# PHA 5-Year and Annual Plan

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

OMB No. 2577-0226 Expires 4/30/2011

1.0	PHA Information PHA Name: Housing Authority of the City HA Type: ☐ Small ☐ High P PHA Fiscal Year Beginning: (MM/YYYY):	derforming 04/01/2009	☐ Standard	HCV (Section 8)		
2.0	<b>Inventory</b> (based on ACC units at time of F Number of PH units: 222	Y beginning i	n 1.0 above)  Number of HCV units: 7	776		
3.0	Submission Type  5-Year and Annual Plan	Annual F	Plan Only	5-Year Plan Only		
4.0	PHA Consortia	HA Consortia	: (Check box if submitting a join	nt Plan and complete table belo	ow.)	
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Uni Program	1
	PHA 1:				PH	HCV
	PHA 2: PHA 3:					
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 on	ly at 5-Year I	Plan update.	1		
5.1	<b>Mission.</b> State the PHA's Mission for servir jurisdiction for the next five years:			, ,		
5.2	Goals and Objectives. Identify the PHA's of low-income, and extremely low-income familiand objectives described in the previous 5-Ye	ilies for the n				
	PHA Plan Update					
6.0	<ul> <li>(a) Identify all PHA Plan elements submission.</li> <li>(b) Identify the specific location(s) w Plan elements, see Section 6.0 of A copy of the Five-Year and Annual Pl Road, Greenwood, SC</li> </ul>	here the publ the instructio	ic may obtain copies of the 5-Ye	ear and Annual PHA Plan. For	r a complete li	st of PHA
	Hope VI, Mixed Finance Modernization of		ź	,	ousing, Home	ownership
7.0	Programs, and Project-based Vouchers. In The Greenwood Housing Authority project-bevelopment Authority, HOME, Beckman (facility is limited to persons with mental disa 2% of our Section-8 voucher program.  These apartments are made available to clien which are necessary as most of these people 20 units is most appropriate as it provides the able to do so.	pases 20 Secti A Mental Hea abilities who a ts of the Becl do not drive a e opportunity	on-8 vouchers for a collaborativalth Facility) and the Greenwood re transitioning from group hon cman Mental Health Facility. The transition does not have a for individuals to obtain decent.	we effort among SC State House d Housing Authority called Eag ne housing to independent living they are close to doctors, groces public transportation system.	gles Nest. The ng and it account ry and drug sto The project base	e 20-units unts for just ores; all of sing of these
8.0	Capital Improvements. Please complete Pa	arts 8.1 throug	gh 8.3, as applicable.			
8.1	Capital Fund Program Annual Statement, complete and submit the <i>Capital Fund Program</i> open CFP grant and CFFP financing.					
8.2	Capital Fund Program Five-Year Action I Program Five-Year Action Plan, form HUD- for a five year period). Large capital items n	50075.2, and	subsequent annual updates (on	a rolling basis, e.g., drop curre		

8.3	Capital Fund Financing Program (CFFP).  Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.  GHA is a high-performer and thus not required to complete on annual submission.
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual

- Plan submission with the 5-Year Plan.
- 10.0 Additional Information. Describe the following, as well as any additional information HUD has requested.
  - (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-
  - (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"
- Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
  - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
  - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
  - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
  - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
  - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
  - (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
  - (g) Challenged Elements
  - (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)
  - (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

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, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide 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 is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 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 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. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

### **Instructions form HUD-50075**

**Applicability**. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

#### 1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

#### 2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

#### 3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

#### 4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

#### 5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

- **5.1 Mission**. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.
- **5.2 Goals and Objectives**. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.
- **6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:
  - (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
  - (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

 Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures. Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

- 2. Financial Resources. A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
- Rent Determination. A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
- 4. Operation and Management. A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
- Grievance Procedures. A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
- 6. Designated Housing for Elderly and Disabled Families. With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: 1) development name and number; 2) designation type; 3) application status; 4) date the designation was approved, submitted, or planned for submission, and; 5) the number of units affected.
- 7. Community Service and Self-Sufficiency. A description of: (1) Any programs relating to services and amenities provided or offered to assisted families; (2) Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; (3) How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. (Note: applies to only public housing).
- 8. Safety and Crime Prevention. For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

- Pets. A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
- 10. Civil Rights Certification. A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
- 11. Fiscal Year Audit. The results of the most recent fiscal year audit for the PHA.
- 12. Asset Management. A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
- 13. Violence Against Women Act (VAWA). A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.
- Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers
  - Hope VI or Mixed Finance Modernization or Development. 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm
  - (b) Demolition and/or Disposition. With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at:

http://www.hud.gov/offices/pih/centers/sac/demo\_dispo/index.c

Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.

Conversion of Public Housing. With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/conversion.cfm

- (d) Homeownership. A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) Project-based Vouchers. If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.
- Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.
  - 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the Capital Fund Program Annual Statement/Performance and Evaluation Report (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:
    - (a) To submit the initial budget for a new grant or CFFP;
    - To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
    - To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the Capital Fund Program Annual Statement/Performance and Evaluation (form HUD-50075.1), at the following times:

- At the end of the program year; until the program is completed or all funds are expended;
- When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
- Upon completion or termination of the activities funded in a specific capital fund program year.

#### 8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the Capital Fund Program Five-Year Action Plan (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

- portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:
- $\underline{http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm}$
- 9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).
  - 9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).
- **10.0** Additional Information. Describe the following, as well as any additional information requested by HUD:
  - (a) Progress in Meeting Mission and Goals. PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).
  - (b) Significant Amendment and Substantial Deviation/Modification. PHA must provide the definition of "significant amendment" and "substantial deviation/modification". (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. (Note: Standard and Troubled PHAs complete annually).
- 11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.
  - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations
  - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
  - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
  - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
  - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
  - (f) Resident Advisory Board (RAB) comments.
  - (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
  - (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only). See instructions in 8.1.
  - (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only). See instructions in 8.2.

