

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: _____ Venice Housing Authority (VHA) _____ PHA Code: <u>FL064</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2010</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>50</u> Number of HCV units: <u>0</u>				
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <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
	PHA 1:	FL064	Low Income Housing	NA	PH 50 HCV 0
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> 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: <i>To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination specifically for the low income population in Sarasota County, FL.</i>				
<b>5.2</b>	<b>Goals and Objectives.</b> 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. <i>VHA relocated all residents in preparation for HUD approved demolition and redevelopment of the entire site. In order to increase the number of safe decent affordable available units from fifty to approximately 117 – 121 units, VHA will construct new housing in two phases over the next 1- 5 years. Expansion of rental units, use of tax credits and application of non-federal dollars will be used to support the operation of the new housing. Sixty units of senior housing and 55-65 family units will be constructed over the next five years with senior units first on line.</i>				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <i>Relocation of all residents; Developer selected to redevelop PHA; application prepared for tax credits for senior housing development</i>  (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. <i>Venice Housing Authority's Office, 312 East Venice Ave., Suite 208, Venice, FL 34285</i>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable. <i>VHA's Redevelopment Program is integral in transforming VHA from a traditional site of 50 units to a mixed income community through total demolition, innovative planning, community involvement and a determination by the Board to have a quality, affordable, safe and attractive housing. Plans call for designated senior housing and family housing units. The natural site's physical features will be incorporated in the overall development site plan. Please refer to the attached Conceptual Plan Abstract.</i>				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> 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.				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> 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.				
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input checked="" 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.				

9.0	<p><b>Housing Needs.</b> 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.</p> <p><i>VHA has continuously provided the only public housing available in South Sarasota County for low and very low-income families since the 1970's. There is no alternative other than HCVs and VHA does not have a HCVP. The existing housing had significant safety issues, including obsolescence; it was approved for demolition in 2006. Waiting lists throughout the County and specifically this community are such that applicants urgently in need of housing will not be assisted for a period of one to two years.. PHAs in close proximity to VHA (extreme North Sarasota County and Charlotte County) cannot meet the needs for requested assistance in their areas.</i></p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b> <i>VHA has demolished all units and plans to redevelop 60 units of senior housing and 55 – 65 units of family housing. The VHA Waiting List was closed in 2007 in preparation for redevelopment. All former residents, at the time of relocation (May 2008) will be accommodated through a planned increase of 55 – 65 families, provided they meet established criteria.</i></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. <i>VHA relocated the existing residents through cooperative efforts with Sarasota County to Section 8 housing, solicited and selected a developer, and began work on the Master Development Plan.. Efforts to improve the quality of the existing stock ended with the relocation of residents and affirmation of pending demolition.</i></p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p><i>There are no substantial deviations in VHA's mission, goals and objectives. A general departure from the stated mission and goals of the last Annual Plan would be significant. This Annual Plan only further defines and delineates how VHA intends to expand its housing supply choices with quality housing and the methodology used to accomplish those goals.</i></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(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.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

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 there under 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](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.

<b>Part I: Summary</b>	
<b>PHA Name:</b> Venice Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14P64501-09 Replacement Housing Factor Grant No: Date of CFFP: 03/18/2009
<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 01/31/2010       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	77810		0	0
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				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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

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**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Venice Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14S064501-09 Replacement Housing Factor Grant No: Date of CFFP: 03/18/2009	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>			
<b>Type of Grant</b>					
<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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	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)	77810		0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director George B. Barr, Chairman, Brd. of commissioners</b>			<b>Signature of Public Housing Director</b>		<b>Date</b>
<b>Date</b>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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









<b>Part I: Summary</b>	
PHA Name: Venice Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL 14P064-501-08 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>	

Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 01/31/2010     
  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	78,218		78,218	0
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				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Venice Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL 14P064-501-08 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2008</b> <b>FFY of Grant Approval: 2008</b>			
<b>Type of Grant</b>					
<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:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				0
20	Amount of Annual Grant:: (sum of lines 2 - 19)	78,218		78,218	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director George B. Barr, Chairman</b>			<b>Signature of Public Housing Director</b>		<b>Date</b>
<b>Date</b>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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

<b>Part II: Supporting Pages</b>								
PHA Name:		<b>Grant Type and Number</b> Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant:</b>			
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

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

<b>Part II: Supporting Pages</b>								
PHA Name: Venice Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: FL 14PO64-501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
FL 064	Operations	1406		72,218		72,218		

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.





