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. 08/31/2009)

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.

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Streamlined Annual PHA Plan for Fiscal Year: 2008

PHA Name: Polk County Housing

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: Polk County Housing Agency			PHA Number: FL143		
PHA Fiscal Year Beginnin	g: 10/20	008			
PHA Programs Administe Public Housing and Section Number of public housing units: Number of S8 units:	8 X Se		ublic Housing Onler of public housing units		
☐PHA Consortia: (check b	ox if subr	nitting a joint PHA P	Plan and complete	table)	
Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Progran	
Participating PHA 1:					
Participating PHA 2:					
Participating PHA 3:					
PHA Plan Contact Inform Name: Terese L. Beaudry TDD: Public Access to Informati		Phor Email (if available):	ne: (863) 534-5240 eteresebeaudry@po	lk-county.net	
Information regarding any acti (select all that apply)		tlined in this plan can	be obtained by co	ontacting:	
PHA's main administrative	ve office	PHA's deve	lopment manageme	ent offices	
Display Locations For PH	A Plans	and Supporting D	ocuments		
The PHA Plan revised policies of public review and inspection. If yes, select all that apply: Main administrative offic PHA development manag Main administrative offic Public library	Yes Yes The of the P The of the location in	□ No. HA fices			
PHA Plan Supporting Document Main business office of the			(select all that app pment managemen	-	

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PHA Name: HA Code:	Streamlined Annual Plan for Fiscal Year 20					
Other (list below)						
Streamlined Annual PHA I Fiscal Year 2008 [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 required documents available for public inspection.	irements, and a list of supporting					
A. PHA PLAN COMPONENTS						
 Site-Based Waiting List Policies 903.7(b)(2) Policies on Eligibility, Selection, and Admissions Capital Improvement Needs 903.7(g) Statement of Capital Improvements Needed Section 8(y) Homeownership 903.7(k)(1)(i) Statement of Homeownership Programs Project-Based Voucher Programs PHA Statement of Consistency with Consolidated Planting Components of Consistency with Consolidated Planting Components of Consistency With Consolidated Planting Components Available for Review Capital Fund Program and Capital Fund Program Review Annual Statement/Performance and Evaluation Report Capital Fund Program 5-Year Action Plan 	om its last Annual Plan.					
B. SEPARATE HARD COPY SUBMISSIONS TO LO	CAL HUD FIELD OFFICE					
Form HUD-50076, <u>PHA Certifications of Compliance with the PHA Plans and Related Regulations:</u> <u>Board Resolution to Accompany the Streamlined Annual Plan</u> identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;						
For PHAs Applying for Formula Capital Fund Program (CFP)	Grants:					
Form HUD-50070, <u>Certification for a Drug-Free Workplace;</u> Form HUD-50071, <u>Certification of Payments to Influence Federal Term SF-LLL & SF-LLLa</u> , <u>Disclosure of Lobbying Activities</u> .	<i>Transactions</i> ; and					

form **HUD-50075-SA** (04/30/2003)

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

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

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

A. Site-Based Waiting Lists-Previous Year

N/A

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						
Development Information: (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 nuat one time?	umber of site ba	ased waiting list devel	opments to which fam	ilies may apply
3.	How many un based waiting	•	n applicant turn down	before being removed	I 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, ag uiting list will not violant to below:	greement or
В.	Site-Based W	aiting Lists –	Coming Year		
	-	-	more site-based waiting to next component	ng lists in the coming y t.	ear,answer each
1. I	How many site-	based waiting	lists will the PHA ope	erate in the coming yea	ır?
2.	Yes No	•	hey are not part of a p	ased waiting lists new previously-HUD-appro	

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3. Yes N	If yes, how many lists? o: 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 site-based 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 Impro	evement Needs				
	(c), 903.7 (g)] N/A 8 only PHAs are not required to complete this component.				
exemptions. Section	o only 111As are not required to complete this component.				
A. Capital Fund	l Program				
1. 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 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.).				
B. HOPE VI an Capital Fund	d Public Housing Development and Replacement Activities (Non-				
* *	HAs administering public housing. Identify any approved HOPE VI and/or opment or replacement activities not described in the Capital Fund Program				
1. Yes 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 HO	PE VI revitalization grant(s):				

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HOPE VI Revitalization Grant Status					
a. Development Name					
b. Development Num c. Status of Grant:	ber:				
Revitalizat Revitalizat Revitalizat	ion Plan under development ion Plan submitted, pending approval ion Plan approved oursuant to an approved Revitalization Plan underway				
3.	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 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 No: V	Will 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				
(if applicable) [24 CF	R Part 903.12(c), 903.7(k)(1)(i)]				
1. ☐ Yes ⊠ 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 Description: N/A					
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 e	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:				

c. What actions will the PHA undertake to implement the program this year (list)?				
3. 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 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. Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below): Demonstrating that it has other relevant experience (list experience below): 				
4. Use of the Project-Based Voucher Program				
Intent to Use Project-Based Assistance				
Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.				
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. PHA Statement of Consistency with the Consolidated Plan				
[24 CFR Part 903.15] For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.				
1. Consolidated Plan jurisdiction: Polk County, Florida				

PHA Name: HA Code:

	The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
\boxtimes	The PHA has participated in any consultation process organized and offered by the
	Consolidated Plan agency in the development of the Consolidated Plan.
\boxtimes	The PHA has consulted with the Consolidated Plan agency during the development of
	this PHA Plan.
\boxtimes	Activities to be undertaken by the PHA in the coming year are consistent with the
	initiatives contained in the Consolidated Plan. (list below)
\boxtimes	Other: (list below)

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)

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

The Public Housing Agency is a component of the Polk County Housing and Neighborhood Development division. The jurisdiction of the PHA is unincorporated Polk County and its small municipal partners that do not administer their own housing program. The PHA program administers the Section 8 and HOME funded Tenant-Based Rental Assistance Programs. Polk County does not have any public housing units. The mission of the Polk County Public Housing Agency is to assist very low income families, the elderly, and the disable to rent safe, decent affordable housing. The delivery system of the Section 8 program has efficiently maintained all 97 of its vouchers in use. The greatest obstacle to meeting the demand to place the 200 persons waiting for housing assistance is simply the lack of available vouchers. The Polk County PHA will administer approximately \$509,472.00 from Section 8 and \$350.000 from HOME grant to accomplish its objective in FFY 2008-09.

GOAL 1: Increase the availability of decent, safe, and affordable housing

Objective A: Expand the supply of assisted housing by:

- I. Applying for additional rental vouchers,
- II. Reducing public housig vacancies.

Objective B: Improve the quality of assisted housing by:

- I. Improving voucher management,
- II. Increasing customer satisfaction,
- III. Concentrating on efforts to improve specific management functions.
- IV. Providing replacement vouchers.

Objective C: Increase assisted housing choices by:

- I. Providing voucher mobility counseling,
- Conducting outreach efforts to potential voucher landlords, II.
- Implementing public housing site -based waiting lists. III.

6. Supporting Documents Available for Review for Streamlined Annual PHA **Plans**

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			
X	Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.	5 Year and standard 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 for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs			
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources			
N/A	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies			
N/A	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies			
N/A	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			
N/A	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			
N/A	Schedule of flat rents offered at each public housing development.	Annual Plan: Rent			

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Applicable & On	Supporting Document	Related Plan Component
Display		
	☐ Check here if included in the public housing A & O Policy.	Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
N/A	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
N/A	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self- Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any policies governing any Section 8 special housing types Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
N/A	Public housing grievance procedures Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. ☐ Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
N/A	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 of 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 of 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
N/A	Public Housing Community Service Policy/Programs 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
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E for public	Annual Plan: Community
N/A	housing. Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services	Service & Self-Sufficiency Annual Plan: Community

PHA Name: HA Code:

List of Supporting Documents Available for Review					
Applicable & On Display	Supporting Document	Related Plan Component			
N/A	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.	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 Audit			
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)			
N/A	Consortium agreement(s) and for Consortium Joht PHA Plans Only: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations			

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

Annual Statement/Performance and Evaluation Report N/A						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name:	Gr	ant Type and Number	•	·	Federal FY	
		apital Fund Program Gra			of Grant:	
		eplacement Housing Fac				
	nent Reserve for Disasters/ Emergencies Revise nation Report for Period Ending: Final Peri	ed Annual Statement formance and Evalua				
Line No.	Summary by Development Account	Total Estir		Total Act	ual Cost	
	, , , , , , , , , , , , , , , , , , ,	Original	Revised	Obligated	Expended	
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	1499 Development Activities					
19	1501 Collaterization or Debt Service					
20	1502 Contingency					
21	Amount of Annual Grant: (sum of lines 2 – 20)					
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504					
	compliance					
24	Amount of line 21 Related to Security – Soft Costs					
25	Amount of Line 21 Related to Security – Hard					
	Costs					
26	Amount of line 21 Related to Energy Conservation Measures					

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

Annual Statement/Performance and Evaluation Report N/A **Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages Grant Type and Number** PHA Name: Federal FY of Grant: Capital Fund Program Grant No: Replacement Housing Factor Grant No: General Description of Total Estimated Cost **Total Actual Cost** Development Dev. Acct Quantity Status of Number Major Work Categories No. Work Name/HA-Wide Activities Original Revised **Funds Funds** Obligated Expended

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

Annual Statement	/Performa	ance and I	Evaluatio	n Report	N	/A		
Capital Fund Prog	gram and	Capital F	und Prog	ram Replac	ement Housi	ng Factor	(CFP/CFPRHF)	
Part III: Impleme	entation S	chedule						
PHA Name:		Federal FY of Grant:						
Development	Replacement Housing Factor No: All Fund Obligated All Funds Expended				ed	Reasons for Revised Target Dates		
Number Name/HA-Wide Activities	(Quarter Ending Date) (Quarter			arter Ending Date)				
	Original	Revised	Actual	Original	Revised	Actual		
·								

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan N/A						
PHA Name	ry			Original 5-Year Plan Revision No:	1	
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2 FFY Grant:	Work Statement for Year 3 FFY Grant:	Work Statement for Year 4 FFY Grant:	Work Statement for Year 5 FFY Grant:	
		PHA FY:	PHA FY:	PHA FY:	PHA FY:	
	Annual Statement					
CFP Funds Listed for 5-year planning						
Replacement Housing Factor Funds						

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan N/A								
Part II: Supporting Pages—Work Activities								
Activities	Activities for Year :			Act	Activities for Year:			
for	FFY Grant:			FFY Grant:				
Year 1	PHA FY:			PHA FY:				
	Development	Major Work	Estimated Cost	Development	Major Work	Estimated		
	Name/Number	Categories		Name/Number	Categories	Cost		
See								
Annual								
Statement								
Total CFP Estimated Cost			\$			\$		

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities							
I A	Activities for Year :	<u> </u>	Activities for Year: FFY Grant: PHA FY:				
	FFY Grant:						
	PHA FY:	1					
Development Name/Number	Major Work	Estimated Cost	Development Name/Number	Major Work	Estimated Cost		
Name/Number	Categories		Name/Number	Categories			
Total CFP Est	imated Cost	\$			\$		