#### **PHA Plans**

#### **Streamlined Annual Version**

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

Office of Public and Indian Housing

OMB No. 2577-0226 (exp. 05/31/2006)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

## Streamlined Annual PHA Plan for Fiscal Year: 2004

**PHA Name: Marianna Housing Authority** 

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.

### **Streamlined Annual PHA Plan Agency Identification**

PHA Name: Marianna Ho	using A	uthority PHA	Number: FLO	031
PHA Fiscal Year Beginnin	g: 07/20	04		
PHA Programs Administer X Public Housing and Section 8 Number of public housing units: Number of S8 units:	8 <b>Se</b>		ublic Housing Onler of public housing units	
PHA Consortia: (check be	ox if subr	mitting a joint PHA P	lan and complete	table)
Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				
Name: Bonnie M Horne TDD: 850-482-3685  Public Access to Informati Information regarding any acti (select all that apply) X PHA's main administrative of	ivities out	_	mariannahousing@e	ontacting:
		10 4 5	,	
Display Locations For PHA	A Plans	and Supporting D	ocuments	
The PHA Plan revised policies of public review and inspection.  If yes, select all that apply:  X Main administrative offic PHA development manag Main administrative offic Public library	X Yes  te of the P  gement off te of the lo	□ No.  HA  fices	,	
PHA Plan Supporting Document  X Main business office of the Other (list below)			(select all that appoment managemen	•

#### **Streamlined Annual PHA Plan** Fiscal Year 2004

[24 CFR Part 903.12(c)]

### Table of Contents [24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

<b>A.</b>	PHA PLAN COMPONENTS	<b>PAGE</b>
	Site-Based Waiting List Policies	4
903.7(b	(2) Policies on Eligibility, Selection, and Admissions	
$\square$	2. Capital Improvement Needs	5
903.7(g	) Statement of Capital Improvements Needed	
	3. Section 8(y) Homeownership	6
903.7(k	) (1) (i) Statement of Homeownership Programs	
	4. Project-Based Voucher Programs	7
	5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA	A has
	changed any policies, programs, or plan components from its last Annual Plan.	7
	6. Supporting Documents Available for Review	9
	7. Capital Fund Program and Capital Fund Program Replacement Housing Factor	or,
	Annual Statement/Performance and Evaluation Report	11
	8. Attachment A-Capital Fund Program P & E Annual Statement-2003	
В.	SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFF	ICE
Form 1	HD- 50076, PHA Certifications of Compliance with the PHA Plans and Related Regular	tions:
	Resolution to Accompany the Streamlined Annual Plan identifying policies or programs t	
	ised since submission of its last Annual Plan, and including Civil Rights certifications and	
assurar	nces the changed policies were presented to the Resident Advisory Board for review and c	comment,
approv	ed by the PHA governing board, and made available for review and inspection at the PHA	A's
princip	al office;	
For PF	HAs Applying for Formula Capital Fund Program (CFP) Grants:	
Form l	HUD-50070, Certification for a Drug-Free Workplace;	
	HUD-50071, Certification of Payments to Influence Federal Transactions; and	
Form S	SF-LLL &SF-LLLa, <u>Disclosure of Lobbying Activities</u> .	

#### 1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b) (2)]

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

#### A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

Site-Based Waiting Lists						
<b>Development Information</b> : (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics		
2. What is the	number of site	based waiting list deve	lopments to which far	nilies may apply		

2.	What is the nuat one time?	umber of site ba	ased waiting list devel	lopments to which fam	nilies may apply
3.	How many un based waiting	•	n applicant turn down	before being removed	d from the site-
4.	or any court or complaint and	rder or settleme describe how	ent agreement? If yes	nding fair housing com s, describe the order, as aiting list will not violant to below:	greement or
В.	Site-Based W	aiting Lists –	Coming Year		
	-	-	more site-based waiting to next componen	ng lists in the coming y	year, answer each
1. I	How many site-	based waiting	lists will the PHA ope	erate in the coming yea	ar?
2.	Yes No	•	hey are not part of a pan)?	ased waiting lists new previously-HUD-appro	1 0