Par	t I: Summary					
PHA	Name/Number Housing Au	thority of the City	Locality (City/County & Sta	te) Greenwood/Greenwood &	<b>⊠Original 5-Year Plan</b> □	Revision No:
of G	reenwood/ SC 030		South 6	Carolina		
A.	Development Number and Name	Work Statement for Year 1 FFY	Work Statement for Year 2 FFY 03/31/2011	Work Statement for Year 3 FFY 03/31/2012	Work Statement for Year 4 FFY 03/31/2013	Work Statement for Year 5 FFY 03/31/2014
B.	Physical Improvements Subtotal	Annual Statement	283896	283896	100000	249896
C.	Management Improvements		22000	22000	18250	26000
D.	PHA-Wide Non-dwelling Structures and Equipment				169309	30000
E.	Administration		53000	53000	53000	53000
F.	Other				18337	
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		358896	358896	358896	358896

Par	t I: Summary (Continu	nation)				
PHA	Name/Number		Locality (City)	/county & State)	Original 5-Year Plan	Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
		Annual Statement				
	HA-WIDE		ADMINISTRATION	ADMINISTRATION	ADMINISTRATION	ADMINISTRATION
	HA-WIDE		COPS/Resident Services Coordinator	COPS/Resident Services Coordinator	COPS/Resident Services Coordinator	COPS/Resident Services Coordinator
	HA-WIDE		A&E Fees	A&E Fees	A&E Fees	A&E Fees
	HA-WIDE HA-WIDE				Playground Equipment Office Rehab	Copier/Scanner
	HA-Wide				Admin Automobile	
	30-1, 30-2		Apartment Rehab	Apartment Rehab	Security System	
	30-1, 30-2, 30-8			_	Termite Treatment	
	30-1, 30-2					
	30-5, 30-8					Air Conditioners
	30-8				Community Building Add-On	Roofs

Part II: Sup	porting Pages – Physic	cal Needs Work State	ement(s)			
Work	W	ork Statement for Year 20	11	Work	k Statement for Year: 20	12
Statement for		FFY 03/31/2011			FFY 03/31/2012	
Year 1 FFY	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	30-1, 30-2 Apartment Rehab: Replace tubs, cabinets,		283896.00	30-1, 30-2 Apartment Rehab: Replace tubs, cabinets,		283896.00
Annual	Insulation, wiring,			Insulation, wiring,		
Statement	Flooring, counters,			Flooring, counters,		
	Vanities, etc. as needed			Vanities, etc. as needed		
	Per unit			Per unit		
	Sub	total of Estimated Cost	\$283896.00	Subto	tal of Estimated Cost	\$283896.00

	porting Pages – Physic					
Work Statement for	W	Ork Statement for Year 20 FFY	013	Worl	k Statement for Year: FFY	2014
Year 1 FFY	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work	Quantity	Estimated Cost
See	HA-WIDE: Security		100000.00	Categories 30-5, 30-8: Air Conditioners	All units	136000.00
Annual	System HA-WIDE: Playground Equipment		25000.00	30-8: Roofs	All buildings	113896.00
Statement						
	03-1, 30-2, 30-8: Termite Treatment	All units	18337.00			
	30-8: Community Building Addition		54000.00			
	Subt	otal of Estimated Cost	\$197337.00	Cost	total of Estimated	\$249896.00

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Part III: Sup	pporting Pages – Management Needs Worl	x Statement(s)		
Work	Work Statement for Year 20		Work Statement for Year: 20	12
Statement for	FFY		FFY	
Year 1 FFY	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost
	General Description of Major Work Categories		General Description of Major Work Categories	
See	HA-Wide: COPS/Resident Services Coordinator,	52000.00	HA-WIDE: Administration: Copies, advertising, etc	1000.00
Annual	HA-WIDE: A&E Fees	22000.00	HA-WIDE: COPS/Resident Services Coordinator	52000.00
Statement	HA-WIDE: Administration: Copies, Advertising,	1000.00	HA-WIDE: A&E Fees	22000.00
	etc			
	Subtotal of Estimated Cost	\$75000.00	Subtotal of Estimated Cost	\$75000.00

Part III: Suj	pporting Pages – Management Needs Worl	k Statement(s)		
Work	Work Statement for Year 201	13	Work Statement for Year: 20	14
Statement for	FFY		FFY	
Year 1 FFY	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost
	General Description of Major Work Categories		General Description of Major Work Categories	
See	HA-WIDE: Advertising: Copies, Advertising, Etc.	1000.00	HA-WIDE: Administration: Copies, Advertising,	1000.00
Annual	HA-WIDE: COPS/Resident Services Coordinator	52000.00	etc. HA-WIDE: COPS/Resident Services Coordinator	52000.00
Statement	HA-WIDE: A&E Fees	18250.00	HA-WIDE: A&E Fees	26000.00
	HA-WIDE:		HA-WIDE: Copier/Scanner	30000.00
	HA-WIDE: Office Rehab	60309.00	1	
	HA-WIDE: Administration Automobile	30000.00		
	Subtotal of Estimated Cost	\$161559.00	Subtotal of Estimated Cost	\$79000.00
	Subtotal of Estimated Cost	Ψ101007.00	Subtotal of Estimated Cost	7.7.200.00

## Residents Advisory Board Meeting

Address
255 Burgess Drive
222 Burgess Drive
226B Brooks Stuart Drive
210C Brooks Stuart Drive
301A New York Ct.
226C Brooks Stuart Drive
101B Tennessee Court
100D Douglas Court

The Residents Advisory Board meeting was held at the Administration office of the Greenwood Housing Authority October 14, 2008. The above listed names are those who attended as resident members. Also present were John G. Lamb, Executive Director; Tracy Taylor, Resident Services Coordinator; and Cheryl White, Resident Services Technician.

