

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

Small PHA Plan Update

Annual Plan for Fiscal Year: **2004**

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH
NOTICES**

**PHA Plan
Agency Identification**

PHA Name: Housing Authority of the City of Social Circle, GA

PHA Number: GA147

PHA Fiscal Year Beginning: (mm/yyyy) 07/2003

PHA Plan Contact Information:

Name: Albert L. Braddock

Phone: 770-267-6591

TDD:

Email (if available): monrogapha@aol.com

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- Main administrative office of the PHA
PHA development management offices**

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
PHA development management offices
Main administrative office of the local, county or State government
Public library
PHA website
Other (list below)**

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
PHA development management offices
Other (list below)**

PHA Programs Administered:

Public Housing and Section 8 Section 8 Only Public Housing Only (

X)

Small PHA Plan Update

OMB Approval No: 2579-0226
Expires: 03/31/2002

**Annual PHA Plan
Fiscal Year 2004**
[24 CFR Part 903.7]

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ii. Executive Summary

none

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

None

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known)

Capital Fund Program grant for the upcoming year? \$ 127,059

C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) ~~The Capital Fund Program 5-Year Action Plan~~ is provided as Attachment G

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment F

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or

disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If ?No?, skip to next component ; if ?yes?, complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition Disposition
3. Application status (select one) Approved Submitted, pending approval Planned application
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

A. Yes No: (X) Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ?

(If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds. **Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?**

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached at Attachment ____

6. Other Information

[24 CFR Part 903.7 9 (r)]

Resident Advisory Board (RAB) Recommendations and PHA Response

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

2. If yes, the comments are Attached at Attachment (File name)

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

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

A list of these changes is included

Yes No: below or

Yes No: at the end of the RAB Comments in Attachment ____.

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment ____.

Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary)

1. Consolidated Plan jurisdiction: (provide name here)

State of Georgia

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

(X) The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

PHA Requests for support from the Consolidated Plan Agency

Yes No: (X) Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes,

please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

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.

1. Any change to rent or admission policies or organization of the waiting list which is not covered by HUD regulations.

2. Addition of non-emergency work items not listed in the current CFP that is more than 50 percent of the grant amount or \$50,000, whichever is lower.

3. Changes in regard to demolition or disposition, designation of housing, home ownership programs, or conversion activities.

B. Significant Amendment or Modification to the Annual Plan:

1. Any change to rent or admission policies or organization of the waiting list which is not covered by HUD regulations.

2. Addition of non-emergency work items not listed in the current CFP that is more than 50 percent of the grant amount or \$50,000, whichever is lower.

3. Changes in regard to demolition or disposition, designation of housing, home ownership programs, or conversion activities.

**Attachment A ga147a01
Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the ?Applicable & On Display? column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions

Applicable & On Display	Supporting Document	Related Plan Component
		Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures

Applicable & On Display	Supporting Document	Related Plan Component
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-

Applicable & On Display	Supporting Document	Related Plan Component
		Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
X	PHDEP-related documentation: Baseline law enforcement services for public housing developments assisted under the PHDEP plan; Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; Coordination with other law enforcement efforts; Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O Policy	Pet Policy
x	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

**Small PHA Plan Update Page 5
Table Library**

Annual Statement /Performance and Evaluation Report					
PHA Name:			Grant Type and Number		Federal
Original Annual Statement			Reserve for Disasters/ Emergencies Revised Annual		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	E
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment?Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				

20	Amount of Annual Grant: (sum of lines 2-19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
Original statement		Revised statement
Development Number	Development Name (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost over next 5 years		

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in Section 1.1 General Information/History

- A. Amount of PHDEP Grant \$ _____
- B. Eligibility type (Indicate with an ?x?) N1 _____ N2 _____ R _____
- C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an ?x? to indicate the length of program). # of months. For ?Other? identify the # of months).
 12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an ?x? by each applicable Year) and provide amount of funding received. ~~If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date.~~ The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place ?GE? in column or ?W? for waivers.

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise? not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 - Reimbursement of Law Enforcement								Total PHDEP Funding: \$
Goal(s)								
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete	PHED EP Funding	Other Funding (Amount/Source)	Performance Indicators	

				Date			
1.							
2.							
3.							

