-13	Provide funds for air monitoring during abatement	1430		1,000.00		1,000.00	0.00			
	SUBTOTAL	1430		\$14,900.00		\$14,900.00	\$0.00			

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

²To be completed for the Performance and Evaluation Report.

Part I: Summary					
PHA Name: Housing Authority of the City of Floydada		Grant Type and Number Capital Fund Program Grant No: TX21P18950109 Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				FFY of Grant: _____ 2009 FFY of Grant Approval: _____	
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: 6/30/2011 <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	8,877.00		8,877.00	8,877.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	2,906.50		2,906.50	2,906.50
5	1411 Audit	6,200.00		6,200.00	6,200.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,578.02		5,578.02	5,578.02
8	1440 Site Acquisition				
9	1450 Site Improvement	9,847.25		9,847.25	9,847.25
10	1460 Dwelling Structures	49,706.23		46,175.51	39,146.51
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)	\$83,115.00		\$79,584.25	\$72,555.28
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	

¹To be completed for the Performance and Evaluation Report.

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

³PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Floydada		Grant Type and Number Capital Fund Program Grant No: TX21P18950109 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2009 CFFP (Yes/No):		
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 ¹	Funds Obligated ²	Funds Expended ²	
TX189-001								
189-001-1	Repair Off-street Parking with new	1450		9,847.25		9,847.25	9,847.25	
	SUBTOTAL	1450		\$9,847.25		\$9,847.25	\$9,847.25	
189-001-2	Replace Tile Floors with new	1460		1,000.00		1,000.00	1,000.00	
189-001-3	Replace Doors with New Storm Doors	1460		1,471.00		1,471.00	1,471.00	
189-001-4	Replace Electrical fixtures with new	1460		500.00		500.00	500.00	
189-001-5	Replace windows with Storm Windows	1460		4,100.00		4,100.00	4,100.00	
189-001-6	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments	1460		20,635.23		20,635.23	20,635.23	
	SUBTOTAL	1460		\$27,706.23		\$27,706.23	\$27,706.23	
189-001-7	Dwelling Equipment – Purchase ranges, refrigerators, hot water heaters and furnaces	1465		0.00		0.00	0.00	
	SUBTOTAL	1465		\$0.00		\$0.00	\$0.00	
	TX189-001 TOTAL			\$37,553.48		\$37,553.48	\$37,553.48	

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

²To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Floydada		Grant Type and Number Capital Fund Program Grant No: TX21P18950109 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2009 CFPP (Yes/No):		
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 ¹	Funds Obligated ²	Funds Expended ²	
TX189-002								
189-002-1	Replace Tile Floors with new	1460		10,000.00		10,000.00	10,000.00	
189-002-2	Replace Electrical fixtures with new	1460		5,000.00		1,469.28	1,440.28	
189-002-3	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments	1460		7,000.00		7,000.00	0.00	
	SUBTOTAL	1460		\$22,000.00		\$18,469.28	\$11,440.28	
189-002-4	Dwelling Equipment – Purchase ranges, refrigerators, hot water heaters and furnaces	1465		0.00		0.00	0.00	
	SUBTOTAL	1465		\$0.00		\$0.00	\$0.00	
	TX189-002 TOTAL			\$22,000.00		\$18,469.28	\$11,440.28	

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

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Floydada	Grant Type and Number Capital Fund Program Grant No: TX21P18950109 Replacement Housing Factor Grant No:			CFFP (Yes/No):		Federal FFY of Grant: 2009		
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	Revised¹	Funds Obligated²	Funds Expended²	
TX189-HA								
189-HA-1	Operations	1406		8,877.00		8,877.00	8,877.00	
	SUBTOTAL	1406		\$8,877.00		\$8,877.00	\$8,877.00	
189-HA-2	Software Upgrades	1408		0.00		0.00	0.00	
189-HA-3	Computer/Other Equipment	1408		0.00		0.00	0.00	
189-HA-4	Hire consultant to assist with annual plan	1408		0.00		0.00	0.00	
189-HA-5	Provide training for Executive Director	1408		0.00		0.00	0.00	
	SUBTOTAL	1408		\$0.00		\$0.00	\$0.00	
189-HA-6	Hire Non-Technical Help	1410		2,000.00		2,000.00	2,000.00	
189-HA-7	Provide funds for sundry items and travel	1410		906.50		906.50	906.50	
	SUBTOTAL	1410		\$2,906.50		\$2,906.50	\$2,906.50	
189-HA-8	Audit	1411		6,200.00		6,200.00	6,200.00	
	SUBTOTAL	1411		\$6,200.00		\$6,200.00	\$6,200.00	
189-HA-9	Administrative Fees/Costs	1430		0.00		0.00	0.00	
189-HA-10	Inspector to oversee work in progress	1430		0.00		0.00	0.00	
189-HA-11	Hire an architect to develop plans and specs	1430		5,578.02		5,578.02	5,578.02	
189-HA-12	Provide funds for reproduction	1430		0.00		0.00	0.00	
	SUBTOTAL	1430		\$5,578.02		\$5,578.02	\$5,578.02	
189-HA-13	Hire part-time maintenance help	1450		500.00		0.00	0.00	
	SUBTOTAL	1450		\$500.00		\$0.00	\$0.00	

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

²To be completed for the Performance and Evaluation Report.