After handing out copies of the Annual Plan and allowing time to read it, members were asked for input and comments.

The first comment was that the lighting at the end of Burgess Drive is too dim. It is difficult to see to turn in there. Would it be possible to put up a street light so people can see where to turn in? John Lamb responded that the road is state highway property. We will have to see what options are available to us.

The second comment made in the form of a question was: What about dryer hookups? Is it possible to get dryer hookups in the apartments?

John Lamb explained that we have looked at doing that in the Fairfield and Winns units but have not found a way to make it work, short of building a building onto the apartment. Power boxes currently do not support the amps required for a dryer. During the remodeling we are taking out the aluminum wiring which does not meet current code standards. That will take years to complete, we only have so many dollars with which to do everything we need to do.

The over-all attitude of all resident members was very positive toward the annual plan as presented.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I	Part I: Summary					
PHA Name:		Grant Type and Number	d Number		or Crost No.	FFY of Grant: 2007
Housi	Housing Authority of the City of Greenwood	Capital Fund Fi	Date of CFFP:	Solve Replacement flousing ractor Gram No.	or Grant No.	FFY of Grant Approval:
Type o	Type of Grant  Description Annual Statement	The state of the s		S Berised Annual Statement (revision no:		
□Peri	n Report for Pe			Final Performance and Evaluati	Evaluation Report	
Line	Summary by Development Account		Total Es			Total Actual Cost 1
			Original	Revised 2	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) 3		52000	0		
3	1408 Management Improvements		28000	26404.36	26404.36	26404.36
4	1410 Administration (may not exceed 10% of line 21)		1000	0		
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		21000	21000	21000	21000
∞	1440 Site Acquisition					
9.	1450 Site Improvement					
10	1460 Dwelling Structures		259896	311491.64	311491.64	311491.64
Ξ	1465 I Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities					
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct	of Direct				
	Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant (sum of lines 2 - 19)		358896	358896	358896	358896
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures	sures				

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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

Signature of Executive Director		Line Summary by Development Account	Type of Grant  Original Annual Statement  Performance and Evaluation Report for Period Ending:	PHA Name: Housing Authority of the City of Greenwood	Part I: Summary
Date 12/15/2009  Signature of Public Housin	Original Revised 2	Total Estimated Cost	□Reserve for Disasters/Emergencies □Revised Annual Statement (revision no: eriod Ending: □Final Performance and Evaluation Report	Grant Type and Number Capital Fund Program Grant No: SC16P0501-07  Replacement Housing Factor Grant No: Date of CFFP:	
ing Director Date 12/15/2009	Obligated Expended	Total Actual Cost	evision no: ) uation Report	eactor Grant No:  FFY of Grant Approval:	

Part II: Supporting Pages	ages								
PHA Name: Housing Authority of the City of		Grant Type and Number Capital Fund Program Gra	Grant Type and Number Capital Fund Program Grant No. SC16P030501-07 CFFP (Yes/ No):	C16P03050	1-07 CFFP (Y	es/No):	Federal FFY of Grant: 2007	Grant: 2007	
Development	General Description of Major Work	Major Work	Major Work   Development   (	Onantity	Total Estimated Cost	nated Cost	Total Actual Cost	hial Cost	Status of Work
Number	Categories		Account No.	•					
Activities									
					Original	Revised 1	Funds Obligated 2	Funds Expended <sup>2</sup>	
HA-WIDE	COPS/Res. Coordinator	dinator	1406		52000	0			
HA-WIDE	Computer Upgrade	ade	1408		25000	26404.36	26404.36	26404.36	Complete
HA-WIDE	Administration	'n	1410		1000	0	0	0	
HA-WIDE	A&E Fees		1430		21000	21000	21000	21000	Complete
30-1, 30-2	Apartment Rehab: Tubs, Floors,	bs Floors,	1460		259896	311491.64	311491.64	311491.64	Complete
	Vanities, Wiring, Cabinets	abinets,							
	Insulation, etc. as needed per unit	ed per unit							
					!				
	TOTAL				358896	358896	358896	358896	
			:						
		<b>, -,</b>							

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

Part III: Implementation Schedule for Capital Fund Financing Program	chedule for Capital Fund F	nancing Program			
PHA Name: Housing Authority of the City of Greenwood	City of Greenwood				Federal FFY of Grant: 2007
Development Number Name/PHA-Wide	All Fund Obligated (Ouarter Ending Date)	oligated	All Funds Expended  (Onarter Ending Date)	Expended	Reasons for Revised Target Dates 1
Activities		0/	7	,	
	Original Obligation	Actual Obligation	Original Expenditure	Actual Expenditure	
	End Date	End Date	End Date	End Date	
30-1,30-2,30-5, 30-8	09/12/2009	09/12/2009	09/12/2011	09/12/2011	