<b>Part I: Summary</b>	
<b>PHA Name:</b> Venice Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL 14P064-501-07 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant:</b> FFY of Grant Approval: 2007	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 01/31/2010       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	38,093		38,903	22,096
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				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	41,800		41,800	41,800
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Venice Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL 14P064-501-07 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2007</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b>					
<input 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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	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)	79,893	79,893	79,893	63,896
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director George B. Barr, Chairman</b>			<b>Signature of Public Housing Director</b>		<b>Date</b>
<b>Date</b>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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









**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

<b>Part I: Summary</b>						
PHA Name/Number		Locality (City/County & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and 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	1406			
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations		77,810	77,810	77,810	77,810
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total					

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number		Locality (City/county & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and 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____
		Annual Statement	1406			
	FL 064 Grove Terrace		77,810	77,810	77,810	77,810

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2010 _____	Work Statement for Year _____ FFY 2011 _____			Work Statement for Year: _____ FFY 2012 _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	FL 064.001 Grove Terrace - 1406		77,810	FL 064.001 – Grove Terrace - 1406		77,810
Annual Statement						
	Subtotal of Estimated Cost		\$77,810	Subtotal of Estimated Cost		\$77,810



<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

**Operating Budget**

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

OMB Approval No. 2577-0026 (exp. 10/31/97)

Public reporting burden for this collection of information is estimated to average 116 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), Washington, D.C. 20503. Do not send this completed form to either of the above addresses.

a. Type of Submission <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. _____	b. Fiscal Year Ending <b>March 31, 2011</b>	c. No. of months (check one) <input checked="" type="checkbox"/> 12 mo. <input type="checkbox"/> Other (specify) _____	d. Type of HUD assisted project(s) 01 <input checked="" type="checkbox"/> PHA/IHA-Owned Rental Housing 02 <input type="checkbox"/> IHA-Owned Mutual Help Homeownership 03 <input type="checkbox"/> PHA/IHA-Leased Rental Housing 04 <input type="checkbox"/> PHA/IHA-Owned Turnkey III Homeownership 05 <input type="checkbox"/> PHA/IHA Leased Homeownership
e. Name of Public Housing Agency / Indian Housing Authority (PHA/IHA) <b>Venice Housing Authority</b>			
f. Address (city, State, zip code) <b>201 Grove Street North Venice, Florida</b>			

g. ACC Number <b>A-2546</b>	h. PAS / LOCCS Project No. <b>FL13900107D</b>	i. HUD Field Office <b>Miami, Florida</b>	
j. No. of Dwelling Units <b>50</b>	k. No. of Unit Months Available <b>600</b>	m. No. of Projects <b>1</b>	

Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 2009 PUM (2)	<input checked="" type="checkbox"/> Estimates <input type="checkbox"/> or Actual Current Budget 2010 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)
<b>Homebuyers Monthly Payments For:</b>								
010	7710	Operating Expenses						
020	7712	Earned Home Payments						
030	7714	Nonroutine Maintenance Reserve						
<b>040</b>	<b>Total</b>	Break-Even Amount (sum of lines 010, 020, and 030)	-	-	-	-		
050	7716	Excess(Deficit) In Break-Even Amount						
060	7790	Homebuyers Monthly Payments (Contra)						
<b>Operating Receipts</b>								
070	3110	Dwelling Rentals	127.09	-	-	-	-	
080	3120	Excess Utilities	-	-	-	-	-	
090	3190	Nondwelling Rentals			-	-	-	
<b>100</b>	<b>Total Rental Income (sum of lines 070, 080, and 090)</b>		127.09	-	-	-	-	
110	3610	Interest on Gen Fund Investments	0.22	0.02	0.08	50		
120	3690	Other Operating Receipts to include	12.75	14.94	-	-		
<b>130</b>	<b>Total Operating Income (sum of lines 100, 110, and 120)</b>		140.06	14.97	0.08	50		
<b>Operating Expenditures - Administration:</b>								
140	4110	Administrative Salaries	22.60	23.81	24.31	14,585		
150	4130	Legal Expense	7.50	9.07	9.08	5,450		
160	4140	Staff Training	0.00	0.00	-	-		
170	4150	Travel	0.83	0.00	-	-		
180	4170	Accounting Fees	7.50	12.52	10.83	6,500		
190	4171	Auditing Fees	9.58	9.58	6.67	4,000		
200	4190	Other Administrative Expenses	22.17	14.79	13.83	8,300		
<b>210</b>	<b>Total Administrative Expense (sum of line 140 thru line 200)</b>		70.18	69.77	64.73	38,835		
<b>Tenant Services:</b>								
220	4210	Salaries	-	-	-	-		
230	4220	Recreation, Publications and Other services	-	-	-	-		
240	4230	Contract Costs, Training and Other	-	-	-	-		
<b>250</b>	<b>Total Tenant Services Expense (sum of lines 220,230, and 240)</b>		-	-	-	-		
<b>Utilities:</b>								
260	4310	Water	14.77	0.41	0.42	250		
270	4320	Electricity	4.17	1.83	2.50	1,500		
280	4330	Gas	-	0.00	-	-		
290	4340	Fuel	-	0.00	-	-		
300	4350	Labor	-	0.00	-	-		
310	4390	Other utilities expense	19.33	0.38	0.42	250		
<b>320</b>	<b>Total Utilities Expense (sum of line 260 thru line 310)</b>		38.27	2.61	3.33	2,000		

Name of PHA / IHA <b>Venice Housing Authority</b>				Fiscal Year Ending <b>March 31, 2011</b>				
Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 2009 PUM (2)	<input checked="" type="checkbox"/> Estimates <input type="checkbox"/> or Actual Current Budget 2010 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)
<b>Ordinary Maintenance and Operation</b>								
330	4410	Labor	51.34	26.23				
340	4420	Materials	10.83	4.17	.42	250		
350	4430	Contract Costs	29.17	1.83	1.08	650		
<b>360</b>	<b>Total Ordinary Maintenance &amp; Operation Expense (lines 330 to 350)</b>		<b>91.34</b>	<b>32.23</b>	<b>1.5</b>	<b>900</b>		
<b>Protective Services</b>								
370	4460	Labor						
380	4470	Materials						
390	4480	Contract Costs						
<b>400</b>	<b>Total Protective Services Expense (sum of lines 370 to 390)</b>							
<b>General Expense:</b>								
410	4510	Insurance	37.79	25.94	10.1	6,058		
420	4520	Payments in Lieu of Taxes	.56					
430	4530	Terminal Leave Payments						
440	4540	Employee Benefit Contributions	12.	4.48	1.86	1,116		
450	4570	Collection Losses	5.	16.16				
460	4590	Other General Expense	18.33	1.36				
<b>470</b>	<b>Total General Expense (sum of lines 410 to 460)</b>		<b>73.68</b>	<b>47.94</b>	<b>11.96</b>	<b>7,174</b>		
<b>480</b>	<b>Total Routine Expense (sum of lines 210, 250, 320, 360, 400, and 470)</b>		<b>273.47</b>	<b>152.55</b>	<b>81.52</b>	<b>48,909</b>		
<b>Rent for Leased Dwellings:</b>								
490	4710	Rents to Owners of Leased Dwellings						
<b>500</b>	<b>Total Operating Expense (sum of lines 480 and 490)</b>		<b>273.47</b>	<b>152.55</b>	<b>81.52</b>	<b>48,909</b>		
<b>Nonroutine Expenditures:</b>								
510	4610	Extraordinary Maintenance		6.28	578.82	347,290		
520	7520	Replacement of Nonexpendable Equipment						
530	7540	Property Betterments and Additions						
<b>540</b>	<b>Total Nonroutine Expenditures (sum of lines 510, 520, and 530)</b>			<b>6.28</b>	<b>578.82</b>	<b>347,290</b>		
<b>550</b>	<b>Total Operating Expenditures (sum of lines 500 and 540)</b>		<b>273.47</b>	<b>158.82</b>	<b>660.33</b>	<b>396,199</b>		
<b>Prior Year Adjustments:</b>								
560	6010	Prior Year Adjustments Affecting Residual Receipts						
<b>Other Expenditures:</b>								
570		Deficiency in Residual Receipts at End of Preceding Fiscal Yr.						
<b>580</b>	<b>Total Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 560 plus line 570)</b>		<b>273.47</b>	<b>158.82</b>	<b>660.33</b>	<b>396,199</b>		
590		Residual Receipts (or Deficit) before HUD Contributions and provision for operating reserve (line 130 minus line 580)	(133.41)	(143.86)	(660.25)	(396,149)		
<b>HUD Contributions:</b>								
600	8010	Basic Annual Contribution Earned-Leased Projects:Current Year						
610	8011	Prior Year Adjustments - (Debit) Credit						
<b>620</b>	<b>Total Basic Annual Contribution (line 600 plus or minus line 610)</b>							
630	8020	Contributions Earned - Op. Sub: - Cur. Yr.(before year-end adj)	305.25	300.3	282.56	169,537		
640		Mandatory PFS Adjustments (net):						
650		Other (specify): CFP OPERATING MONIES (1406)	140.03	10.49				
660		Other (specify): 25% reduction of Op Subsidy	(45.79)		(70.64)	(42,385)		
660		Other (specify): COUNTY AND CITY FUNDING FOR DEMOLITION	(83.27)		578.82	347,290		
670		Total Year-end Adjustments/Other (plus or minus lines 640 thru 660)	94.24	10.49	(70.64)	304,905		
680	8020	Total Operating Subsidy-current year (line 630 plus or minus line 670)	399.49	310.8	211.92	474,442		
<b>690</b>	<b>Total HUD Contributions (sum of lines 620 and 680)</b>		<b>399.49</b>	<b>310.8</b>	<b>211.92</b>	<b>474,442</b>		
700		Residual Receipts (or Deficit)(sum of line 590 plus line 690) Enter here and on line 810	266.08	166.94	(448.33)	78,293		