Part I: Summary

PHA Name: Housing Authority of the City of Floydadada	Grant Type and Number Capital Fund Program Grant No: TX21P18950110 Date of CFFP: _____	Replacement Housing Factor Grant No: _____	FFY of Grant: _____ 2010 FFY of Grant Approval: _____
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Type of Grant
 Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 6/30/11
 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	8,377.00		8,377.00	5,548.00
3	1408 Management Improvements	1,500.00		0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)	2,000.00		2,000.00	0.00
5	1411 Audit	3,000.00		3,000.00	0.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,367.00		0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	30,367.00		14,099.00	14,099.00
10	1460 Dwelling Structures	27,235.00		26,959.00	26,959.00
11	1465.1 Dwelling Equipment-Nonexpendable	2,000.00		0.00	0.00
12	1470 Non-dwelling Structures	4,000.00		3,540.00	3,540.00
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	1,000.00		0.00	0.00
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)	\$83,846.00		\$57,975.00	\$50,146.00
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				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹To be completed for the Performance and Evaluation Report.

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

³PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Floydada		Grant Type and Number Capital Fund Program Grant No: TX21P18950110 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2010 CFPP (Yes/No):		
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 ¹	Funds Obligated ²	Funds Expended ²	
TX189-001								
189-001-1	Landscaping – Trim Trees	1450		1,000.00		832.00	832.00	
189-001-2	Install new perimeter fencing	1450		13,267.00		13,267.00	13,267.00	
	SUBTOTAL	1450		\$14,267.00		\$14,099.00	\$14,099.00	
189-001-3	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments	1460		4,363.00		4,363.00	4,363.00	
189-001-4	Install bathroom showers, surrounds and lining	1460		10,470.00		10,470.00	10,470.00	
	SUBTOTAL	1460		\$14,833.00		\$14,833.00	\$14,833.00	
189-001-5	Dwelling Equipment – Purchase ranges and refrigerators	1465		500.00		0.00	0.00	
189-001-6	Purchase hot water heaters and furnaces	1465		500.00				
	SUBTOTAL	1465		\$1,000.00		\$0.00	\$0.00	
	TX189-001 TOTAL			\$30,100.00		\$28,932.00	\$28,932.00	

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

²To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Floydada		Grant Type and Number Capital Fund Program Grant No: TX21P18950110 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2010 CFPP (Yes/No):		
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 ¹	Funds Obligated ²	Funds Expended ²	
TX189-002								
189-002-1	Accessibility Standards – Provide an accessibility route that connects all part of every facility; Widen all sidewalks	1450		11,687.00		0.00	0.00	
189-002-2	Accessibility Standards – Provide ramps to all accessibility parking	1450		4,413.00		0.00	0.00	
	SUBTOTAL	1450		\$16,100.00		\$0.00	\$0.00	
189-002-3	Accessibility Standards – Install lever handles on screen doors	1460		4,540.00		4,540.00	4,540.00	
189-002-4	Accessibility Standards – Provide handrails in bathrooms	1460		3,500.00		3,224.00	3,224.00	
189-002-5	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments	1460		4,362.00		4,362.00	4,362.00	
	SUBTOTAL	1460		\$12,402.00		\$12,126.00	\$12,126.00	
189-002-6	Dwelling Equipment – Purchase ranges, refrigerators	1465		500.00		0.00	0.00	
189-002-7	Purchase hot water heaters and furnaces	1465		500.00				
	SUBTOTAL	1465		\$1,000.00		\$0.00	\$0.00	
	TX189-002 TOTAL			\$29,502.00		\$12,126.00	\$12,126.00	

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²To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Floydada		Grant Type and Number Capital Fund Program Grant No: TX21P18950110 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2010 CFFP (Yes/No):		
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 ¹	Funds Obligated ²	Funds Expended ²	
TX189-HA								
189-HA-1	Operations	1406		8,377.00		8,377.00	5,548.00	
	SUBTOTAL	1406		\$8,377.00		\$8,377.00	\$5,548.00	
189-HA-2	Software Upgrades	1408		500.00		0.00	0.00	
189-HA-3	Provide training for Executive Director	1408		1,000.00		0.00	0.00	
	SUBTOTAL	1408		\$1,500.00		\$0.00	\$0.00	
189-HA-4	Hire Non-Technical Help	1410		2,000.00		2,000.00	0.00	
	SUBTOTAL	1410		\$2,000.00		\$2,000.00	\$0.00	
189-HA-5	Audit	1411		3,000.00		3,000.00	0.00	
	SUBTOTAL	1411		\$3,000.00		\$3,000.00	\$0.00	
189-HA-6	Hire consultant to assist with annual plan	1430		2,000.00		0.00	0.00	
189-HA-7	Inspector to oversee work in progress	1430		500.00		0.00	0.00	
189-HA-8	Hire an architect to develop plans and specs	1430		367.00		0.00	0.00	
189-HA-9	Provide funds for reproduction	1430		500.00		0.00	0.00	
	SUBTOTAL	1430		\$3,367.00		\$0.00	\$0.00	

