

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Housing Authority of the City of West Memphis</u> PHA Code: <u>AR024</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2010</u>												
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>385</u> Number of HCV units: <u>523</u>												
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
4.0	PHA Consortia <u>N/A</u> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	PH	HCV						
PH	HCV												
	PHA 1:												
	PHA 2:												
	PHA 3:												
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.												
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.												

Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

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B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS. (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- PHA Goal: Expand the supply of assisted housing
Objectives:
 - Apply for additional rental vouchers:
 - Reduce public housing vacancies:
 - Acquire or build units or developments
- PHA Goal: Improve the quality of assisted housing
Objectives:
 - Improve public housing management: (PHAS score)
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction:
 - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units:
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing: if possible
- PHA Goal: Increase assisted housing choices
Objectives:
 - Provide voucher mobility counseling:
 - Conduct outreach efforts to potential voucher landlords
 - Increase voucher payment standards

HUD Strategic Goal: Improve community quality of life and economic vitality

- PHA Goal: Provide an improved living environment
Objectives:
 - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
 - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
 - Implement public housing security improvements:
Better police presence

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

- PHA Goal: Promote self-sufficiency and asset development of assisted households
Objectives:
 - Provide or attract supportive services to improve assistance recipients' employability:
Headstart is on the grounds of the West Memphis Housing Authority. Family Self Sufficiency and Tiny Scholars (Child Care) are also on the grounds of the Authority.

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:
 - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
 - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
 - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:

Other PHA Goals and Objectives: (list below)

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Capital Improvement Needs, Financial Resources</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Main Administrative Office of the PHA 2820 Harrison Street West Memphis, AR 72301</p>																																																																								
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> May need to Demolish a Duplex in Wil-Mor.</p>																																																																								
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>																																																																								
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. Attached</p>																																																																								
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. Attached</p>																																																																								
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. N/A</p>																																																																								
9.0	<p>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. A. Housing Needs of Families in the Jurisdiction/s Served by the PHA</p> <p>Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.</p> <table border="1" data-bbox="235 1234 1437 1570"> <thead> <tr> <th colspan="8">Housing Needs of Families in the Jurisdiction by Family Type</th> </tr> <tr> <th>Family Type</th> <th>Overall</th> <th>Afford-ability</th> <th>Supply</th> <th>Quality</th> <th>Access-ibility</th> <th>Size</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>Income <= 30% of AMI</td> <td>1624</td> <td>4</td> <td>1</td> <td>3</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>Income >30% but <=50% of AMI</td> <td>863</td> <td>4</td> <td>1</td> <td>3</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>Income >50% but <80% of AMI</td> <td>810</td> <td>4</td> <td>1</td> <td>3</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>Elderly</td> <td>572</td> <td>4</td> <td>1</td> <td>3</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>Families with Disabilities</td> <td>938</td> <td>4</td> <td>1</td> <td>3</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>White</td> <td>1,595</td> <td>4</td> <td>1</td> <td>3</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>African American</td> <td>2,769</td> <td>4</td> <td>1</td> <td>3</td> <td>2</td> <td>2</td> <td>2</td> </tr> </tbody> </table> <p>What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)</p> <p><input checked="" type="checkbox"/> Consolidated Plan of the Jurisdiction/s</p> <p><input checked="" type="checkbox"/> U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset</p>	Housing Needs of Families in the Jurisdiction by Family Type								Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Location	Income <= 30% of AMI	1624	4	1	3	2	2	2	Income >30% but <=50% of AMI	863	4	1	3	2	2	2	Income >50% but <80% of AMI	810	4	1	3	2	2	2	Elderly	572	4	1	3	2	2	2	Families with Disabilities	938	4	1	3	2	2	2	White	1,595	4	1	3	2	2	2	African American	2,769	4	1	3	2	2	2
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Strategy for Addressing 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**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below) **Cooperate with surrounding communities to increase the number of Choice Vouchers in those communities.**

Strategy 2: Increase the number of affordable housing units by:

- Apply for additional section 8 units should they become available
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.

9.1 Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs

Strategy 2: Conduct activities to affirmatively further fair housing

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Community priorities regarding housing assistance
- Results of consultation with residents and the Resident Advisory Board

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-Year Plan.

Progress in Meeting the 5-Year Plan Mission and Goals

Our Mission is: **To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.** We have been and will continue to support our mission.