9115 - Special Initiative						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

	d			Date			
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 ? Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							

Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 ? Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements	Total PHDEP Funding: \$
-------------------------------------	--------------------------------

Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
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Goal(s)	
Objectives	

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs						Total PHDEP Funds: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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Required Attachment _b___: Resident Member on the PHA Governing Board

1. Yes (X) No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

Name of resident member(s) on the governing board:
Connie Derricho

How was the resident board member selected: (select one)?
Elected
(X) Appointed

C. The term of appointment is (include the date term expires):
1/22/2003 to 1/21/2004

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member:
9/09/2003

Name and title of appointing official(s) for governing board (indicate appointing official for the next position): James Burgess, Mayor

Required Attachment ___c___: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

**Connie Derricho
Mary Flournoy**

Required Attachment __d__: Results of Voluntary Conversion Required Initial Assessments

a. How many of the PHA's developments are subject to the Required Initial Assessments: Two which is all

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions? None

c. How many Assessments were conducted for the PHA's covered developments? One for each of the two developments

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
None	None

Deconcentration and Income Mixing

- a. /__/ Yes /_X_/ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. /__/ Yes /___/ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments

Development Name:	Number Of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration Policy (if no Explanation)See Step 5 at
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CAPITAL FUND PROGRAM TABLES START HERE

attachment f
ga147f01

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part
1: Summary**

PHA Name: Housing Authority of The City of Social Circle, GA	Grant Type and Number Capital Fund Program Grant No: GA06P14750103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
---	--	-------------------------------------

|X| Original Annual Statement / / Reserve for Disasters/ Emergencies / / Revised Annual Statement (revision no:)
/ / Performance and Evaluation Report for Period Ending: / / Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$6,000.00			
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	\$8,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$7,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$2,130.00			
10	1460 Dwelling Structures	\$91,929.00			
11	1465.1 Dwelling Equipment—Nonexpendable	\$12,000.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$127,059.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 compliance				
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				
26	Collateralization Expenses or Debt Service				

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 Social Circle, GA			Grant Type and Number Capital Fund Program Grant No: GA06P14750103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
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	Obligated	Expended		
GA147-01	Concrete Work	1450	1	\$970.00					
	Porches	1460	1	\$120.00					

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 Social Circle, GA				Grant Type and Number Capital Fund Program Grant No: GA06P14750103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003		
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	Obligated	Expended	
GA147-02	Concrete work		1450	2	\$1,160.00				
	Electrical Upgrade		1460	15	\$50,000.00				
	HVAC		1460	15	\$20,000.00				
	Waterheaters		1460	15	\$17,569.00				
	Porches		1460	10	\$4,240.00				

**Capital Fund Program Five-Year Action Plan
Part I: Summary**

PHA Name HOUSING AUTHORITY OF THE CITY OF SOCIAL CIRCLE, GA		/X/ Original 5-Year Plan Revision No:			
A. Development Number/Name/HA-Wide	Year 1 2003	Work Statement for Year 2 FFY Grant: 2004 PHA FY:	Work Statement for Year 3 FFY Grant: 2005 PHA FY:	Work Statement for Year 4 FFY Grant: 2006 PHA FY:	Work Statement for Year 5 FFY Grant: 2007 PHA FY:
	Annua l State ment				
GA147-01				\$10,000.00	
GA147-02		\$96,559.00	\$79,441.00	\$85,951.00	
B. Physical Improvements Subtotal		\$96,559.00	\$79,441.00	\$95,951.00	
C. Management Improvements		\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00
D. HA-Wide Non-Dwelling Structures & Equipmt- 1470/1475					\$19,800.00
E. Administration		\$9,000.00	\$9,000.00	\$9,000.00	\$9,000.00
F. Other-1430/1495		\$7,500.00	\$7,500.00	\$7,500.00	\$7,500.00
G. Operations		\$10,000.00	\$27,118.00	\$10,608.00	\$86,759.00
H. Demolition					
I. Replacement Reserve					
J. Mod Used for Development					
K. Dwelling Equipment- 1465					
L. Total CFP Funds (Est.)		\$127,059.00	\$127,059.00	\$127,059.00	\$127,059.00
M. Total Replacement Housing Factor Funds					

CAPITAL FUND PROGRAM TABLES START HERE

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Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of The City of Social Circle, GA		Grant Type and Number Capital Fund Program Grant No: GA06P14750101 Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
Original Annual Statement / / Reserve for Disasters/ Emergencies /X/ Revised Annual Statement (revision no: 2) /X/ Performance and Evaluation Report for Period Ending: 12-31-02 / / 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				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	\$7,500.00	\$7,080.24	\$7,080.24	\$7,080.24
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$7,000.00	\$7,000.00	\$7,000.00	\$7,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$19,300.00	\$25,550.00	\$25,550.00	\$11,700.00
10	1460 Dwelling Structures	\$92,455.00	\$87,714.83	\$87,714.83	\$87,714.83
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$7,560.00	\$6,469.93	\$6,469.93	\$6,469.93
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