3.  $\square$  Yes  $\square$  No: May families be on more than one list simultaneously If yes, how many lists? 4. Where can interested persons obtain more information about and sign up to be on the sitebased waiting lists (select all that apply)? PHA main administrative office All PHA development management offices Management offices at developments with site-based waiting lists At the development to which they would like to apply Other (list below) 2. Capital Improvement Needs [24 CFR Part 903.12 (c), 903.7 (g)] Exemptions: Section 8 only PHAs are not required to complete this component. A. **Capital Fund Program** 1. **X** Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B. 2. Yes **X** No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.). В. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund) Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement. 1. Yes X No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary). 2. Status of HOPE VI revitalization grant(s):

PHA Name: Marianna Housing Authority

HA Code: FL031

	<b>HOPE VI Revitalization Grant Status</b>
a. Development Name	
b. Development Num	ber:
c. Status of Grant:	ion Plan under development
	ion Plan submitted, pending approval
	ion Plan approved
Activities p	pursuant to an approved Revitalization Plan underway
3. Yes X No:	Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?
	If yes, list development name(s) below:
4. Yes <b>X</b> No:	Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:
5. Yes X No: W	ill the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:
	ant Based AssistanceSection 8(y) Homeownership Program R Part 903.12(c), 903.7(k) (1) (i)]
( approximate) [= :	
1. Yes <b>X</b> No:	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 the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)
2. Program Descripti	on:
a Size of Program	
a. Size of Program  Yes No:	Will the PHA limit the number of families participating in the Section 8 homeownership option?
	If the answer to the question above was yes, what is the maximum number of participants this fiscal year?
b. PHA-established el	Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria:

PHA Name: Marianna Housing Authority
HA Code: FL031

c. What actions will the PHA

c. Wh	at actions will the PHA undertake to implement the program this year (list)?
3. Ca	pacity of the PHA to Administer a Section 8 Homeownership Program:
The P	HA has demonstrated its capacity to administer the program by (select all that apply): Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price 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.
П	Partnering with a qualified agency or agencies to administer the program (list name(s)
	and years of experience below):
Ш	Demonstrating that it has other relevant experience (list experience below):
4. U	se of the Project-Based Voucher Program
_	
Inter	nt to Use Project-Based Assistance
	es <b>X</b> No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the ag year? If the answer is "no," go to the next component. If yes, answer the following ons.
1.	Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
	low utilization rate for vouchers due to lack of suitable rental units access to neighborhoods outside of high poverty areas other (describe below :)
2.	Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):
5. Pl	HA Statement of Consistency with the Consolidated Plan
[24 CF	R Part 903.15]
	ach applicable Consolidated Plan, make the following statement (copy questions as many
	as necessary) only if the PHA has provided a certification listing program or policy es from its last Annual Plan submission

1. Consolidated Plan jurisdiction: **STATE OF FLORIDA -CITY OF MARIANNA**, **FLORIDA AND JACKSON COUNTY TO CITY LIMITS OF GRACEVILLE**, **FLORIDA**.

	solidated Plan for the jurisdiction: (select all that apply)
	The PHA has based its statement of needs of families on its waiting lists on the needs
	expressed in the Consolidated Plan/s.  The PHA has participated in any consultation process organized and offered by the
Ш	Consolidated Plan agency in the development of the Consolidated Plan.
X	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 the initiatives contained in the Consolidated Plan. (list below)
	Other: (list below)
3. The	Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: **No Changes** 