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

I µEd	Part I: Summary					
PIIA Name:	: :	Grant Type and Number	nd Number	Parlicement Ucuring Ed	or Cross No.	FFY of Grant:
Housir	Housing Authority of the City of Greenwood	Capital Fund to Date of CFFP:	Date of CFFP:	Replacement Housing Fa	CIOT CIANL NO.	FFY of Grant Approval:
Type o	Type of Grant		_			
	]Original Annual Statement     Reserve for Disasters/Emergencies     Performance and Evaluation Report for Period Ending:	sasters/Emer		☐Revised Annual Statement (revis ☐Final Performance and Evaluati	tion Report	
Line	Summary by Development Account		Total Est	Total Estimated Cost	_	Total Actual Cost 1
			Original	Revised 2	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) 3					
w	1408 Management Improvements					
44	1410 Administration (may not exceed 10% of line 21)		1000			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		23800		12554.14	12554.14
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		275445		275445	230168.26
11	1465.1 Dwelling Equipment—Nonexpendable		97649			
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities 4					
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct	of Direct				
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2-19)		396545		287999.14	242722.40
1.2	Amount of line 20 Related to LBP Activities	-				
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures	isures				

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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

Part 1: Summary				
PHA Name:	Grant Type and Number		Cont No.	FFY of Grant:
Housing Authority of the City of Greenwood	Date of CFFP.	керласынен поняща гасов отапты		FFY of Grant Approval:
Type of Grant ☐ Reserve for Disasters/Emergencies		□Revised Annual Statement (revision no:	n no: )	
Performance and Evaluation Report for Period Ending:		Final Performance and Evaluation	tion Report	
Line   Summary by Development Account	Total Es	Total Estimated Cost	Total	Total Actual Cost 3
	Original	Revised 2	Obligated	Expended
Signature of Executive Director	Date	Signature of Public Housing D	Director	Date
by a Dank ED	12/15/2009	1 books 8 By		12/15/2009
		0	$\bigcirc$	
			(	

Part II: Supporting Pages	Pages								
PHA Name: Housing Authority of the City of		Grant Type and Number Capital Fund Program Gra	Grant Type and Number Capital Fund Program Grant No: SC16P060501-08 CFFP (Yes/ No):	C16P06050	1-08 CFFP (Y	es/ No):	Federal FFY of Grant:	Grant: 2008	
Greenwood		eplacement Hou	Replacement Housing Factor Grant No.	No:					
Development	General Description of Major Work	Лајог Work	Development	Quantity	Total Estimated Cost	nated Cost	Total Ac	Total Actual Cost	Status of Work
Number Name/PHA-Wide	Categories		Account No.						
Activities									
					Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
E A WIDT	Administration		1/10		1000				
HA-WIDE	A&E Fees		1430		23800		12554.14	12554.14	
30-1, 30-2	Apartment Rehab: Tubs, Vanities,	s, Vanities,	1460		275445		275445	230168.26	
	Floors, Wiring, Cabinets, Counters,	s, Counters,							
	Insulation, Etc. as needed per unit	led per unit							
30-5	Refrigerators, Ranges	nges	1465.1		60300				
30-8	Ranges		1465.1		36000				
			TOTAL		396545		287999.14	242722.40	

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

Part III: Implementation Schedule for Capital Fund Financing Program	chedule for Capital Fund F	nancing Program			
PHA Name: Housing Auth	Housing Authority of the City of Greenwood	nwood			Federal FFY of Grant: 2008
Development Number Name/PHA-Wide	All Fund Obligated (Quarter Ending Date)	higated ng Date)	All Funds Expended (Quarter Ending Date)	Expended ding Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
30-1, 30-2, 30-5, 30-8	06/2010		06/2012		
		:			
					1007