Name of PHA / IHA <b>Venice Housing Authority</b>		Fiscal Year Ending <b>March 31, 2011</b>
--	--	---

		Operating Reserve	PHA/IHA Estimates	HUD Modifications
<b>Part I - Maximum Operating Reserve - End of Current Budget Year</b>				
740	2821	PHA/IHA - Leased Housing - Section 23 or 10(c) 50% of Line 480, column 5, form HUD-52564		

<b>Part II - Provision for and Estimated or Actual Operating Reserve at Fiscal Year End</b>				
780		Operating Reserve at End of Previous Fiscal Year - Actual for FYE (date):	<b>03/30/2009</b>	<b>34,459</b>
790		Provision for Operating Reserve - Current Budget Year (check one) <input checked="" type="checkbox"/> Estimated for FYE <input type="checkbox"/> Actual for FYE	<b>03/31/2010</b>	<b>100,164</b>
800		Operating Reserve at end of Current Budget Year (check one) <input checked="" type="checkbox"/> Estimated for FYE <input type="checkbox"/> Actual for FYE	<b>03/31/2010</b>	<b>134,623</b>
810		Provision for Operating Reserve - Requested Budget Year Estimated for FYE Enter Amount from line 700	<b>03/31/2011</b>	<b>78,293</b>
820		Operating Reserve at End of Requested Budget Year Estimated for FYE (Sum of lines 800 and 810)	<b>03/31/2011</b>	<b>212,916</b>
830		Cash Reserve Requirement- _____% of line 480		

Comments

**The Venice Housing Authority has since demolished the Grove Terrace Apartment Complex. Therefore, total number of dwelling units is zero (0).**

PHA / IHA Approval      Name \_\_\_\_\_  
    Title **Chairman of the Board**  
    Signature \_\_\_\_\_ Date \_\_\_\_\_

Field Office Approval      Name \_\_\_\_\_  
    Title \_\_\_\_\_  
    Signature \_\_\_\_\_ Date \_\_\_\_\_

**Operating Budget  
Schedule of Administration  
Expense Other Than Salary**

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Public Reporting Burden for this collection of information is estimated to average 1.0 hour 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Name of Local Authority <b>Venice Housing Authority</b>		Locality: <b>201 Grove Street North Venice, Florida</b>			Fiscal Year End: <b>March 31, 2011</b>	
	(1) Description	(2) Total	(3) Management	(4) Development	(5) Section 8	(6) Other
1	Legal Expense (See Special Note in Instructions)	<b>\$ 5,450</b>	<b>\$ 5,450</b>			
2	Training (list and provide justification)					
3	<b>Travel</b> Trips To Conventions and Meetings (list and provide justification)					
4	<b>Other LHA Travel:</b> Outside Area of LHA Jurisdiction					
5	Within Area of LHA Jurisdiction					
6	Total Travel					
7	Accounting	<b>6,500</b>	<b>6,500</b>			
8	Auditing	<b>4,000</b>	<b>4,000</b>			
	<b>Sundry</b>					
9	Rental of Office Space					
10	Publications	<b>500</b>	<b>500</b>			
11	Membership Dues and Fees (list organization and amount)					
12	Telephone, Fax, Electronic Communications	<b>1,500</b>	<b>1,500</b>			
13	Collection Agent Fees and Court Costs					
14	Administrative Services Contract	<b>5,000</b>	<b>5,000</b>			
15	Forms, Stationary and Office Supplies	<b>1,300</b>	<b>1,300</b>			
16	Other Sundry Expense (provide breakdown)					
17	Total Sundry	<b>8,300</b>	<b>8,300</b>			
18	Total Administration Expense Other Than Salaries	<b>\$ 24,250</b>	<b>\$ 24,250</b>			

To the best of my knowledge, 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)

Signature of authorized representative & Date:

X

**Executive Director**

form HUD-52571 (3/95)  
ref Handbook 7475.1

**Operating Budget**  
Summary of Budget Data and Justifications

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

OMB Approval No. 2577-0026 (Exp. 6/30/2001)

Public reporting burden for this collection of information is estimated to average 45 minutes 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income housing program and provides a summary of proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the PHA and the amounts are reasonable and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

Name of Local Housing Authority <b>Venice Housing Authority</b>	Locality <b>201 Grove Street North Venice, Florida</b>	Fiscal Year Ending <b>March 31, 2011</b>
--	---	---

**Operating Receipts**

Dwelling Rental: Explain basis for estimate. For HUD-aided low-rent housing, other than Section 23 Leased housing, state amount of latest available total HA monthly rent roll, the number of dwelling units available for occupancy and the number accepted for the same month end. Cite HA policy revisions and economic and other factors which may result in a greater or lesser average monthly rent roll during the Requested Budget Year. For Section 23 Leased Housing, state the number of units under lease, the PUM lease price, and whether or not the cost of utilities is included. If not included, explain method for payment at utility costs by HA and/or tenant.

Dwelling Rental of

Excess Utilities: (NOT for Section 23 Leased housing.) Check appropriate spaces in item 1, and explain "Other". Under item 2, explain basis for determining excess utility consumption. For example: Gas; individual check meters at OH-100-1, proration of excess over allowances at OH-100-2, etc. Cite effective date of present utility allowances. Explain anticipated changes in allowances or other factors which will cause a significant change in the total amount of excess utility charges during the Requested Budget Year.

1. Utility Services Surcharged:      Gas       Electricity       Other       (Specify) \_\_\_\_\_
2. Comments:

Nondwelling Rent: (NOT for Section 23 Leased Housing.) Complete Item 1, specifying each space rented, to whom, and the rental terms. For example: Community Building Space - Nursery School - \$50 per month, etc. Cite changes anticipated during the Requested Budget Year affecting estimated Non-dwelling Rental Income.

1.	<u>Space Rented</u>	<u>To Whom</u>	<u>Rental Terms</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

2. Comments:

**Interest on General Fund Investments:** State the amount of present General Fund investment and the percentage of the General Fund it represents. Explain circumstances such as increased or decreased operating reserves, dwelling rent, operating expenditures, etc., which will affect estimated average monthly total investments in the Requested Budget Year. Explain basis for distribution of interest income between housing programs.

**Other Comments On Estimates of Operating Receipts:** Give comments on all other significant sources of income which will present a clear understanding of the HA's prospective Operating Receipts situation during the Requested Budget Year. For Section 23 Leased housing explain basis for estimate of utility charges to tenants.

Total \$ -

**Operating Expenditures  
Summary of Staffing and Salary Data**

Complete the summary below on the basis of information shown on Form HUD-52566, Schedule of All Positions and Salaries, as follows:

- Column (1):** Enter the total number of positions designated with the corresponding account line symbol as shown in Column (1), form HUD-52566.
- Column (2):** Enter the number of equivalent full-time positions allocable to HUD-aided housing in management. For example: A HA has three "A-NT" positions allocable to such housing at the rate of 80%, 70%, and 50% respectively. Thus, the equivalent full-time positions is two. (8/10 + 7/10 +5/10).
- Column (3):** Enter the portion of total salary expense shown in Column (5) or Column (6), Form HUD-52566, allocable to HUD-aided housing in management, other than Section 23 Leased housing.
- Column (4):** Enter the portion of total salary expense shown in Column (5) or Column (6), Form HUD-52566, allocable to Section 23 Leased Housing Management.
- Column (5):** Enter the portion of total salary expense shown in Column (5) or Column (7), form HUD-52566, allocable to Modernization Programs (Comprehensive Improvement Assistance Program or Comprehensive Grant Program).
- Column (6):** Enter the portion of total salary expense shown in Column (5) or Column (9), form HUD-52566, allocable to Section 8 Programs.

Note: The number of equivalent full-time positions and the amount of salary expense for all positions designated "M" on Form HUD-52566 must be equitably distributed to account lines Ordinary Maintenance and Operation - Labor, Extraordinary Maintenance Work Projects, and Betterments and Additions Work Projects.

Account Line	Total Number of Positions (1)	HUD-Aided Management Program				
		Equivalent Full-time Positions (2)	Salary Expense			
			Management (3)	Section 23 Leased Housing only (4)	Modernization Programs (5)	Section 8 Program (6)
Administration-Nontechnical Salaries 1/	1	0	14,585.00		-	-
Administration-Technical Salaries 1/						
Ordinary Maintenance & Operation-Labor 1	1	0	-		-	
Utilities-Labor 1/						
Other (Specify) (Legal, etc.) 1/						
Extraordinary Maintenance Work Projects 2/						
Betterments and Additions Work Projects 2/						

1 Carry forward to the appropriate line on HUD-52564, the amount of salary expense shown in Column (3) on the corresponding line above. Carry forward to the appropriate line on HUD-52564 (Section 23 Leased Housing Budget), the amount of salary expense shown in Column (4) on the corresponding line above.

2 The amount of salary expense distributed to Extraordinary Maintenance Work Projects and to Betterments and Additions Work Projects is to be included in the cost of each individual project to be performed by the HA Staff, as shown on form HUD-52567.

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Specify all proposed new positions and all present positions to be abolished in the Requested Budget Year. Cite prior HUD concurrence in proposed staffing changes or present justification for such changes. Cite prior HUD concurrence in proposed salary increases for Administration Staff or give justification and pertinent comparability information. Cite effective date for current approved wage rates (form HUD-52158) and justify all deviations from these rates.

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Travel, Publications, Membership Dues and Fees, Telephone and Telegraph, and Sundry: In addition to "Justification for Travel to Conventions and Meetings" shown on Form HUD-52571, give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for these accounts in the Current Budget Year. Explain basis for allocation of each element of these expenses.

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Utilities: Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for each utility service in the Current Budget Year. Describe and state estimated cost of each element of "Other Utilities Expense."

**See PFS HUD-52722 for computations of PUM's and total estimated utilities. Allowable utilities expense per un  
month of: 122.17 .**

**Allowance is based on the 2009 Operating Fund Calculation.**

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Ordinary Maintenance & Operation - Materials: Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for materials in the Current Budget Year.

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Ordinary Maintenance & Operation - Contract Costs: List each ordinary maintenance and operation service contracted for and give the estimated cost for each. Cite and justify new contract services proposed for the Requested Budget Year. Explain substantial Requested Budget Year increases over the PUM rate of expenditure for Contract Services in the Current Budget Year. If LHA has contract for maintenance of elevator cabs, give contract cost per cab.

<b>Equipment Maintenance</b>	<b>500</b>
<b>Extermination</b>	<b>-</b>
<b>Garbage</b>	<b>150</b>
<b>Vehicle Repairs</b>	<b>-</b>
<b>Lawn Service</b>	<b>-</b>
<b>Electrical Services</b>	<b>-</b>
<b>Heating and Cooling</b>	<b>-</b>
<b>Unit Turnaroun</b>	<b>-</b>
<b>Plumbing</b>	<b>-</b>
<b>Total Estimated Contract Costs</b>	<b><u>650</u></b>

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Insurance: Give an explanation of substantial Requested Budget Year estimated increases in the PUM rate of expenditures for insurance over the Current Budget Year. Cite changes in coverage, premium rates, etc.

Property	-
General Liability	5,360
Auto	-
Fidelity Bond / Position Bond	148
Flood Insurance	-
Worker Compensation	550
<b>Total Estimated Insurance</b>	<b>6,058</b>

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Employee Benefit Contributions: List all Employee Benefit plans participated in. Give justification for all plans to be instituted in the Requested Budget Year for which prior HUD concurrence has not been given.

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Collection Losses: State the number of tenants accounts receivable to be written off and the number and total amount of all accounts receivable for both present and vacated tenants as of the month in which the estimate was computed.

**We expect to write-off \$ 9,693 in uncollectible accounts.**

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Extraordinary Maintenance, Replacement of Equipment, and Betterments and Additions: Cite prior HUD approval or give justification for each nonroutine work project included in the Requested Budget and for those for future years which make up the estimate on Form HUD-52570. Justifying information incorporated on or attached to Form HUD-52567 need not be repeated here.

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Contracts: List all contracts, other than those listed on page 3 of this form under Ordinary Maintenance & Operation (OMO). Cite the name of the contractor, type of contract, cost of contract, and contract period. Justification must be provided for all contract services proposed for the Requested Budget Year (RBY). Explain substantial RBY increases over the PUM rate of expenditure for these contracts in the Current Budget Year.



**Operating Budget**  
**Schedule of All Positions and Salaries**

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

OMB Approval No. 2577-0026 Exp. (10/31/97)

Name of Local Housing Authority <b>Venice Housing Authority</b>		Locality <b>201 Grove Street North Venice, Florida</b>				Fiscal Year End <b>March 31, 2011</b>									
Position Title and Name By Organizational Unit and Function		Present Salary Rate As of (date) <b>2010</b>	Requested Budget Year			Allocation of Salaries by Program									
			Salary Rate <b>2011</b>	Estimated Payment		Management (6)	Section 8 New Construct (7)	Development (8)	Section 8 Programs (9)	Other Programs (10)	Longevity (11)	Method of Allocation (12)			
No. Months (4)	Amount (5)	(1)		(1a)	(2)								(3)	(4)	(5)
<b>Administrative</b>															
Executive Director	A-NT														
Housing Manager	A-NT														
Administrative Assistant	A-NT														
Administrative Assistant	A-NT	14,160	14,585			14,585									
<b>TOTAL</b>			14,585			14,585									
<b>Maintenance Mechanic</b>															
Maintenance Supervisor	M	19,253													
<b>TOTAL</b>															
<b>TOTAL SALARIE &amp; WAGES</b>			14,585			14,585									

To the best of my knowledge, 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)

Executive Director or Designated Official

Date

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

**Venice Housing Authority**  
**201 Grove Street North**  
**Venice, Florida**

Program/Activity Receiving Federal Grant Funding

**Public Housing Operating Subsidy**

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 any 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 any 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 HA Official

Title:

**Chairman of the Board**

Signature:

Date:

x

<b>Part I: Summary</b>	
PHA Name: Venice Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14S064501-09 Replacement Housing Factor Grant No: Date of CFFP: 03/18/2009
<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 01/31/2010       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
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	0	15,000	15,000	12,811.50
8	1440 Site Acquisition				
9	1450 Site Improvement	0	15,000	15,000	0
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition	99008	69,008	69,008	69,008
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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

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**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Venice Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14S064501-09 Replacement Housing Factor Grant No: Date of CFFP: 03/18/2009	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>			
<b>Type of Grant</b>					
<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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	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)	99008		99,008	81,819.50
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director George B. Barr, Chairman, Brd. of commissioners</b>			<b>Signature of Public Housing Director</b>		<b>Date</b>
<b>Date</b>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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