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²To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Floydada		Grant Type and Number Capital Fund Program Grant No: TX21P18950110 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2010 CFFP (Yes/No):		
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 ¹	Funds Obligated ²	Funds Expended ²	
TX189-HA								
189-HA-10	Install metal storage building for maintenance	1470		3,000.00		3,000.00	3,000.00	
189-HA-11	Install new door on maintenance building	1470		1,000.00		540.00	540.00	
	SUBTOTAL	1470		\$4,000.00		\$3,540.00	\$3,540.00	
189-HA-12	Office Equipment – Purchase a computer	1475		500.00		0.00	0.00	
189-HA-13	Maintenance Tools & Equipment (Lawnmower)	1475		500.00		0.00	0.00	
	SUBTOTAL	1475		\$1,000.00		\$0.00	\$0.00	
189-HA-14	Relocation Cost	1495.1		1,000.00		0.00	0.00	
	SUBTOTAL	1495.1		\$1,000.00		\$0.00	\$0.00	
	HA WIDE NEEDS TOTAL			\$24,244.00		\$16,917.00	\$9,088.00	

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

²To be completed for the Performance and Evaluation Report.

Part I: Summary					
PHA Name: Housing Authority of the City of Floydada		Grant Type and Number Capital Fund Program Grant No. TX21P18950111		Replacement Housing Factor Grant No:	
		Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval:	
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: 06/30/11 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost:	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$8,377.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$2,000.00	\$0.00	\$0.00	\$0.00
4	1410 Administration (may not exceed 10% of line 21)	\$2,000.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$3,000.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$12,100.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$8,000.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$14,643.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$1,000.00	\$0.00	\$0.00	\$0.00
12	1470 Non-dwelling Structures	\$20,000.00	\$0.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment	\$500.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$1,000.00	\$0.00	\$0.00	\$0.00
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)	\$72,620.00	\$0.00	\$0.00	\$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				
Signature of Executive Director		Date:	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 II: Supporting Pages									
PHA Name: Housing Authority of the City of Floydada			Grant Type and Number Capital Fund Program Grant No. TX21P18950111 Replacement Housing Factor Grant No.				CFPP (Yes/No):		Federal FFY of Grant: 2011
Development Number Name/PHA-Wide Activites	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
TX189-HA									
TX189-HA-1	Operations	1406		\$8,377.00	\$0.00	\$0.00	\$0.00		
	SUBTOTAL	1406		\$8,377.00	\$0.00	\$0.00	\$0.00		
TX189-HA-2	Software Upgrades	1408		\$500.00	\$0.00	\$0.00	\$0.00		
TX189-HA-3	Computer/Other Equipment	1408		\$500.00	\$0.00	\$0.00	\$0.00		
TX189-HA-4	Provide training for Executive Director	1408		\$1,000.00	\$0.00	\$0.00	\$0.00		
	SUBTOTAL	1408		\$2,000.00	\$0.00	\$0.00	\$0.00		
TX189-HA-5	Hire Non-Technical Help	1410		\$2,000.00	\$0.00	\$0.00	\$0.00		
	SUBTOTAL	1410		\$2,000.00	\$0.00	\$0.00	\$0.00		
TX189-HA-6	Audit	1411		\$3,000.00	\$0.00	\$0.00	\$0.00		
	SUBTOTAL	1411		\$3,000.00	\$0.00	\$0.00	\$0.00		
TX189-HA-7	Hire consultant to assist with annual plan	1430		\$2,000.00	\$0.00	\$0.00	\$0.00		
TX189-HA-8	Inspector to oversee work in progress	1430		\$500.00	\$0.00	\$0.00	\$0.00		
TX189-HA-9	Hire an architect to develop plans and specs	1430		\$9,100.00	\$0.00	\$0.00	\$0.00		
TX189-HA-10	Provide funds for reproduction	1430		\$500.00	\$0.00	\$0.00	\$0.00		
	SUBTOTAL	1430		\$12,100.00	\$0.00	\$0.00	\$0.00		
TX189-HA-11	Remodel Office	1470		\$20,000.00	\$0.00	\$0.00	\$0.00		
	SUBTOTAL	1470		\$20,000.00	\$0.00	\$0.00	\$0.00		

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.