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

PHIA Name:   PHIA Name:   Capital First Name   Ca	Part I:	Part I: Summary					
Date of CFFP.	PHA N		rant Type and	Number	Declarement Housing Fa	Grant No.	FFY of Grant: 2009
Performance and Evaluation Report for Period Ending:	Housin	g Authority of the City of Greenwood	Date of CFFP:	ogram Chain Inc. Do for Coop	replacement from its ra	r Chailt 190.	FFY of Grant Approval:
Performance and Evaluation Report for Period Ending:	Type of		sasteryEmerge	encies	Revised Annual Statement (revisi	on no:	
ac         Summary by Development Account         Total Estimated Cost         Total Estimated Cost         Total Cost of Deginal         Total Acquisions (may not exceed 20% of line 21)         48000         Account of Line Acquisition (may not exceed 10% of line 21)         48000         Account of Line Acquisition (may not exceed 10% of line 21)         48000         Account of Line Acquisition (may not exceed 10% of line 21)         48000         Account of Line Acquisition (may not exceed 10% of line 21)         4000         4100 Administration (may not exceed 10% of line 21)         4000         4100 Administration (may not exceed 10% of line 21)         4000         4100 Administration (may not exceed 10% of line 21)         4000         4100 Administration (may not exceed 10% of line 21)         4000         4100 Administration (may not exceed 10% of line 21)         42750         4275	□Perfo	rmance and Evaluation Report for Period Ending:			Final Performance and Evaluation	n Report	
Total non-CFP Funds	Line	Summary by Development Account		Total Est			al Actual Cost
Total non-CFP Funds   48000						Obligated	Expended
1406 Operations (may not exceed 20% of line 21)  1408 Management Improvements  1410 Administration (may not exceed 10% of line 21)  1411 Audit  1415 Liquidated Damages  1430 Fees and Costs  1440 Site Acquisition  1450 Site Improvement  1460 Dwelling Structures  1460 Dwelling Structures  1470 Non-dwelling Structures  1471 Non-dwelling Fquipment  1485 Demolition  1495 Non-dwelling Fquipment  1485 Demolition  1495 Relocation Costs  1499 Development Activities 4  1501 Collateralization or Debt Service paid by the PHA  1502 Contingency (may not exceed 8% of line 20)  Amount of Ine 20 Related to Section 504 Activities  Amount of line 20 Related to Security – Soft Costs  Amount of line 20 Related to Security – Hard Costs  Amount of line 20 Related to Security – Hard Costs  Amount of line 20 Related to Security – Hard Costs  Annount of line 20 Related to Security – Hard Costs  Annount of line 20 Related to Security – Hard Costs	1	Total non-CFP Funds					
1408 Management Improvements  1410 Administration (may not exceed 10% of line 21)  1411 Audit  1415 Liquidated Damages  1430 Fees and Costs  1440 Site Acquisition  1440 Site Acquisition  1450 Site Improvement  1460 Dwelling Structures  1465 1 Dwelling Structures  1470 Non-dwelling Fquipment—Nonexpendable  1470 Non-dwelling Fquipment  1485 Demolition  1492 Moving to Work Demonstration  1492 Moving to Work Demonstration  1492 Moving to Work Demonstration  1495 1 Relocation Costs  1499 Development Activities 4  1501 Collateralization or Debt Service paid by the PHA  9000 Collateralization or Debt Service paid by the PHA  1502 Contingency (may not exceed 8% of line 20)  Amount of Ine 20 Related to LBP Activities  Amount of line 20 Related to Security – Soft Costs  Amount of line 20 Related to Security – Hard Costs  Amount of line 20 Related to Security – Hard Costs  Amount of line 20 Related to Security – Hard Costs  Annount of line 20 Related to Security – Hard Costs	2	1406 Operations (may not exceed 20% of line 21) 3		48000			
1410 Administration (may not exceed 10% of line 21)  1411 Audit  1413 Liquidated Damages  1430 Fees and Costs  1440 Site Acquisition  1440 Site Acquisition  1440 Dwelling Structures  1460 Dwelling Structures  1465 1 Dwelling Structures  1470 Non-dwelling Fquipment  1485 Demolition  1492 Moving to Work Demonstration  1492 Moving to Work Demonstration  1492 Moving to Work Demonstration  1495 1 Relocation Costs  1499 Development Activities 4  a 1501 Collateralization or Debt Service paid by the PHA  a 9000 Collateralization or Debt Service paid by the PHA  ba 9000 Collateralization or Debt Service paid by the PHA  a 1502 Contingency (may not exceed 8% of line 20)  Amount of Ine 20 Related to LBP Activities  Amount of line 20 Related to Security – Soft Costs  Amount of line 20 Related to Security – Hard Costs  Amount of line 20 Related to Security – Hard Costs  Annount of line 20 Related to Security – Hard Costs  Annount of line 20 Related to Security – Hard Costs	w	1408 Management Improvements					
1411 Audit 1415 Liquidated Damages 1430 Fees and Costs 1440 Site Acquisition 1450 Site Improvement 1450 Description 1450 Site Improvement 1465.1 Dwelling Structures 1465.1 Dwelling Structures 1470 Non-dwelling Fquipment—Nonexpendable 1470 Non-dwelling Fquipment 1485 Demolition 1492 Moving to Work Demonstration 1492 Moving to Work Demonstration 1495 I Relocation Costs 1499 Development Activities 4 1499 Development Activities 4 1501 Collateralization or Debt Service paid by the PHA 1501 Collateralization or Debt Service paid by the PHA 1502 Contingency (may not exceed 8% of line 20) Amount of Annual Grant: (sum of lines 2 – 19) Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to Security – Soft Costs Amount of line 20 Related to Security – Hard Costs Annount of line 20 Related to Energy Conservation Measures	4	1410 Administration (may not exceed 10% of line 21)		1000			
1415 Liquidated Damages  1430 Fees and Costs  1440 Site Acquisition  1440 Site Acquisition  1450 Site Improvement  1460 Dwelling Structures  1460 Dwelling Structures  1475 Non-dwelling Equipment—Nonexpendable  1475 Non-dwelling Fquipment  1485 Demolition  1492 Moving to Work Demonstration  1495 I Relocation Costs  1499 Development Activities  1499 Development Activities  1499 Development or Debt Service paid by the PHA  a 1501 Collateralization or Debt Service paid Via System of Direct Payment  1502 Contingency (may not exceed 8% of line 20)  Amount of Annual Grant: (sum of lines 2 – 19)  Amount of line 20 Related to Section 504 Activities  Amount of line 20 Related to Security – Soft Costs  Amount of line 20 Related to Security – Hard Costs  Amount of line 20 Related to Energy Conservation Measures	5	1411 Audit					
1430 Fees and Costs  1440 Site Acquisition 1450 Site Improvement 1460 Dwelling Structures 1460 Dwelling Structures 1470 Non-dwelling Structures 1475 Non-dwelling Fquipment—Nonexpendable 1475 Non-dwelling Fquipment 1485 Demolition 1492 Moving to Work Demonstration 1495 I Relocation Costs 1499 Development Activities  1499 Development Activities  1490 Collateralization or Debt Service paid by the PIIA ba 9000 Collateralization or Debt Service paid Via System of Direct Payment 1501 Contingency (may not exceed 8% of line 20) Amount of Annual Grant: (sum of lines 2 – 19) Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to Security – Soft Costs Amount of line 20 Related to Security – Hard Costs Annount of line 20 Related to Energy Conservation Measures	6	1415 Liquidated Damages					
1440 Site Acquisition  1450 Site Improvement  1460 Dwelling Structures  1465.1 Dwelling Structures  1475 Non-dwelling Structures  1475 Non-dwelling Equipment  1485 Demolition  1492 Moving to Work Demonstration  1492 Moving to Work Demonstration  1495.1 Relocation Costs  1499 Development Activities   1499 Development Activities   1499 Oc Collateralization or Debt Service paid by the PHA  a 1501 Collateralization or Debt Service paid Via System of Direct  Payment  1502 Contingency (may not exceed 8% of line 20)  Amount of Annual Grant: (sum of lines 2 - 19)  Annount of Ine 20 Related to Section 504 Activities  Amount of line 20 Related to Security - Hard Costs  Amount of line 20 Related to Security - Hard Costs  Annount of line 20 Related to Energy Conservation Measures	7	1430 Fees and Costs		24750			