### <u>6. Supporting Documents Available for Review for Streamlined Annual PHA Plans</u>

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 Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;	5 Year and Annual Plans
X	PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan	Streamlined Annual Plans
N/A	Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.	5 Year and standard Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting hat 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	5 Year and Annual Plans
X	housing that require the PHA's involvement.  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 for families on the PHA's public housing and Section 8 tenant-	Annual Plan: Housing Needs
X	based waiting lists.  Most recent board-approved operating budget for the public housing program	Annual Plan:
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP),	Financial Resources Annual Plan: Eligibility,
X	which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Selection, and Admissions Policies
X	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing.   Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	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.  X 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.  Section 8 rent determination (payment standard) policies (if included in plan, not	Annual Plan: Rent Determination Annual Plan: Rent
X	necessary as a supporting document) and written analysis of Section 8 payment standard policies.   Check here if included in Section 8 Administrative Plan.	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 Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and

Applicable	List of Supporting Documents Available for Review Supporting Document	Related Plan Component
& On Display		
X		Community Service & Self Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types	Annual Plan: Operations
X	X Check here if included in Section 8 Administrative Plan  Public housing grievance procedures	and Maintenance Annual Plan: Grievance
X	X Check here if included in the public housing A & O Policy	Procedures
X	Section 8 informal review and hearing procedures.  X Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Need
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Need
N/A	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 Need
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Need
N/A	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation Public Housing
N/A	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 Public Housing
N/A	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (Sectionof the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs  X Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
N/A	Cooperative 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
N/A	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 for public housing.	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G).  X Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Aud
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
1 1/11	Consortium agreement(s) and for Consortium Joint PHA Plans Only: Certification that consortium agreement is in compliance with 24 CFR Part 943	Joint Annual PHA Plan for Consortia: Agency

	List of Supporting Documents Available for Review	
Applicable & On Display	Supporting Document	Related Plan Component
N/A	pursuant to an opinion of counsel on file and available for inspection.	Identification and Annual Management and Operations

### 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

	ent/Performance and Evaluation Report				
	rogram and Capital Fund Program Replacemen		CFP/CFPRHF)	Part I: Summary	
PHA Name:		Grant Type and Number			Federal FY
MARIANNA HOUS	SING AUTHORITY	Capital Fund Program Grant Replacement Housing Factor	t No: FL29P0315010	)4	of Grant: 2004
Y Original Annual		sed Annual Statement (1			2004
		Performance and Eval			
Line No.	Summary by Development Account	Total Estima		Total Ac	tual Cost
	, , , , , , , , , , , , , , , , , , ,	Original	Revised	Obligated	Expended
1	Total non-CFP Funds				•
2	1406 Operations	5,000.00			
3	1408 Management Improvements	30,000.00			
4	1410 Administration	5,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000.00			
8	1440 Site Acquisition	,			
9	1450 Site Improvement				
10	1460 Dwelling Structures	110,00.00			
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	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	155,000.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504				
	compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard				
	Costs	20,000.00			
26	Amount of line 21 Related to Energy Conservation				
	Measures				

### 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

#### Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name: MARIANNA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: FL029P03150104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.			Total Estimated Cost		ual Cost	Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FL03/HA-WIDE	OPERATIONS	1406	1	5,000.00				
FL03/HA-WIDE	MANAGEMENT IMPROVEMENTS	1408	1	30,000.00				
FL031/HA-WIDE	ADMIN./MAINT.SALARY PRORATED	1410	1	5,000.00				
FL031/HA-WIDE	ARCHIT/ENGINEERING	1430	1	5,000.00				
FL031/HA-WIDE	RENOVATIONS/KITCHENS, etc PHASE II	1460	80 units	110,000.00				

### 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Capital Fund Pro Part III: Implement	_	_	und Prog	gram Replac	ement Housi	ing Factor	(CFP/CFPRHF)
PHA Name:  MARIANNA HOUSING AUTHORITY  Grant Type and Num Capital Fund Program Replacement Housin			m No: <b>FL29P031501</b>	04	Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities  All Fund Obligated (Quarter Ending Date)					Funds Expendenter Ending Da	Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual	
FL031-PHA-WIDE	12/31/2006			12/31/2008			