The following describe our goals and objectives and our progress:

Goal One: In HUD's Strategic Goal of increasing the availability of decent, safe and affordable housing, we have attempted to expand the supply of assisted housing. This has been done through vacancy reduction, which was one of our goals last year. Another of our goals was to increase housing choices by making efforts to meet with potential voucher landlords. The West Memphis Housing Authority also runs Earle's Section 8 Program. We will apply for additional vouchers when available. We had a meeting last year with the Property Manager's Association to do just that. In addition, we partner with tax credit individuals. The West Memphis Housing Authority has to sign an agreement with potential tax credit seeking individuals to show the commitment from the Authority for increased housing opportunities. We also reached out to Senior Citizens.

The Authority also has a goal of improving the quality of assisted housing. Our objectives were to improve our PHAS and SEMAP scores. We have done this. Our PHAS score is up to 83 and the Authority is now a standard performer and the SEMAP score is 100. We also met our objective of renovating units through the use of our capital funds. Efforts to provide voucher mobility counseling and to find potential voucher landlords are underway to meet our goal of increasing housing choices.

Goal Two: We have a goal to provide an improved living environment in order to meet HUD's Strategic Goal of improving community quality of life and economic vitality. The WMHA has paid for increased police presence, and added lights on poles and buildings. We continue to promote deconcentration and income mixing.

Goal Three: Promote self-sufficiency and asset development of assisted households by providing and attracting supportive services to improve assistance recipient's employability. We have sought to achieve this goal by having Tiny Scholars and Klassy Kids Daycare on site. We also offer FSS and a Computer Lab at each site.

Goal Four: Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability. All of the physical improvements made and programs offered are to all residents equally. .

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

a. Substantial Deviation from the 5-Year Plan.

The West Memphis Housing Authority will consider the following to be changes in its Agency Plan necessary and sufficient to require a 30 day review by all participants before a corresponding change in the Agency Plan can be adopted:

1. Any alteration of the PHA's Mission Statement.
2. Any change or amendment to a stated Strategic Goal.
3. Any change or amendment to a stated Strategic Objective except in cases where the change results from the objective having been met.
4. Any introduction of a new Strategic Goal or new Strategic Objective.
5. Any alteration in the Capital Fund Program (CFP) that affects an expenditure greater than twenty percent (20%) of the CFP Annual Budget for that year.

In defining the above, the West Memphis Housing Authority intends by "Strategic Goal" and "Strategic Objective" specifically those items in its Five Year Plan and any change in the above items will be considered a "substantial deviation" from the plan.

b. Significant Amendment or Modification to the Annual Plan.

Furthermore, the PHA considers the following changes to require a public process before amending said changes and that these times are "significant amendments or modifications" to the Agency Plan:

1. Changes to rent or admissions policies or organization of the waiting list.
2. Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund.
3. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD.

10.0

11.0

VIOLENCE AGAINST WOMEN ACT
PHA STATEMENT

The West Memphis Housing Authority (WMHA) provides or plans to offer referrals, training and information to anyone being abused. This includes child or adult victims of domestic violence, dating violence, sexual assault or stalking.

West Memphis Housing Authority conducts criminal background checks on all new adult residents prior to moving in. WMHA has a close working relationship with law enforcement agencies to promote safety within and around its properties. Additionally, WMHA maintains an updated criminal trespass list to prevent violent and criminal behavior within and around its properties.

WMHA has a positive working relationship with various social service agencies such as: East Arkansas Mental Health Facility, Department of Human Services and Life Strategy. We plan to partner with local social service agencies and have referral information available to our residents.

We intend to provide housing to victims directly from the domestic violence shelters that are fleeing domestic violence and need a safe place to reside. We refer our residents to local social service agencies when they need enhanced safety due to domestic violence.

We provide the VAWA Notice and Reauthorization to all applicants and tenants of their rights under VAWA together with the HUD 50066 form.

We are in the process of amending our lease and Admissions and Continued Occupancy Policy to include additional language that clearly specifies our right to bifurcate the lease to evict the perpetrator while protecting the victims from domestic violence. It clearly specifies our right to bifurcate the lease to evict the perpetrator while protecting the victim.

12.0

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)

1. **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.
3. **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.
5. **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.

9. **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.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **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.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **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.

8.0 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;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) 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:

1. At the end of the program year; until the program is completed or all funds are expended;
2. 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
3. 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:

<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.

Part I: Summary		
PHA Name: Housing Authority of the City of West Memphis	Grant Type and Number Capital Fund Program Grant No: AR37P02450110 Date of CFFP:	FFY of Grant: <u>2010</u> FFY of Grant Approval:

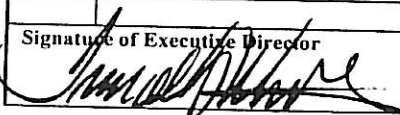
Type of Grant
 Original Annual Statement **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:)**
 Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost 1	
		Original	Revised 2	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3	\$120,000			
3	1408 Management Improvements	\$11,000			
4	1410 Administration (may not exceed 10% of line 21)	\$2,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$70,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$11,202			
10	1460 Dwelling Structures	\$383,250			
11	1465.1 Dwelling Equipment—Nonexpendable	\$26,400			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$5,000			
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				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$628,852			
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program Grant No: AR37P02450110 Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised 2	Obligated	Expended
Signature of Executive Director 		Date 02/11/2010		Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program Grant No: AR37P02450110 CFFP (YES/No):No Replacement Housing Factor Grant No:				Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AR24000001								
PHA-WIDE	Operations	1406	1 LS	\$120,000				
PHA-WIDE	Staff Training	1408	1 LS	\$5,500				
PHA-WIDE	Resident Initiatives	1408	1 LS	\$2,500				
PHA-WIDE	Computer Software	1408	1 LS	\$3,000				
PHA-WIDE	Administrative	1410	1 LS	\$2,000				
PHA-WIDE	Management	1430	1 LS	\$15,000				
PHA-WIDE	Design	1430	1 LS	\$30,000				
PHA-WIDE	Construction Administration	1430	1 LS	\$22,000				
PHA-WIDE	Agency Plan	1430	1 LS	\$3,000				
PHA-WIDE	Site Improvements	1450	1 LS	\$11,202				
AR024-001	Roofing (Phase I)	1460	38 Bldgs.	\$165,000				
AR024-002	Roofing (Phase II)	1460	18 Bldgs.	\$197,000				
PHA-WIDE	Interior Painting	1460	35 DU	\$5,250				
PHA-WIDE	Painting Labor	1460	35 DU	\$16,000				
PHA-WIDE	Ranges	1465	20 EA	\$5,400				
PHA-WIDE	Refrigerators	1465	35 EA	\$21,000				
PHA-WIDE	Computer Hardware	1475	1 LS	\$5,000				

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program Grant No: AR37P02450110 CFFP (YES/No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

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

Part III: Implementation Schedule					
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program No: AR37P02450110 Replacement Housing Factor No:			Federal FY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates †
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-WIDE	9/14/12		9/14/14		
AR024-001	9/14/12		9/14/14		
AR024-002	9/14/12		9/14/14		

† 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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of West Memphis				Federal FY of Grant: 2010	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ 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 I: Summary						
PHA Name/Number Authority / AR024		West Memphis Housing West Memphis/Crittenden, AR		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
A.	Development Number/Name AR24000001	Work Statement For Year 1 FFY 2010	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
B.	Physical Improvements Subtotal		\$411,152	\$505,852	\$305,152	\$385,152
C.	Management Improvements		\$11,000	\$3,000	\$11,000	\$12,000
D.	PHA-Wide Non-dwelling Structures and Equipment		\$5,000	\$70,000	\$101,000	\$20,000
E.	Administration		\$2,000	\$2,000	\$2,000	\$2,000
F.	Other		\$89,700	\$48,000	\$89,700	\$89,700
G.	Operations		\$110,000		\$120,000	\$120,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing- Debt Service					
K.	Total CFP Funds		\$628,852	\$628,852	\$628,852	\$628,852
L.	Non-CFP Funds					
M.	Grand Total					

Capital Fund Program - Five Year Action Plan

**U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

Part I: Summary						
PHA Name/Number West Memphis Housing Authority / AR024		Locality (City/County & State) West Memphis/Crittenden, AR			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number/Name	Work Statement For Year 1 FFY 2010	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
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing-Debt Service					
K.	Total CFP Funds					
L.	Non-CFP Funds					
M.	Grand Total					

Capital Fund Program - Five Year Action Plan


U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part II: Supporting Pages—Physical Needs Work Statement (s)

Work Statement for Year 1 FFY 2010	Work Statement for Year: 4 FFY 2013			Work Statement for Year: 5 FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	AR24000001			AR24000001		
	Operations	1 LS	\$120,000	Operations	1 LS	\$120,000
	Administration	1 LS	\$2,000	Administration	1 LS	\$2,000
	Management	1 LS	\$15,000	Management	1 LS	\$15,000
	Design	1 LS	\$29,000	Design	1 LS	\$29,000
	Construction Administration	1 LS	\$22,000	Construction Administration	1 LS	\$22,000
	Agency Plan	1 LS	\$3,000	Agency Plan	1 LS	\$3,000
	Site Improvements	1 LS	\$19,925	Plumbing Renovations	1 LS	\$13,152
	Electrical Renovations	19 DU	\$21,000	Ceiling Fans	1 LS	\$12,000
	Interior/Exterior Doors/Hardware	19 DU	\$16,800	Renovate Individual Houses	2 Bldgs.	\$240,000
	Floor Tile	19 DU	\$21,000	Ranges	10 EA	\$2,700
	Bathroom Renovations	19 DU	\$42,000	Refrigerators	30 EA	\$18,000
	Kitchen Renovations	19 DU	\$70,000	Security Cameras	1 LS	\$5,000
	Wall & Ceiling Renovations	19 DU	\$81,200	Maintenance Equipment	1 LS	\$10,000
	Washer/Dryer Connections	19 DU	\$16,800	Computer Hardware	1 LS	\$5,000
	Interior Painting	19 DU	\$2,850			
	Painting Labor	19 DU	\$8,550			
	Ranges	10 EA	\$2,700	AR024-002		
	Refrigerators	30 EA	\$18,000	Unit Conversions	1 LS	\$120,000
	Maintenance Facility	1 LS	\$96,000			
	Computer Hardware	1 LS	\$5,000			
	Demolition	1 LS	\$5,000			
	Subtotal of Estimated Cost		\$617,852	Subtotal of Estimated Cost		\$616,852

Part I: Summary					
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program Grant No: AR37P02450107 Date of CFFP:		FFY of Grant: 2007 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$120,000	\$120,000	\$120,000	\$120,000
3	1408 Management Improvements	\$15,500	\$1,143.75	\$1,143.75	\$1,143.75
4	1410 Administration (may not exceed 10% of line 21)	\$2,000	\$438.28	\$438.28	\$438.28
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$78,500	\$81,280	\$81,280	\$81,280
8	1440 Site Acquisition				
9	1450 Site Improvement	\$30,000	\$15,860	\$15,860	\$15,860
10	1460 Dwelling Structures	\$352,240	\$380,041.82	\$380,041.82	\$351,555.11
11	1465.1 Dwelling Equipment—Nonexpendable	\$20,700	\$10,967.90	\$10,967.90	\$10,967.90
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$13,000	\$22,208.25	\$22,208.25	\$22,208.25
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				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$631,940	\$631,940	\$631,940	\$603,453.29
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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

Part I: Summary					
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program Grant No: AR37P02450107 Date of CFFP: _____		FFY of Grant: <u>2007</u> FFY of Grant Approval: _____	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised 2	Obligated	Expended
Signature of Executive Director 		Date 02/11/2010		Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of West Memphis			Grant Type and Number Capital Fund Program Grant No: AR37P02450107 CFFP (YES/No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	Operations (Insurance Premium)	1406	1 LS	\$120,000	\$120,000	\$120,000	\$120,000	Completed
HA-Wide	Staff Training	1408	1 LS	\$10,000	\$0			Not Used
HA-Wide	Resident Initiatives	1408	1 LS	\$2,500	\$0			Not Used
HA-Wide	Computer Software	1408	1 LS	\$3,000	\$1,143.75	\$1,143.75	\$1,143.75	Completed
HA-Wide	Administration	1410	1 LS	\$2,000	\$438.28	\$438.28	\$438.28	Completed
HA-Wide	Management	1430	1 LS	\$15,000	\$15,000	\$15,000	\$15,000	Completed
HA-Wide	Design- 2007 CFP	1430	1 LS	\$34,000	\$29,000	\$29,000	\$29,000	Completed
HA-Wide	Design - 2008 CFP Partial	1430	1 LS	\$0	\$15,780	\$15,780	\$15,780	Completed
HA-Wide	Environmental Review	1430	1 LS	\$4,500	\$4,500	\$4,500	\$4,500	Completed
HA-Wide	Construction Administration	1430	1 LS	\$22,000	\$11,000	\$11,000	\$11,000	Completed
HA-Wide	Agency Plan	1430	1 LS	\$3,000	\$6,000	\$6,000	\$6,000	Completed
HA-Wide	Sidewalk / Driveway Replacement	1450	1 LS	\$20,000	\$0			Not Used
HA-Wide	Site Improvements / Landscaping	1450	1 LS	\$10,000	\$15,860	\$15,860	\$15,860	Completed
HA-Wide	Interior Painting (Material)	1460	50 Buckets	\$7,500	\$0			Not Used
HA-Wide	Interior Painting (Force account)	1460	50 DU	\$22,500	\$0			Not Used
HA-Wide	Building 350 Renovation	1460	1 Bldg	\$170,500	\$0			Not Used
AR024-002	Windows/Sec. Window Screens (Phase 1)	1460	23 Bldgs	\$151,740	\$351,555.11	\$351,555.11	\$351,555.11	Completed
AR024-002	HVAC	1460	9 DU	\$0	\$28,486.71	\$28,486.71	\$0	Underway
HA-Wide	Ranges	1465	10 EA	\$2,700	\$2,317	\$2,317	\$2,317	Completed
HA-Wide	Refrigerators	1465	30 EA	\$18,000	\$8,650.90	\$8,650.90	\$8,650.90	Completed
HA-Wide	Computer Hardware	1475	1 LS	\$5,000	\$11,209.25	\$11,209.25	\$11,209.25	Completed
HA-Wide	Lawnmower	1475	1 EA	\$8,000	\$10,999	\$10,999	\$10,999	Completed

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of West Memphis			Grant Type and Number Capital Fund Program Grant No: AR37P02450107 CFFP (YES/No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	9/12/09	9/09	9/12/11					
AR024-002	9/12/09	9/09	9/12/11					

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

Part III: Implementation Schedule					
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program No: AR37P02450107 Replacement Housing Factor No:			Federal FY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

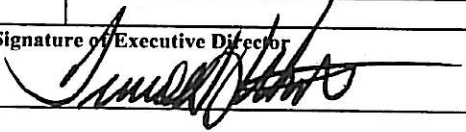
¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of West Memphis				Federal FY of Grant: 2007	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ 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 I: Summary					
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program Grant No: AR37P02450108 Date of CFFP:			FFY of Grant: 2008 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$120,000	\$64,781.32	\$64,781.32	\$64,781.32
3	1408 Management Improvements	\$12,000	\$755.28	\$755.28	\$755.28
4	1410 Administration (may not exceed 10% of line 21)	\$2,000	\$3,417.60	\$3,417.60	\$3,417.60
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$70,000	\$52,100	\$52,100	\$22,040
8	1440 Site Acquisition				
9	1450 Site Improvement	\$54,000	\$160,350	\$160,350	\$119,148.39
10	1460 Dwelling Structures	\$342,692	\$332,561.05	\$332,561.05	\$236,870
11	1465.1 Dwelling Equipment—Nonexpendable	\$20,700	\$8,575.25	\$8,575.25	\$8,575.25
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$5,000	\$3,851.50	\$3,851.50	\$3,851.50
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				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$626,392	\$626,392	\$626,392	\$473,677.34
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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

Part I: Summary				
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program Grant No: AR37P02450108 Date of CFFP: _____		FFY of Grant: <u>2008</u> FFY of Grant Approval: _____
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised 2	Obligated Expended
Signature of Executive Director 		Date 02/11/2010	Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of West Memphis			Grant Type and Number Capital Fund Program Grant No: AR37P02450108 CFFP (YES/No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	Operations	1406	1 LS	\$120,000	\$64,781.32	\$64,781.32	\$64,781.32	Completed
HA-Wide	Staff Training	1408	1 LS	\$6,500	\$0	\$0	\$0	Not Used
HA-Wide	Resident Initiatives	1408	1 LS	\$2,500	\$0	\$0	\$0	Not Used
HA-Wide	Computer Software	1408	1 LS	\$3,000	\$755.28	\$755.28	\$755.28	Completed
HA-Wide	Administration	1410	1 LS	\$2,000	\$3,417.60	\$3,417.60	\$3,417.60	Completed
HA-Wide	Management	1430	1 LS	\$15,000	\$15,000	\$15,000	\$8,750	Underway
HA-Wide	Design	1430	1 LS	\$30,000	\$26,300	\$26,300	\$7,890	Underway
HA-Wide	Construction Administration	1430	1 LS	\$22,000	\$10,800	\$10,800	\$5,400	Underway
HA-Wide	Agency Plan	1430	1 LS	\$3,000	\$0	\$0	\$0	Not Used
AR24-2	Bollards Around Parking Areas	1450	1 LS	\$54,000	\$160,000	\$160,000	\$118,798.39	Underway
HA-Wide	Site Improvements	1450	1 LS	\$0	\$350	\$350	\$350	Completed
AR24-2	Windows/Sec. Window Screens	1460	12 Bldgs.	\$318,692	\$138,278.84	\$138,278.84	\$138,278.84	Completed
AR24-2	Windows/Sec. Window Screens (C.O. 1)	1460	1 LS	\$0	\$29,314.16	\$29,314.16	\$29,314.16	Completed
AR24-2	HVAC	1460	10 DU	\$0	\$131,528.29	\$131,528.29	\$4,662	Underway
AR24-2	Siding	1460	10 DU	\$0	\$20,427.76	\$20,427.76		Underway
HA-Wide	Interior Painting	1460	40 DU	\$6,000	\$1,395	\$1,395	\$1,395	Completed
HA-Wide	Painting Labor	1460	40 DU	\$18,000	\$11,620	\$11,620	\$11,620	Completed
HA-Wide	Ranges	1465	10 EA	\$2,700	\$2,648	\$2,648	\$2,648	Completed
HA-Wide	Refrigerators	1465	30 EA	\$18,000	\$5,927.25	\$5,927.25	\$5,927.25	Completed
HA-Wide	Computer Hardware	1475	1 LS	\$5,000	\$3,851.50	\$3,851.50	\$3,851.50	Completed

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of West Memphis			Grant Type and Number Capital Fund Program Grant No: AR37P02450108 CFFP (YES/No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

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

Part III: Implementation Schedule						
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program No: AR37P02450108 Replacement Housing Factor No:			Federal FY of Grant: 2008	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
HA-Wide	8/18/10		9/09	8/18/12		
AR024-002	8/18/10		9/09	8/18/12		

¹ 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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of West Memphis				Federal FY of Grant: 2008	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

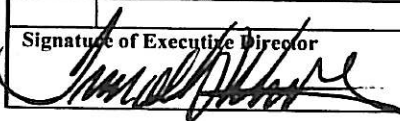
1 Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary					
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program Grant No: AR37P02450109 Date of CFFP:			FFY of Grant: <u>2009</u> FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$120,000	\$120,000		
3	1408 Management Improvements	\$11,000	\$11,000		
4	1410 Administration (may not exceed 10% of line 21)	\$2,000	\$2,000	\$3,000	\$3,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$70,000	\$70,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	\$10,000	\$10,000		
10	1460 Dwelling Structures	\$384,452	\$384,452		
11	1465.1 Dwelling Equipment—Nonexpendable	\$26,400	\$26,400		
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$5,000	\$5,000		
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				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$628,852	\$628,852	\$3,000	\$3,000
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program Grant No: AR37P02450109 Date of CFFP:		FFY of Grant: <u>2009</u> FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost1	
		Original	Revised 2	Obligated	Expended
Signature of Executive Director 		Date 02/11/2010		Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of West Memphis			Grant Type and Number Capital Fund Program Grant No: AR37P02450109 CFFP (YES/No):No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AR24000001				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-WIDE	Operations	1406	1 LS	\$120,000	\$120,000			Pending
PHA-WIDE	Staff Training	1408	1 LS	\$5,500	\$5,500			Pending
PHA-WIDE	Resident Initiatives	1408	1 LS	\$2,500	\$2,500			Pending
PHA-WIDE	Computer Software	1408	1 LS	\$3,000	\$3,000			Pending
PHA-WIDE	Administrative	1410	1 LS	\$2,000	\$2,000			Pending
PHA-WIDE	Agency Plan	1410	1 LS	\$3,000	\$3,000	\$3,000	\$3,000	Completed
PHA-WIDE	Management	1430	1 LS	\$15,000	\$15,000			Pending
PHA-WIDE	Design	1430	1 LS	\$30,000	\$30,000			Pending
PHA-WIDE	Construction Administration	1430	1 LS	\$22,000	\$22,000			Pending
PHA-WIDE	Site Improvements	1450	1 LS	\$10,000	\$10,000			Pending
AR24-2	Roofing (Phase II)	1460	38 Bldgs.	\$190,000	\$190,000			Pending
AR24-1	Roofing	1460	62 Bldgs.	\$155,992	\$155,992			Pending
PHA-WIDE	Interior Painting	1460	60 DU	\$9,000	\$9,000			Pending
PHA-WIDE	Painting Labor	1460	60 DU	\$27,000	\$27,000			Pending
PHA-WIDE	Ranges	1465	20 EA	\$5,400	\$5,400			Pending
PHA-WIDE	Refrigerators	1465	35 EA	\$21,000	\$21,000			Pending
PHA-WIDE	Computer Hardware	1475	1 LS	\$5,000	\$5,000			Pending

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

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of West Memphis			Grant Type and Number Capital Fund Program Grant No: AR37P0245010 CFFP (YES/No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

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

Part III: Implementation Schedule					
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program No: AR37P02450109 Replacement Housing Factor No:			Federal FY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-WIDE	9/14/11		9/14/13		
AR24-1	9/14/11		9/14/13		
AR24-2	9/14/11		9/14/13		


¹ 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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of West Memphis				Federal FY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates †
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

† 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 I: Summary					
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program Grant No: AR37S024050109 Date of CFFP:			FFY of Grant: 2009
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$70,000	\$72,300	\$72,300	\$51,570
8	1440 Site Acquisition	\$35,000	\$0		
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$148,000	\$128,000		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	\$514,888	\$592,588		
13	1475 Nondwelling Equipment				
14	1485 Demolition	\$25,000	\$0		
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$792,888	\$792,888	\$72,300	\$17,190
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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

Part I: Summary				
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program Grant No: AR37S024050109 Date of CFFP: _____		FFY of Grant: <u>2009</u> FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost¹
		Original	Revised 2	Obligated Expended
Signature of Executive Director 		Signature of Public Housing Director		Date 02/11/2010

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program Grant No: AR37S024050109 CFFP (YES/No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AR024000001								
PHA-WIDE	A/E, Fees and Costs	1430	1 LS	\$70,000	\$72,300	\$72,300	\$51,570	Underway
PHA-WIDE	Site Acquisition	1440	1 LS	\$35,000	\$0			Not Used
PHA-WIDE	Roofing (Phase 1)	1460	1 LS	\$20,000	\$0			Not Used
Courtyard Apartments	Siding	1460	1 LS	\$128,000	\$128,000			Pending
PHA-WIDE	Office / Maintenance Building	1470	1 Bldg.	\$514,888	\$592,588			Pending
PHA-WIDE	Demolition	1485	1 LS	\$25,000	\$0			Not Used

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

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program Grant No: AR37S024050109 CFFP (YES/No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

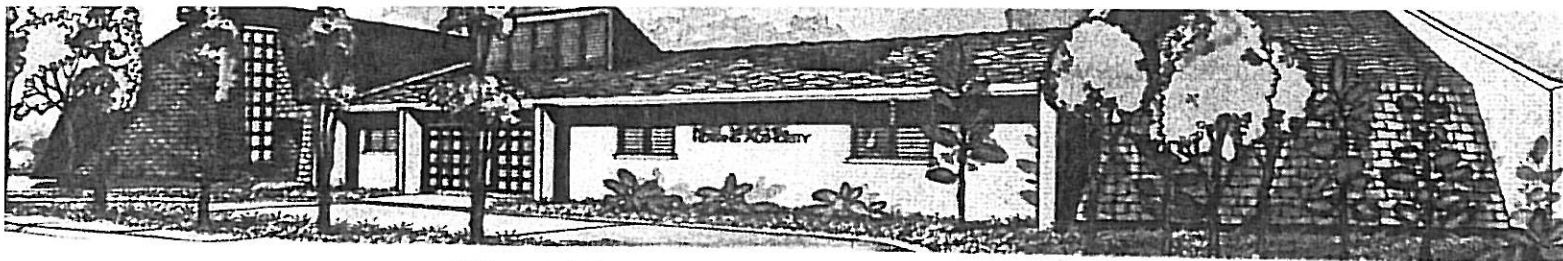
¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule					
PHA Name: Housing Authority of the City of West Memphis		Grant Type and Number Capital Fund Program No: AR37S024050109 Replacement Housing Factor No:			Federal FY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AR024000001	3/18/10		3/18/12		

† 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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of West Memphis				Federal FY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ 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.



West Memphis Housing Authority

2820 Harrison, West Memphis, Ark. 72301, Phone 735-3520

Executive Director, Timothy J. White
Asst. Executive Director, Carolyn Mooney
Section 8 Housing 735-1765
Program Manager, Larry Leaks

Commissioners:
John Ross, Chairman
Alfred Smith, Jr., Vice-Chairman
Eugene Seals, Commissioner
Joyce Birdo, Commissioner
John Roberts, Commissioner

MEMO

TO: Mr. Jesse Westover
Director
U. S. Department of Housing and Urban Development
425 West Capitol Avenue
Suite 900
Little Rock, AR 72201-3488

FROM: Timothy White, Executive Director, West Memphis Housing Authority

RE: 2010 Public Housing Annual and Five Year Plan Update

We are writing to notify you that the electronic submission of our FY2010 Annual and Five Year Plan Update in accordance with the Quality Housing and Work Responsibility Act (QHWRA) has been completed.

Enclosed, please find the following required attachments:

- PHA Certifications of compliance with the PHA Plans and Related Regulations
Board Resolution to Accompany the PHA Plan
- Certificate of Consistency with the Consolidated Plan
- Certificate of Drug Free Workplace (HUD-50070)
- Certificate of Payments to Influence Federal Transactions (HUD-50071)
- Disclosure of Lobbying Activities (SF-LLL)
- Civil Rights Certification
- Resident Advisory Board Recommendations

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 07-10 , hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

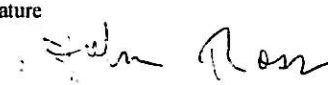
West Memphis Housing Authority
 PHA Name

AR024
 PHA Number/HA Code

 5-Year PHA Plan for Fiscal Years 20__ - 2__

 X Annual PHA Plan for Fiscal Years 2010 - 2014

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
John Ross	Chairman
Signature 	Date 3-8-10

**Certification by State or Local Official of PHA Plans Consistency with
the Consolidated Plan**

I, Basil Julian the Grants Division Director certify
that the Five Year and Annual PHA Plan of the West Memphis Housing Authority is
consistent with the Consolidated Plan of State of Arkansas prepared
pursuant to 24 CFR Part 91.

 3/9/2010
Signed / Dated by Appropriate State or Local Official

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the City of West Memphis

Program/Activity Receiving Federal Grant Funding

2010 Agency Plan

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Development AR024001, Wil-Mor Homes, Units of Harrison, Jackson, Cox and Redding Streets.; M&M Building, and Senior Citizen's Community Building.

Development AR024002, Courtyard Apartments, Units on Autumn, S.L. Henry, S. 31st Streets; Mail Resident Post Office Building; Headstart and Daycare Building; Maintenance Storage Building.

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Timothy J. White

Title

Executive Director

Signature



Date

02/11/2010

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of the City of West Memphis

Program/Activity Receiving Federal Grant Funding

2010 Agency Plan

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

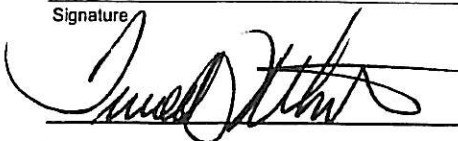
Name of Authorized Official

Timothy J. White

Title

Executive Director

Signature



Date (mm/dd/yyyy)

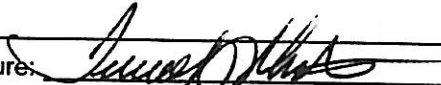
02/11/2010

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB
0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> n/a a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> n/a a. bid/offer/application b. initial award c. post-award	3. Report Type: <input type="checkbox"/> n/a a. initial filing b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: NOT APPLICABLE Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: NOT APPLICABLE CFDA Number, if applicable: _____	
8. Federal Action Number, if known: NOT APPLICABLE	9. Award Amount, if known: \$ NOT APPLICABLE	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): NOT APPLICABLE	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): NOT APPLICABLE	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: <u>Timothy J. White</u> Title: <u>Executive Director</u> Telephone No.: <u>870 735-3520</u> Date: <u>02/11/2010</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Civil Rights CertificationU.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**Civil Rights Certification****Annual Certification and Board Resolution**


Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

West Memphis Housing Authority

AR024

PHA Name_____
PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official Timothy White	Title Executive Director
Signature 	Date 02/11/2010

Resident Advisory Board Recommendations

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
 - Attached at Attachment (File name)
 - Provided below:
Residents would like site improvements, landscaping, security cameras and unit conversions. They would also like programs for idle children.

3. In what manner did the PHA address those comments? (select all that apply)
 - Considered comments, but determined that no changes to the PHA Plan were necessary.
 - The PHA changed portions of the PHA Plan in response to comments
List changes below:
 - Other: (list below)
All of the physical improvements mentioned are in the Five Year Plan. Residents were encouraged to form a more cohesive, and active board. They were all told that the Authority has a Resident Service Coordinator and an FSS Coordinator as well as Resident Participation Funds that are available for use by the R.A.B.