1450 Site Improvement 1460 Dwelling Structures 1465.1 Dwelling Structures 1475 Non-dwelling Structures 1475 Non-dwelling Structures 1475 Non-dwelling Fquipment 1485 Demolition 1492 Moving to Work Demonstration 1499 Development Activities 1499 Development Activities 1499 Development Ocsts 1499 Development Or Debt Service paid by the PHA a 1501 Collateralization or Debt Service paid Via System of Direct Payment 1502 Contingency (may not exceed 8% of line 20) Amount of Annual Grant: (sum of lines 2 – 19) Amount of line 20 Related to Security – Soft Costs Amount of line 20 Related to Security – Hard Costs Amount of line 20 Related to Security – Hard Costs Amount of line 20 Related to Energy Conservation Measures	8	1440 Site Acquisition					
1460 Dwelling Structures  1465.1 Dwelling Structures  1475 Non-dwelling Structures  1475 Non-dwelling Fquipment  1485 Demolition  1492 Moving to Work Demonstration  1492 Moving to Work Demonstration  1499 Development Activities   1499 Development Activities   1501 Collateralization or Debt Service paid by the PHA  a 1501 Collateralization or Debt Service paid Via System of Direct Payment  1502 Contingency (may not exceed 8% of line 20)  Amount of Annual Grant: (sum of lines 2 – 19)  Amount of line 20 Related to LBP Activities  Amount of line 20 Related to Security – Soft Costs  Amount of line 20 Related to Security – Hard Costs  Amount of line 20 Related to Energy Conservation Measures	9	1450 Site Improvement					
1465.1 Dwelling Equipment—Nonexpendable 1470 Non-dwelling Structures 1475 Non-dwelling Fquipment 1485 Demolition 1492 Moving to Work Demonstration 1492 Moving to Work Demonstration 1495.1 Relocation Costs 1499 Development Activities 1499 Development Activities 1499 Development Or Debt Service paid by the PHA a 1501 Collateralization or Debt Service paid Via System of Direct Payment 1502 Contingency (may not exceed 8% of line 20) Amount of Arnual Grant: (sum of lines 2 – 19) Amount of line 20 Related to LBP Activities Amount of line 20 Related to Security – Soft Costs Amount of line 20 Related to Security – Hard Costs Amount of line 20 Related to Security – Hard Costs Amount of line 20 Related to Energy Conservation Measures	10	1460 Dwelling Structures		205146			
1470 Non-dwelling Structures  1475 Non-dwelling Equipment  1485 Demolition  1492 Moving to Work Demonstration  1492 Moving to Work Demonstration  1495 1 Relocation Costs  1499 Development Activities  1499 Development Activities  1501 Collateralization or Debt Service paid Via System of Direct Payment  1502 Contingency (may not exceed 8% of line 20)  Amount of Annual Grant: (sum of lines 2 – 19)  Amount of line 20 Related to LBP Activities  Amount of line 20 Related to Security – Soft Costs  Amount of line 20 Related to Security – Hard Costs  Amount of line 20 Related to Security – Hard Costs  Amount of line 20 Related to Energy Conservation Measures	11	1465.1 Dwelling Equipment—Nonexpendable		70000			
1475 Non-dwelling Equipment  1485 Demolition  1492 Moving to Work Demonstration  1492 Moving to Work Demonstration  1495 1 Relocation Costs  1499 Development Activities  1501 Collateralization or Debt Service paid by the PHA  a 1501 Collateralization or Debt Service paid Via System of Direct Payment  1502 Contingency (may not exceed 8% of line 20)  Amount of Annual Grant: (sum of lines 2 – 19)  Amount of line 20 Related to LBP Activities  Amount of line 20 Related to Security – Soft Costs  Amount of line 20 Related to Security – Hard Costs  Amount of line 20 Related to Security – Hard Costs  Amount of line 20 Related to Energy Conservation Measures	12	1470 Non-dwelling Structures					
1485 Demolition 1492 Moving to Work Demonstration 1495 I Relocation Costs 1499 Development Activities  1499 Development Activities  1501 Collateralization or Debt Service paid by the PHA a 1501 Collateralization or Debt Service paid Via System of Direct Payment 1502 Contingency (may not exceed 8% of line 20) Amount of Annual Grant: (sum of lines 2 – 19) Amount of line 20 Related to LBP Activities Amount of line 20 Related to Security – Soft Costs Amount of line 20 Related to Security – Hard Costs Amount of line 20 Related to Energy Conservation Measures	13	1475 Non-dwelling Equipment		10000			
1492 Moving to Work Demonstration  1495 I Relocation Costs  1499 Development Activities  1499 Development Activities  1501 Collateralization or Debt Service paid by the PHA a 1502 Contingency (may not exceed 8% of line 20)  Amount of Arnual Grant: (sum of lines 2 – 19)  Amount of line 20 Related to LBP Activities  Amount of line 20 Related to Security – Soft Costs  Amount of line 20 Related to Security – Hard Costs  Amount of line 20 Related to Energy Conservation Measures	4	1485 Demolition					
1495.1 Relocation Costs  1499 Development Activities  1499 Development Activities  1501 Collateralization or Debt Service paid by the PHA a 1502 Contingency (may not exceed 8% of line 20)  Amount of Annual Grant: (sum of lines 2 – 19)  Annount of line 20 Related to LBP Activities  Amount of line 20 Related to Security – Soft Costs  Amount of line 20 Related to Security – Hard Costs  Amount of line 20 Related to Energy Conservation Measures	15	1492 Moving to Work Demonstration					
1499 Development Activities   1501 Collateralization or Debt Service paid by the PHA  9000 Collateralization or Debt Service paid Via System of Direct  Payment  1502 Contingency (may not exceed 8% of line 20)  Amount of Annual Grant: (sum of lines 2 – 19)  Amount of line 20 Related to LBP Activities  Amount of line 20 Related to Security – Soft Costs  Amount of line 20 Related to Security – Hard Costs  Amount of line 20 Related to Energy Conservation Measures	16	1495 1 Relocation Costs					
a 1501 Collateralization or Debt Service paid by the PHA ba 9000 Collateralization or Debt Service paid Via System of Direct Payment 1502 Contingency (may not exceed 8% of line 20) Amount of Annual Grant: (sum of lines 2 – 19) Amount of line 20 Related to LBP Activities Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to Security – Soft Costs Amount of line 20 Related to Security – Hard Costs Amount of line 20 Related to Energy Conservation Measures	17	1499 Development Activities 4					
ba 9000 Collateralization or Debt Service paid Via System of Direct Payment 1502 Contingency (may not exceed 8% of line 20) Amount of Annual Grant: (sum of lines 2 – 19) Amount of line 20 Related to LBP Activities Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to Security – Soft Costs Amount of line 20 Related to Security – Hard Costs Amount of line 20 Related to Security – Hard Costs	18a	1501 Collateralization or Debt Service paid by the PIL					
1502 Contingency (may not exceed 8% of line 20)  Amount of Annual Grant: (sum of lines 2 – 19)  Amount of line 20 Related to LBP Activities  Amount of line 20 Related to Section 504 Activities  Amount of line 20 Related to Security – Soft Costs  Amount of line 20 Related to Security – Hard Costs  Amount of line 20 Related to Energy Conservation Measures	18ba	9000 Collateralization or Debt Service paid Via System Payment	of Direct				
Amount of Annual Grant: (sum of lines 2 – 19)  Amount of line 20 Related to LBP Activities  Amount of line 20 Related to Section 504 Activities  Amount of line 20 Related to Security – Soft Costs  Amount of line 20 Related to Security – Hard Costs  Amount of line 20 Related to Energy Conservation Measures	19	1502 Contingency (may not exceed 8% of line 20)					
	20	Amount of Annual Grant: (sum of lines 2-19)		358896			
	13	Amount of line 20 Related to LBP Activities					
	22	Amount of line 20 Related to Section 504 Activities					
	23	Amount of line 20 Related to Security - Soft Costs					
_	24	Amount of line 20 Related to Security - Hard Costs					
	25	Amount of line 20 Related to Energy Conservation Me	sures				