18	1499 Development Activities				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$133,815.00	\$133,815.00	\$133,815.00	\$119,965.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 compliance				
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				
26	Collateralization Expenses or Debt Service				

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 Social Circle, GA			Grant Type and Number Capital Fund Program Grant No: GA06P14750101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
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	Obligated	Expended		
GA147-01	Landscaping	1450	30	\$5,850.00	\$5,850.00	\$5,850.00	\$5,850.00	Electrical Contract	
	Install playground landing surface	1450	2	\$800.00	0.00	0.00	0.00	for 2001	
	Concrete Repair	1450	30	\$2,000.00	\$5,000.00	\$5,000.00	0.00	CFP complete d.	
	Electrical Upgrade	1460	14	\$73,055.00	\$68,434.83	\$68,434.83	\$68,434.83		
	Replace Waterheaters	1460	9	\$1,800.00	\$1,800.00	\$1,800.00	\$1,800.00	Concrete	
	Install HVAC	1460	9	\$10,800.0	\$10,800.0	\$10,800.0	\$10,800.0	Contract	

	Original	Revised	Actual	Original	Revised	Actual	

CAPITAL FUND PROGRAM TABLES START HERE

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**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part
1: Summary**

PHA Name: Housing Authority of The City of Social Circle, GA	Grant Type and Number Capital Fund Program Grant No: GA06P14750202 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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| | Original Annual Statement / / Reserve for Disasters/ Emergencies /X/ Revised Annual Statement (revision no:
1)
/ X / Performance and Evaluation Report for Period Ending: 12/31/02 / / 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	\$6,000.00	\$6,000.00	0.00	0.00
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	\$8,000.00	\$8,000.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$7,000.00	\$7,536.94	\$6,360.94	\$1,384.72
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$102,909.00	\$102,375.06	\$67,700.20	\$47,927.70
11	1465.1 Dwelling Equipment-Nonexpendable	\$3,150.00	\$3,147.00	\$3,147.00	\$3,147.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

18	1499 Development Activities				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$127,059.00	\$127,059.00	\$77,208.14	\$52,459.42
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 compliance				
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				
26	Collateralization Expenses or Debt Service				

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 Social Circle, GA			Grant Type and Number Capital Fund Program Grant No: GA06P14750202 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
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	Obligated	Expended		
GA147-01	Electrical Upgrade	1460	9	\$42,724.00	\$54,200.20	\$54,200.20	\$41,677.70	Electrical	
	Replace Waterheaters	1460	9	\$2,250.00	\$2,250.00	\$2,250.00	\$1,000.00	Contract	
	Install HVAC	1460	9	\$11,250.00	\$11,250.00	\$11,250.00	\$5,250.00	awarded	
	Interior/Exterior Paint	1460	8	\$5,000.00	\$5,000.00	0.00	0.00	and work	
								started.	
								Bidding	
	Ranges	1465	9	\$2,850.00	\$3,147.00	\$3,147.00	\$3,147.00	process on	

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 Social Circle, GA			Grant Type and Number Capital Fund Program Grant No: GA06P14750202 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
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	Obligated	Expended	
HA Wide	a) Modernization Coordinator		1410.	Lump	\$7,000.00	\$7,000.00	0.00	0.00	Mod.

			01	Sum					
Administration	b) Sundry		1410.19	Lump Sum	\$1,000.00	\$1,000.00	0.00	0.00	Coordinator salary will start
HA Wide	A & E Fees		1430.01	Lump Sum	\$5,500.00	\$5,268.94	\$5,268.94	\$292.72	January 2003.
Fees & Costs	Clerk of Works		1430.07	Lump Sum	\$1,500.00	\$2,268.00	\$1,092.00	\$1,092.00	
HA Wide	Mod Used for Operations		1406	Lump Sum	\$6,000.00	\$6,000.00	0.00	0.00	

**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 Social Circle, GA		Grant Type and Number Capital Fund Program No: GA06P14750202 Replacement Housing Factor No:			Federal FY of Grant: 2002		
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	
GA147-01	12/2003			6/2004			
GA147-02	12/2003			6/2004			
HA Wide	12/2003			6/2004			