#### CAPITAL FUND PROGRAM TABLES START HERE

Ann	Annual Statement/Performance and Evaluation Report-ATTACHMENT-A								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary									
PHA N	ame:	Grant Type and Number		·	Federal FY of Grant:				
		Capital Fund Program Grant N	o: <b>FL2903150103</b>						
	nna Housing Authority	Replacement Housing Factor C			2003				
Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:									
	X Performance and Evaluation Report for Period Ending: 12/31/2003 Final Performance and Evaluation Report								
Line	Summary by Development Account	Total Estim	nated Cost	Total A	Total Actual Cost				
No.					1				
		Original	Revised	Obligated	Expended				
1	Total non-CFP Funds								
2	1406 Operations	5,000.00							
3	1408 Management Improvements	24,095.00		24,095.00	24,095.00				
4	1410 Administration	3,000.00							
5	1411 Audit								
6	1415 Liquidated Damages								
7	1430 Fees and Costs	8,000.00							
8	1440 Site Acquisition								
9	1450 Site Improvement								
10	1460 Dwelling Structures	80,382.00							
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	1499 Development Activities								
19	1501 Collaterization or Debt Service								
20	1502 Contingency								
21	Amount of Annual Grant: (sum of lines $2-20$ )	120,477.00		24,095.00	24,095.00				

Annual Statement/Performance and Evaluation Report-ATTACHMENT-A								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary								
PHA Name:		Grant Type and Number	Federal FY of Grant:					
		Capital Fund Program Grant	No: <b>FL2903150103</b>					
Maria	nna Housing Authority	Replacement Housing Factor		2003				
Ori	ginal Annual Statement Reserve for Disasters/ Emer	rgencies Revised Annual	Statement (revision no:					
X Performance and Evaluation Report for Period Ending: 12/31/2003 Final Performance and Evaluation Report								
Line	Summary by Development Account	Total Esti	mated Cost	Total Actual Cost				
No.								
		Original Revised		Obligated	Expended			
22	Amount of line 21 Related to LBP Activities							
Amount of line 21 Related to Section 504 compliance								
24	Amount of line 21 Related to Security – Soft Costs							
25	Amount of Line 21 Related to Security – Hard Costs	18,000.00						
26	26 Amount of line 21 Related to Energy Conservation Measures							

# Annual Statement/Performance and Evaluation Report-Attachment—A Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name:  Marianna Hausing Authority		Grant Type and Number Capital Fund Program Grant No: FL29P03150103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	Number Categories Name/HA-Wide		Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
reavides				Original	Revised	Funds Obligated	Funds Expended	
FL031-HA-WIDE	OPERATIONS	1406	1	5,000.00				
FL031-HA-WIDE	MANAGEMENT IMPROVEMENTS	1408	1	24,095.00		24,095.00	24,095.00	100%
FL031-HA-WIDE	ADMIN,/MAINT. SALARY PRO.	1410	1	3,000.00				
FL031-HA-WIDE	FEE & COST – SERVICES	1430	1	8,000.00				
FL031-HA-WIDE	RENOVATIONS/KITCHEN, ETC. PHASE I	1460	80 units	80,382.00				

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implem	entation S	chedule					
PHA Name:			Type and Nu		0.4.0.5		Federal FY of Grant:
Marianna Housing Authority			al Fund Progra cement Housir	m No: <b>FL29P0315</b> ng Factor No:	0103	2003	
Development Number All Fund			bligated All Funds Expended				Reasons for Revised Target Dates
Name/HA-Wide Activities	(Qua	(Quarter Ending Date) (Quarter Ending Date)			e)		
	Original	Revised	Actual	Original	Revised	Actual	
FL031-HA-WIDE	09-16-2005			09-16-2007			
1							