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

Part I: Summary    Part I: Summary   Grant Type and Number   Capital Fund Program Grant No. SC16P0501-09   Replacement Housing Factor Grant No.   FFY of Grant:   2009					7	
nber Grant No. SC 16P0501-09 Replacement Housing Factor Grant No.    Revised Annual Statement (revision no: )   FFY of Grant A	Signature of Executive Director	)	Line Summary by Development Account	Type of Grant  ☐ Reserve for E ☐ Performance and Evaluation Report for Period Ending:	PHA Name: Housing Authority of the City of Greenwood	Part I: Summary
Replacement Housing Factor Grant No:  Revised Annual Statement (revision no: )  Inal Performance and Evaluation Report  ared Cost  Revised 1  Obligated  Date  12/	<b>Date</b> 12/15/2009	Original	Total E.		Grant Type and Number Capital Fund Program Grant No. SC16P050 Date of CFFP:	
PFY of Grant: 2009 FFY of Grant A  Obligated  Date 12/	Signature of Public Housing Dize	Revised 2	stimated Cost	☐ Revised Annual Statement (revision no ☐ Final Performance and Evaluation Rej		
	Date	Obligated	Total Actual Cost	o: ) port		

Part II: Supporting Pages	Pages							
PHA Name: Housing Authority of the City of Greenwood		Grant Type and Number Capital Fund Program Grant No: SC16P060501-09 Replacement Housing Factor Grant No:	C16P06050	1-09 CFFP (Yes/ No):	es/ No):	Federal FFY of Grant:	Grant: 2009	
Development	General Description of Major Work	Development	Quantity	Total Estimated Cost	nated Cost	Total Ac	Total Actual Cost	Status of Work
Number Name/PHA-Wide	Categories	Account No.						
Activities					-			
				Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA-WIDE	COPS/Res. Services Coordinator	1406		48000				
HA-WIDE	Administration	1410		1000				
30-1, 30-2	Apartment Rehab: Tubs, Vanities,	1460		205146				
	Floors, Wiring, Cabinets, Counters,							
	Insulation, Etc. as needed per unit							
30-1, 30-2	Refrigerators	1465.1		60000				
HA-WIDE	Stove top fire extinguishers	1465.1		10000				
HA-WIDE	Floor Machine	1465.1		10000				
HA-WIDE	A&E Fees	1430		24750				
				į				
		TOTAL		358896				

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

Part III: Implementation Schedule for Capital Fund Financing Program	chedule for Capital Fund Fi	nancing Program	-		
PHA Name: Housing Auth	Housing Authority of the City of Greenwood	nwood			Federal FFY of Grant: 2009
Development Number Name/PHA-Wide	All Fund Obligated (Ouarter Ending Date)	ligated ne Date)	All Funds Expended (Ouarter Ending Date)	Expended ding Date)	Reasons for Revised Target Dates
Activities				1	
	Original Obligation	Actual Obligation	Original Expenditure	Actual Expenditure	
30-1 30-2 30-5 30-8	06/2011	Care Care	06/2013		

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

Part	Part I: Summary				
PHA Name: Housing A	PHA Name: Housing Authority of the City of Greenwood	Grant Type and Number Capital Fund Program Grant No. SC16P030501-10 Replacement Housing Factor Grant No. Date of CFFP:	030501-10 Replacement Housing Facto	or Grant No:	FFY of Grant: 2010 FFY of Grant Approval:
Type o	Type of Grant ☐Original Annual Statement ☐Reserve for l	Reserve for Disasters/Emergencies	☐Revised Annual Statement (revision no:	on no: )	
□Per	Performance and Evaluation Report for Period Ending:		Final Performance and Evaluation Report	n Report	
Line	Summary by Development Account	Tots	Total Estimated Cost	Tota	Total Actual Cost
		Original	Revised 2	Obligated	Expended
<b>,</b>	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3	52000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	) 1000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	21000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	284896			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				
18a	1501 Collateralization or Debt Service paid by the PHA	IA			
18ba	9000 Collateralization or Debt Service paid Via System of Direct	m of Direct			
- 19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	358896			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	easures			

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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

Signature of Executive Director  Date  12/15/2009  Signature of Public Housing Director  12/15/2009	Original Revised Obligated	Line Summary by Development Account Total Estimated Cost Total Cost	Type of Grant    Coriginal Annual Statement   Reserve for Disasters/Emergencies   Revised Annual Statement (revision no: )   Original Annual Statement (revision no: )   Performance and Evaluation Report   Perfo	Grant Type and Number Capital Fund Program Grant No: SC16P0501-10 Replacement Housing Factor Grant No: Date of CFFP	Part I: Summary
Date 12/15/2009	Expended	Actual Cost		FFY of Grant: 2010 FFY of Grant Approval:	

Housing Authority of the City of Housing Authority of the City of Grant Type and Number Capital Fund Program Grant No: SC16P060501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:  Development Number Categories Development Categories Activities Activities COPS/Res. Services Coordinator HA-WIDE Apartment Rehab: Tubs, Vanities, Counters, Insulation, Etc. as needed per unit HA-WIDE A&E Fees 1430 23000								
Replacement Housing Factor Grant No: scription of Major Work Development Quantity Categories Account No.  S. Services Coordinator 1406 Administration 1410 Rehab: Tubs, Vanities, 1460 ing, Cabinets, Counters, Etc. as needed per unit  A&E Fees 1430	Grant Type and Numbe Capital Fund Program G	rant No: SC16F	060501-1	O CFFP (Ye	s/ No):	Federal FFY of Grant:	irant: 2010	
General Description of Major Work Categories  Categories  Account No.  COPS/Res. Services Coordinator Administration Apartment Rehab: Tubs, Vanities, 1460 Floors, Wiring, Cabinets, Counters, Insulation, Etc. as needed per unit  A&E Fees  1430	Replacement Housing Fa	actor Grant No:						
Categories Account No.  COPS/Res. Services Coordinator 1406 Administration 1410 Apartment Rehab: Tubs, Vanities, 1460 Fioors, Wiring, Cabinets, Counters, Insulation, Etc. as needed per unit	of Major Work   Devi	elopment Qua	antity	Total Estima	ated Cost	Total Actual Cost	ıal Cost	Status of Work
COPS/Res. Services Coordinator 1406 Administration 1410 Apartment Rehab: Tubs, Vanities, 1460 Floors, Wiring, Cabinets, Counters, insulation, Etc. as needed per unit  A&E Fees 1430		ount No.						
COPS/Res, Services Coordinator 1406 Administration 1410 Apartment Rehab: Tubs, Vanities, 1460 Floors, Wiring, Cabinets, Counters, Insulation, Etc. as needed per unit			<del></del>					
COPS/Res. Services Coordinator 1406 Administration 1410 Apartment Rehab: Tubs, Vanities, 1460 Floors, Wiring, Cabinets, Counters, Insulation, Etc. as needed per unit				Original	Revised	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
COPS/Res, Services Coordinator 1406 Administration 1410 Apartment Rehab: Tubs, Vanities, 1460 Floors, Wiring, Cabinets, Counters, Insulation, Etc. as needed per unit  A&E Fees 1430								
Administration 1410  Apartment Rehab: Tubs, Vanities, 1460  Floors, Wiring, Cabinets, Counters, Insulation, Etc. as needed per unit  A&E Fees 1430		1406	_	52000				
Apartment Rehab: Tubs, Vanities, 1460 Floors, Wiring, Cabinets, Counters, Insulation, Etc. as needed per unit  A&E Fees 1430		1410		1000				:
Floors, Wiring, Cabinets, Counters, Insulation, Etc. as needed per unit  A&E Fees 1430		1460		282896				
Insulation, Etc. as needed per unit  A&E Fees 1430	inets, Counters,							
A&E Fees 1430	needed per unit							
A&E Fees 1430								
		1430		23000				
TOTAL 358896	T	OTAL		358896				

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

Part III: Implementation Schedule for Capital Fund Financing Program	hedule for Capital Fund Fi	nancing Program			
PHA Name: Housing Auth	Housing Authority of the City of Greenwood	nwood			Federal FFY of Grant: 2010
Development Number Name/PHA-Wide	All Fund Obligated (Ouarter Ending Date)	nigated	All Funds Expended  (Ouarter Ending Date)	Expended ding Date)	Reasons for Revised Target Dates 1
Activities					
	Original Obligation End Date	Actual Obligation : End Date	Original Expenditure End Date	Actual Expenditure End Date	
30-1, 30-2, 30-5, 30-8	06/2012		06/2012		
					15 15 15 15 15 15 15 15 15 15 15 15 15 1

<sup>&</sup>lt;sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended