

<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>
-----------------------------------	---	--

<b>1.0</b>	<b>PHA Information</b> PHA Name: <b>Ocala Housing Authority</b> PHA Code: <b>FL032</b> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <b>10/1/2010</b>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <b>185</b> Number of HCV units: <b>1,239</b>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" 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:				PH HCV
	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:				
<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. <b>Since our submission of last years 5-year Plan and Annual Update the Ocala Housing Authority has completed several of our 5-year goals;</b> <ul style="list-style-type: none"> <li>• <b>Implemented the reduced voucher payment standard of 95% of the Fair Market Rent (FMR) across the board for all Section 8 participants.</b></li> <li>• <b>Increased participation in the Family Self-Sufficiency Program with 4 new participants.</b></li> <li>• <b>Applied for and received 25 VASH vouchers for our section 8 program</b></li> <li>• <b>Maintained our ranking as a High Performing Agency</b></li> <li>• <b>Updated and revised our Section 8 Administrative Plan</b></li> <li>• <b>Updated and revised our Public Housing Admissions and Continued Occupancy Plan</b></li> <li>• <b>Received 80 additional Section 8 vouchers to house those displaced at that Marion Manor apartment complex – all families are now leased.</b></li> </ul>				
<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: <b>(a) Both the Public Housing and Section 8 waiting lists ranking systems have been updated to provide a higher weighted score to those applicants qualifying under the McKinney Vento Homelessness definition.</b>  (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. <b>(b) The public can obtain copies of the Ocala Housing Authority's 5-year plan and this annual update at our main administrative office, located at: 1629 NW 4<sup>th</sup> Street, Ocala, FL. 34475. Our office hours are Monday-Friday from 8:30 AM – 4:30 PM.</b>				
<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> The OHA has 18 homes in the Paradise Trails single-family subdivision completed. 9 of those homes have been sold with an additional 9 available and listed with a Realtor. A total of 28 homes will be built in the Paradise Trails subdivision once completed.				
<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.				

8.2	<p><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.</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <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.</p>
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. <b>Consolidated Plan for this past years update some of the greatest needs/obstacles as it pertains to housing in our jurisdiction are as follows:</b>  <b>A shortage of affordable rental units excludes or severely limits choices of affordable housing. Both the City and County will continue to offer incentives to those seeking in providing affordable, safe, decent rental housing in the area. In the last 5 years the City of Ocala has seen and expansion of affordable rental units within the City limits to just over 1,000 new units. This number is still not enough. Some of the areas tax credit properties have income requirements but due to the county average unemployment rate of over 13% (which is higher than the National average) families/individuals do not qualify for these units. The OHA will continue to seek creative ways to address this housing need, such as; expanding partnerships (new Habitat partnership for our Section 8 Home Ownership Program), continue our work with the Marion County Homeless Council on prevention of homelessness, continue offering Homeownership Preservation (foreclosure prevention) Workshops in order to empower families with the knowledge to help themselves while working with a counselor 1-1. The OHA will also continue to research expanding their current housing stock in order to add more “affordable” rental units into the community.</b></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></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(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.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</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 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](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.



## **Community Wide Resident Extravaganza February 25, 2010**

### **Notes from meeting: Agency Plan Recommendations**

1. Look into closing off the area in the back of Shady Hollow where the fence was knocked down. People walk thru there and its between apartments and there have been dirt bikes riding back there.
2. Assigned parking spaces in the communities.
3. Weatherization (re-sealing) of doors and windows as needed to help cut utility costs as well as help keep insects out.
4. Upgrade the playgrounds – new sand or mulch and benches
5. Repair parking lots
6. Landscaping in communities including tree trimming and removal of leaves and other debris

**Public Housing Agency Plan**  
**OHA Staff review and discussion of RAB suggestions**  
**March 3, 2010**

OHA staff met to discuss the suggestions and ideas from the Residents and to determine what was feasible at this point and what may have to wait till the next years plan.

1. Look into closing off the area in the back of Shady Hollow where the fence was knocked down. People walk thru there and its between apartments and there have been dirt bikes riding back there. **Staff discussion:** OHA Deputy Director will contact Ocala Police Department (OPD) for assistance in slowing down if not stopping unwanted traffic as well as assistance with making sure if a fence is again put up its not damaged by those seeking the short-cut. OPD will also be asked to suggest where the best place to install security lighting in hopes that will be a deterrent to unwanted traffic.
2. Assigned parking spaces in the communities **Staff discussion:** There is no way to police this. Staff is not onsite 24/7 and this will prove to be difficult to monitor.
3. Weatherization (re-sealing) of doors and windows as needed to help cut utility costs as well as help keep insects out. **Staff discussion:** currently windows in our largest community are being replaced as well as some of the front entry doors, this was using the funds received thru the ARRA program. Survey will be sent to residents to determine who is having problems and what areas need to be addressed as far as weatherization. Maintenance is currently taking care of those areas noted during inspections or other work order repairs.
4. Upgrade the playgrounds – new sand or mulch and benches. **Staff discussion:** playground upgrades will begin by May 1<sup>st</sup>, this was earmarked with the ARRA program
5. Repair parking lots: **Staff discussion:** Parking lots are being repaved in all 4 communities under the ARRA program
6. Landscaping in communities including tree trimming and removal of leaves and other debris. **Staff discussion:** Tree Trimming and removal of brush is being completed under the ARRA program.

**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 <b>Ocala Housing Authority / FL032</b>		Locality : <b>Ocala/Marion County Florida</b>			<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year 2 FFY <u>2010</u>	Work Statement for Year 3 FFY <u>2011</u>	Work Statement for Year 4 FFY <u>2012</u>	Work Statement for Year 5 FFY <u>2013</u>
B.	Physical Improvements Subtotal	Annual Statement	289,215.00	224,536.00	240,000.00	240,000.00
C.	Management Improvements		5,000.00	5,000.00	5,000.00	5,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		5,000.00	14,300.00	40,000.00	10,000.00
E.	Administration		26,000.00	26,000.00	26,000.00	26,000.00
F.	Other					
G.	Operations		30,000.00	30,000.00	30,000.00	30,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		\$355,215.00	\$299,836.00	\$341,000.00	\$311,000.00



<b>Part I: Summary (Continuation)</b>						
PHA Name/Number: <b>Ocala Housing Authority / FL032</b>		Locality: Ocala/Marion County Florida			<input type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____
		<b>Annual Statement</b>				

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2009	Work Statement for Year <u>2010 -2011</u> FFY <u>2010</u>			Work Statement for Year: <u>2011 - 2012</u> FFY <u>2011</u>		
	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	FL032-001 Bathroom Renovations (1460)	18	\$108,000.00	FL032-001 Bathroom Renovations (1460)	18	\$108,000.00
Annual	FL032-001 Programmable Thermostats (1460)	185	\$25,000.00	FL032-001 Programmable Thermostats (1460)	0	\$0.00
Statement	FL032-001 Bathroom Exhaust Fans (1460)	73	\$23,000.00	FL032-001 Bathroom Exhaust Fans (1460)	73	\$23,000.00
	FL032-001 Toilets (1460)	182	\$19,000.00	FL032-001 Toilets (1460)	0	\$0.00
	FL032-001 Shower heads replacement (1460)	0	\$0.00	FL032-001 Shower heads replacement (1460)	0	\$0.00
	FL032-001 H2O Hose Bibs Replacement (1460)	0	\$0.00	FL032-001 H2O Hose Bibs Replacement (1460)	0	\$0.00
	FL032-001 Kitchen Cabinets Renovations (1460)	0	\$0.00	FL032-001 Kitchen Cabinets Renovations (1460)	0	\$0.00

**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**

	FL032-001 Kitchen Replacement Refrigerators (1465)	74	\$44,000.00	FL032-001 Kitchen Replacement Refrigerators (1465)	74	\$43,586.00
	FL032-001 Kitchen Replacement Stoves (1465)	37	\$17,000.00	FL032-001 Kitchen Replacement Stoves (1465)	111	\$49,950.00
	FL032-001 Replace Hot Water Tanks (1465)	185	\$20,700.00			
	FL032-001 Automobiles (1475)	0	\$0.00	FL032-001 Automobiles (1475)	0	\$0.00
	FL032-001 Entrance Lighting and Landscaping (1450)	04	\$20,000.00	FL032-001 Entrance Lighting and Landscaping (1450)	0	\$0.00
	FL032-001 Tree Removal & Trimming (1450)	0	\$0.00	FL032-001 Tree Removal & Trimming (1450)	0	\$0.00
	FL032-001 Water Line Repair (DR Back & SH 800) (1450)	0	\$0.00	FL032-001 Water Line Repair (DR Back & SH 800) (1450)	0	\$0.00
	FL032-001 Mailbox Replacement (1475)	76	\$5,000.00	FL032-001 Mailbox Replacement (1475)	0	\$0.00
	FL032-001 Bathroom Renovations (1470)	0	\$0.00	FL032-001 Bathroom Renovations (1470)	1	\$14,300.00

**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**

	FL032-001 Laundry Renovations (1470)	0	\$0.00	FL032-001 Laundry Renovations (1470)	0	\$0.00
	FL032-001 Playground Equipment (upgrades/repair/replace) (1475)	3 communities	\$7,515.00			
	FL032-001 Elevator (Repair/Replacement) (1475)	1	\$5,000.00			
	Subtotal of Estimated Cost		\$294,215.00	Subtotal of Estimated Cost		\$238,836.00

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year <u>2012 - 2013</u> FFY <u>2012</u>			Work Statement for Year: <u>2013 - 2014</u> FFY <u>2013</u>		
	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	FL032-001 Bathroom Renovations (1460)	0	\$0.00	FL032-001 Bathroom Renovations (1460)	0	\$0.00
Annual	FL032-001 Programmable Thermostats (1460)	0	\$0.00	FL032-001 Programmable Thermostats (1460)	0	\$0.00
Statement	FL032-001 Bathroom Exhaust Fans (1460)	0	\$0.00	FL032-001 Bathroom Exhaust Fans (1460)	0	\$0.00
	FL032-001 Toilets (1460)	0	\$0.00	FL032-001 Toilets (1460)	0	\$0.00
	FL032-001 Shower heads replacement (1460)	0	\$0.00	FL032-001 Shower heads replacement (1460)	0	\$0.00
	FL032-001 H2O Hose Bibs Replacement (1460)	365	\$40,000.00	FL032-001 H2O Hose Bibs Replacement (1460)	0	\$0.00
	FL032-001 Kitchen Cabinets Renovations (1460)	0	\$0.00	FL032-001 Kitchen Cabinets Renovations (1460)	185	\$140,000.00

**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**

	FL032-001 Kitchen Replacement Refrigerators (1465)	0	\$0.00	FL032-001 Kitchen Replacement Refrigerators (1465)	0	\$0.00
	FL032-001 Kitchen Replacement Stoves (1465)	0	\$0.00	FL032-001 Kitchen Replacement Stoves (1465)	0	\$0.00
	FL032-001 Automobiles (1475)	0	\$0.00	FL032-001 Automobiles (1475)	0	\$0.00
	FL032-001 Entrance Lighting and Landscaping (1450)	0	\$0.00	FL032-001 Entrance Lighting and Landscaping (1450)	0	\$0.00
	FL032-001 Tree Removal & Trimming (1450)	4 communities	\$50,000.00	FL032-001 Tree Removal & Trimming (1450)	0	\$0.00
	FL032-001 Water Line Repair (DR Back & SH 800) (1450)	1	\$150,000.00	FL032-001 Water Line Repair (DR Back & SH 800) (1450)	1	\$100,000.00
	FL032-001 Mailbox Replacement (1475)	0	\$0.00	FL032-001 Mailbox Replacement (1475)	0	\$0.00
	FL032-001 Laundry Renovations (1470)	2	\$40,000.00	FL032-001 Laundry Renovations (1470)	1	\$10,000.00
	FL032-001 Bathroom Renovations (1460)	0	\$ 0.00	FL032-001 Bathroom Renovations (1460)	0	\$0.00
	Subtotal of Estimated Cost		\$280,000.00	Subtotal of Estimated Cost		\$250,000.00

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year <u>2010 - 2011</u> FFY <u>2010</u>		Work Statement for Year: <u>2011 - 2012</u> FFY <u>2011</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	FL032-001 Computer Equipment/Upgrades/Servicing	\$2,500.00	FL032-001 Computer Equipment/Upgrades/Servicing	\$2,500.00
Annual Statement	Staff Training	\$2,500.00	Staff Training	\$2,500.00
	Subtotal of Estimated Cost	\$5,000.00	Subtotal of Estimated Cost	\$5,000.00

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year <u>2012 - 2013</u> FFY <u>2012</u>		Work Statement for Year: <u>2013 - 2014</u> FFY <u>2013</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	FL032-001 Computer Equipment/Upgrades/Servicing	\$2,500.00	FL032-001 Computer Equipment/Upgrades/Servicing	\$2,500.00
Annual Statement	Staff Training	\$2,500.00	Staff Training	\$2,500.00
	Subtotal of Estimated Cost	\$5,000.00	Subtotal of Estimated Cost	\$5,000.00



## READ

This Excel book consist of 5 different working sheets.  
Sheets Name: Part I, II, III, Obligation and LOCCS

Part I, II and III are the different sections of the capital improvement budget.  
Part I sheet allows some information be put directly into the form. The rest of the information will come from Part II sheet. Part I sheet is protected to prevent formula corruption.  
The information from Part II sheet will automatically be transferred to the appropriate account in Part I. Part III sheet is the area of the budget that contains the implementation schedule (dates).

Obligation This is the table to record the contracts and obligation activities toward the Grant.  
LOCCS This is the table to record all the LOCCS request.  
The data entered in Part II, Obligation and LOCCS will be recorded in Budget Part I

If you need to modify Part I, the pass word is HUD. DO NOT USE THE TABLE WITHOUT PROTECTION. Once modified, and before using the table, stablish your own pass word. If you have somebody using the table, do not disclose your own pass word. At all times, protect the formulas from accidental corruption.

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

## Part I: Summary

### Annual Statement/Performance and Evaluation Report Capital Fund Program

PHA Name:

**OCALA HOUSING AUTHORITY**

Modernization Project Number:

**FL29P032501-0**

FFY of Grant Approval

**2007**

Original Annual Statement     Reserved for Disasters/Emergencies.     Revised Annual Statement/Revision No. # 1  
 Final Performance and Evaluation Report     Performance and Evaluation Report for Period Ending -

LINE NO.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		ORIGINAL	REVISED	OBLIGATED	EXPENDED
1	Total none-CIAP/CGP Funds				
2	1406 Operations (Not to exceed 10% of line 19)	\$50,097.00	\$50,097.00	\$50,097.00	\$50,097.00
3	1408 Management Improvements	\$5,000.00	\$3,382.90	\$3,382.90	\$3,382.90
4	1410 Administration	\$25,697.00	\$25,697.00	\$25,697.00	\$25,697.00
5	1411 Audit				
6	1415 Liquidated damages				
7	1430 Fees and Costs	\$5,000.00	\$2,191.67	\$2,191.67	\$2,191.67
8	1440 Site Acquisition				
9	1450 Site Improvements	\$10,000.00	\$11,600.00	\$11,600.00	\$11,600.00
10	1460 Dwelling Structures	\$140,770.00	\$146,848.19	\$146,848.19	\$146,848.19
11	1465.1 Dwelling Equipment-Noneexpendable	\$10,000.00	\$15,500.00	\$15,500.00	\$15,500.00
12	1470 Nondwelling Structure	\$10,500.00	\$0.00		
13	1475 Nondwelling Equipment		\$1,747.24	\$1,747.24	\$1,747.24
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Cost				
17	1498 MOD Used for Development				
18	1502 Contingency (Not to exceed 8% of line 19)				
<b>19</b>	<b>Amount of Annual Grant (Sum of lines 2-18)</b>	<b>\$257,064.00</b>	<b>\$257,064.00</b>	<b>\$257,064.00</b>	<b>\$257,064.00</b>
20	Amount of line 19 Related to LBP Activities				
21	Amount of line 19 Related to Sec 504 Comp.				
22	Amount of line 19 Related to Security	\$150,000.00			
23	Amount of line 19 Related to Energy Conservation	\$150,000.00			

Signature of Executive Director & Date:

Gwendolyn B. Dawson

Signature of Public Housing Director/

Office of Native American Programs Administrator & Date:

Victoria Main, Public Housing Director

1 To be completed for Performance & Evaluation Report Or a Revised Annual Statement.

2 To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Facotr (CFP/CFPRHF)**

**PART II: Suporting Pages**

PHA Name: Ocala Housing Authority			Grant Type and Number Capital Fund Program: FL29PO32501-07 Capital Fund Program: Replacement Housing Factor #:			Federal FY of Grant: 2007		
Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended	Status of Proposed Work
			Original	Revised	Difference			
PHA Wide	<b>OPERATIONS</b>							
	Operating Sidsidy	1406	50,097.00	50,097.00		50097.00	\$50,097.00	Completed
	<b>TOTAL</b>	1406	<b>50,097.00</b>	<b>50,097.00</b>		50097.00	\$50,097.00	
PHA Wide	<b>MANAGEMENT IMPROVEMENTS</b>							
	Staff Training	1408	2,000.00	2,686.70		2,686.70	2,686.70	Completed
	MIS Tech Support	1408	3,000.00	696.20		696.20	696.20	Completed
		1408						
	<b>TOTAL</b>	1408	<b>5,000.00</b>	<b>3,382.90</b>		3,382.90	<b>3,382.90</b>	
PHA Wide	<b>ADMINISTRATION</b>							
	MOD Cordinator Salary	1410	25,697.00	25,697.00		25,697.00	25,697.00	Completed
	Sundry	1410						
	<b>TOTAL</b>	1410	<b>25,697.00</b>	<b>25,697.00</b>		25,697.00	<b>25,697.00</b>	
PHA Wide	<b>FEES AND COSTS</b>							
	A & E Fees and Costs	1430	2,000.00					
	Energy Audit	1430		741.67		741.67	741.67	Completed
	Noise Study	1430		1,450.00		1,450.00	1,450.00	Completed
	UPCS Inspections	1430	3,000.00					
	<b>TOTAL</b>	1430	<b>5,000.00</b>	<b>2,191.67</b>		2,191.67	<b>2,191.67</b>	

FL32-02	<b>PAVILION OAKS</b>							
	<b>Site Improvement</b>	1450						
	Tree Removal and Trim	1450	1,000.00	1,000.00	1,000.00	1,000.00	Completed	
	Fence Repair and Reconfiguration	1450	2,000.00	0.00				
	Sub-Total	1450	<b>3,000.00</b>	<b>1,000.00</b>	1,000.00	<b>1,000.00</b>		
	<b>Dwelling Structure</b>							
	Roof Replacement Units	1460						
	Install Siding on Storage Sheds (39)	1460						
	Install Water Meters & Hose Bibs (39)	1460						
	Conversion of CC to Dwelling Unit	1460						
	HVAC Replacement (1)	1460						
	Sub-Total	1460	<b>0.00</b>	<b>0.00</b>	0.00	<b>0.00</b>		
	<b>Dwelling Equipment - Non Expendable</b>	1465.1						
	Appliances (Refrigerators & Gas Ranges)	1465.1	1,500.00	3,000.00	3,000.00	3,000.00	Completed	
	Window Treatments (343)	1465.1						
	Sub-Total	1465.1	<b>1,500.00</b>	<b>3,000.00</b>	3,000.00	<b>3,000.00</b>		
	<b>NON DWELLING EQUIPMENT</b>							
	Community Center Roof Repair	1470	10,000.00	0.00				
	Sub-Total		<b>10,000.00</b>	0.00			<b>0.00</b>	
	<b>TOTAL</b>		<b>14,500.00</b>	<b>4,000.00</b>	4,000.00	<b>4,000.00</b>		
FL32-03	<b>DEER RUN</b>							
	<b>Site Improvements</b>							
	Security Lighting entry way, 3000 & 3100 sections	1450						
	Tree Removal and Trimming	1450	3,000.00	8,600.00	8,600.00	8,600.00	Completed	
	Westside Divider	1450	2,000.00	0.00				
	Sub-Total	1450	<b>5,000.00</b>	<b>8,600.00</b>	8,600.00	8,600.00		
	<b>Dwelling Structure</b>							
	Install Water Meters and Hose Bibs (76)	1460						
	Window replacement (316)	1460	140,770.00	105,491.49	105,491.49	105,491.49	Completed	
	Repalce Back Door (10)	1460						
	HVAC Replacement (10)	1460		41,356.70	41,356.70	41,356.70	Completed	
	Sub-Total	1460	<b>140,770.00</b>	<b>146,848.19</b>	146,848.19	<b>146,848.19</b>		
	<b>Dwelling Equipment - Non Expendable</b>	1465.1						
	Window Treatments (371)	1465.1						
	Appliances (Refrigerators & Gas Ranges)(18)	1465.1	4,000.00	6,000.00	6,000.00	6,000.00	Completed	
	Sub-Total	1465.1	<b>4,000.00</b>	<b>6,000.00</b>	6,000.00	<b>6,000.00</b>	Completed	
	<b>Non Dwelling Equipment</b>	1475						
	HVAC Replacement - Family	1475	0.00	0.00				
	Sub-Total		0.00	0.00				
	<b>TOTAL</b>		<b>149,770.00</b>	<b>161,448.19</b>	161,448.19	<b>161,448.19</b>		

FL32-04	<b>SHADY HOLLOW</b>							
	<b>Site Improvements</b>							
	Security Lighting	1450						
	Tree Removal and Trimming	1450	2,000.00	2,000.00		2,000.00	2,000.00	Completed
	Replace & Install Dumpster Fence (PVC) (3)	1450						
	Sub-Total	1450	<b>2,000.00</b>	<b>2,000.00</b>		2,000.00	2,000.00	
	<b>Dwelling Structure</b>							
		1460						
	Install Water Meters & Hose Bibs (50)	1460						
	HVAC Replacement (9)	1460						
	Sub-Total	1460	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>	
	<b>Dwelling Structure - Non Expendable</b>	1465.1						
	Window Treatment(240)	1465.1						
	Appliances (Refrigerators & Gas Ranges)(13)	1465.1	3,000.00	4,500.00		4,500.00	4,500.00	Completed
	Sub-Total	1465.1	<b>3,000.00</b>	<b>4,500.00</b>		4,500.00	<b>4,500.00</b>	
	<b>Non Dwelling Structure</b>	1470						
	Install interior wall	1470						
	Replace Rear Door	1470	500.00	0.00				
	Sub-Total	1470	<b>500.00</b>	<b>0.00</b>				
	<b>Non Dwelling Equipment</b>	<b>1475</b>						
	<b>TOTAL</b>		<b>5,500.00</b>	<b>6,500.00</b>		6,500.00	6,500.00	
FL32-08	<b>PINE GARDENS</b>							
	<b>Site Improvements</b>							
	Security Lighting	1450						
	Sub-Total	1450	<b>0.00</b>	<b>0.00</b>		0	0	
	<b>Dwelling Structure</b>	1460						
	Sliding Repairs/Replacement	1460						
	HVAC Replacement	1460						
	Sub-Total	1460	<b>0.00</b>	<b>0.00</b>		-	-	
	<b>Dwelling Equipment - Non Expendable</b>	1465.1						
	Window Treatment (40)	1465.1						
	Appliances (Refrigerators & Gas Ranges)(4)	1465.1	1,500.00	2,000.00		2000	2000	Completed
	Sub-total	1465.1	<b>1,500.00</b>	<b>2,000.00</b>		2000	<b>2000</b>	
	<b>Non Dwelling Equipment</b>	1475						
	Replace Elevator (1)	1475		1,747.24		1747.24	<b>1747.24</b>	Completed
	Sub-Total	1475	<b>0.00</b>	<b>1,747.24</b>		1747.24	<b>1747.24</b>	
	<b>TOTAL</b>		<b>1,500.00</b>	<b>3,747.24</b>		3,747.24	3,747.24	
	<b>TOTAL GRANT</b>		<b>\$ 257,064.00</b>	<b>\$ 257,064.00</b>		<b>257,064.00</b>	<b>257,064.00</b>	

**Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Facotr (CFP/CFPRHF)  
 PART III: Implementation Schedule**

Development Number	All Funds Obligated			All Funds Expended			Reason for revised Target Date			
	ORIGINAL	REVISED	ACTUAL	ORIGINAL	REVISED	ACTUAL				
PHA Name: <b>Grant Type and Number</b> Federal FY of Grant: Capital Fund Program: FI29PO32501-07 2007 Capital Fund Program: Replacement Housing Factor #:										
	(ATTACH EXPLANATION)			(ATTACH EXPLANATION)						
PHA-Wide										
#1406	9/30/2009		12/31/2007	9/30/2011		9/30/2009				
#1408	9/30/2009		3/31/2009	9/30/2011		3/31/2009				
#1410	9/30/2009		12/31/2007	9/30/2011		6/30/2008				
#1430	9/30/2009		12/31/2008	9/30/2011		12/31/2008				
FL32-02										
#1450	9/30/2009		12/31/2008	9/30/2011		3/31/2009				
#1460										
#1465	9/30/2009		12/31/2008	9/30/2011		3/31/2009				
#1475										
FL32-03										
#1450	9/30/2009		12/31/2008	9/30/2011		3/31/2009				
#1460	9/30/2009		3/31/2009	9/30/2011		9/30/2009				
#1465	9/30/2009		12/31/2008	9/30/2011		3/31/2009				
#1475										
FL32-04										
#1450	9/30/2009		12/31/2008	9/30/2011		3/31/2009				
#1460	9/30/2009		3/31/2009	9/30/2011		9/30/2009				
#1465	9/30/2009		12/31/2008	9/30/2011		3/31/2009				
#1470	9/30/2009			9/30/2011						
FL32-08										
#1450	9/30/2009		12/31/2008	9/30/2011		3/31/2009				
#1460	9/30/2009		3/31/2009	9/30/2011		9/30/2009				
#1465	9/30/2009		12/31/2008	9/30/2011		3/31/2009				
#1475										



Ocala Housing Authority  
Capital Fund Grant 501-07

Total Funded

Development Account		1406	1408	1410	1430	1450	1460	1465	1470	1475	Total			
Date	#	50,097.00	3,382.90	25,697.00	2,191.67	11,600.00	146,848.19	15,500.00	0.00	1,747.24	\$257,064.00			
4-Oct	1	4,174.75									4,174.75			
31-Oct	2	4,174.75									4,174.75			
6-Nov	3			2,359.26				8,750.00			11,109.26			
11/29	4	4,174.75		2,831.65							7,006.40			
1/3	5	4,174.75		3,830.45							8,005.20			
5-Feb	6	4,174.75		3,067.91			53,030.00				60,272.66			
2/29/2008	7.00	4,174.75		4,072.73			53,350.00				61,597.48			
3/31/2008	8.00	4,174.75		2,714.86			8,625.00	1,250.00			16,764.61			
4/30/2008	9.00	4,174.75		2,714.86						1,747.24	8,636.85			
5/31/2008	10.00	4,174.75		2,041.36							6,216.11			
6/30/2008	11.00	4,174.75		2,063.92							6,238.67			
7/18/2008	12.00					2,750.00	6,645.00				9,395.00			
8/13/2008	13.00	4,174.75			741.67			3,615.00			8,531.42			
8/30/2008	14.00	4,174.75									4,174.75			
9/30/2008	15.00							1,164.00			1,164.00			
10/31/2008	16.00				1,450.00	3,150.00					4,600.00			
1/9/2009	####					5,700.00					5,700.00			
11/30/2008			2,686.70								2,686.70			
1/30/2009								721.00			721.00			
2/28/2009			696.20				5,614.80				6,311.00			
3/31/2009							13,226.69				13,226.69			
5/30/2009							1,450.00				1,450.00			
6/30/2009							360.01				360.01			
9/9/2009							3,425.00				3,425.00			
10/7/2009							1,121.69				1,121.69			
											0.00			
											0.00			
Total		50,097.00	3,382.90	25,697.00	2,191.67	11,600.00	146,848.19	15,500.00	-	1,747.24	257,064.00			
Balance		\$0.00	\$0.00	0.00	-	0.00	0.00	0.00	0.00	0.00	0.00			
Approved											0.00			

Obligation End Date is: September 30, 2009





## READ

This Excel book consist of 5 different working sheets.  
Sheets Name: Part I, II, III, Obligation and LOCCS

Part I, II and III are the different sections of the capital improvement budget.  
Part I sheet allows some information be put directly into the form. The rest of the information will come from Part II sheet. Part I sheet is protected to prevent formula corruption.  
The information from Part II sheet will automatically be transferred to the appropriate account in Part I. Part III sheet is the area of the budget that contains the implementation schedule (dates).

Obligation This is the table to record the contracts and obligation activities toward the Grant.  
LOCCS This is the table to record all the LOCCS request.  
The data entered in Part II, Obligation and LOCCS will be recorded in Budget Part I

If you need to modify Part I, the pass word is HUD. DO NOT USE THE TABLE WITHOUT PROTECTION. Once modified, and before using the table, stablish your own pass word. If you have somebody using the table, do not disclose your own pass word. At all times, protect the formulas from accidental corruption.

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

## Part I: Summary

### Annual Statement/Performance and Evaluation Report Capital Fund Program

PHA Name:

Modernization Project Number:

FFY of Grant Approval

**OCALA HOUSING AUTHORITY**

**FL29P032501-08**

**2008**

Original Annual Statement  Reserved for Disasters/Emergencies.  Revised Annual Statement/Revision No. #1

Final Performance and Evaluation Report  Performance and Evaluation Report for Period Ending - 3-31-2010

LINE NO.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		ORIGINAL	REVISED	OBLIGATED	EXPENDED
1	Total none-CIAP/CGP Funds				
2	1406 Operations (Not to exceed 10% of line 19)	\$50,027.00	\$80,039.26	\$80,039.26	\$62,623.33
3	1408 Management Improvements	\$3,000.00	\$6,028.67	\$6,028.67	\$6,028.67
4	1410 Administration	\$26,447.00	\$26,447.00	\$26,447.00	\$26,447.00
5	1411 Audit				
6	1415 Liquidated damages				
7	1430 Fees and Costs	\$5,000.00	\$4,544.40	\$4,544.40	\$4,544.40
8	1440 Site Acquisition				
9	1450 Site Improvements	\$8,000.00	\$2,515.00	\$2,515.00	\$2,515.00
10	1460 Dwelling Structures	\$172,000.00	\$125,357.67	\$125,357.67	\$125,357.67
11	1465.1 Dwelling Equipment-Noneexpendable		\$19,542.00	\$19,542.00	\$19,542.00
12	1470 Nondwelling Structure				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Cost				
17	1498 MOD Used for Development				
18	1502 Contingency (Not to exceed 8% of line 19)				
<b>19</b>	<b>Amount of Annual Grant (Sum of lines 2-18)</b>	<b>\$264,474.00</b>	<b>\$264,474.00</b>	<b>\$264,474.00</b>	<b>\$247,058.07</b>
20	Amount of line 19 Related to LBP Activities				
21	Amount of line 19 Related to Sec 504 Comp.				
22	Amount of line 19 Related to Security	\$154,000.00			
23	Amount of line 19 Related to Energy Conservation	\$154,000.00			

Signature of Executive Director & Date:

Signature of Public Housing Director/

Office of Native American Programs Administrator & Date:

Gwendolyn B. Dawson

Jonh G. Niesz, Public Housing Director

1 To be completed for Performance & Evaluation Report Or a Revised Annual Statement.

2 To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Facotr (CFP/CFPRHF)**

**PART II: Suporting Pages**

PHA Name: Ocala Housing Authority			Grant Type and Number Capital Fund Program: FL29PO32501-08 Capital Fund Program: Replacement Housing Factor #:			Federal FY of Grant: 2008		
Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended	Status of Proposed Work
			Original	Revised	Difference			
PHA Wide	OPERATIONS							
	Operating Sidsidy	1406	50,027.00	80,039.26	-30,012.26	80039.26	\$62,623.33	
	<b>TOTAL</b>	1406	<b>50,027.00</b>	<b>80,039.26</b>	<b>-30,012.26</b>	80039.26	\$62,623.33	
PHA Wide	MANAGEMENT IMPROVEMENTS							
	Staff Training	1408	0.00	3,028.67	-3,028.67	3,028.67	3,028.67	3/31/3010
	MIS Tech Support	1408	3,000.00	3,000.00	0.00	3,000.00	3,000.00	
		1408						
	<b>TOTAL</b>	1408	<b>3,000.00</b>	<b>6,028.67</b>	<b>-3,028.67</b>	6,028.67	<b>6,028.67</b>	
PHA Wide	ADMINISTRATION							
	MOD Cordinator Salary	1410	26,447.00	26,447.00	0.00	26,447.00	26,447.00	
	Sundry	1410						
	<b>TOTAL</b>	1410	<b>26,447.00</b>	<b>26,447.00</b>	0.00	26,447.00	<b>26,447.00</b>	
PHA Wide	FEES AND COSTS							
	A & E Fees and Costs	1430	2,000.00	2,712.90	-712.90	2,712.90	2,712.90	3/31/2010
	Energy Audit	1430						
	Physical Assessment	1430						
	UPCS Inspections	1430	3,000.00	1,831.50	1,168.50	1,831.50	1,831.50	
	<b>TOTAL</b>	1430	<b>5,000.00</b>	<b>4,544.40</b>	455.60	4,544.40	<b>4,544.40</b>	

FL32-02	<b>PAVILION OAKS</b>							
	<b>Site Improvement</b>	1450						
	Tree Removal and Trim	1450						
	Fence Repair and Reconfiguration	1450						
	Sub-Total	1450	0.00	0.00	0.00	0.00	0.00	
	<b>Dwelling Structure</b>							
	Window Replacementq	1460	54,000.00	33,041.67	20,958.33	33,041.67	33,041.67	
	Roof Replacement Units	1460						
	Install Siding on Storage Sheds (39)	1460						
	Install Water Meters & Hose Bibs (39)	1460						
	HVAC Replacement (1)	1460	5,000.00	5,000.00	0.00	5,000.00	5,000.00	
	Sub-Total	1460	59,000.00	38,041.67	20,958.33	38,041.67	38,041.67	
	<b>Dwelling Equipment - Non Expendable</b>	1465.1						
	Appliances (Refrigerators & Gas Ranges)	1465.1	0.00	2,747.00	-2,747.00	2,747.00	2,747.00	
	Window Treatments (343)	1465.1						
	Sub-Total	1465.1	0.00	2,747.00	-2,747.00	2,747.00	2,747.00	
	<b>NON DWELLING EQUIPMENT</b>							
	Community Center Roof Repair	1470						
	Sub-Total		0.00	0.00	0.00		0.00	
	<b>TOTAL</b>		59,000.00	40,788.67	18,211.33	40,788.67	40,788.67	
FL32-03	<b>DEER RUN</b>							
	<b>Site Improvements</b>							
	Security Lighting entry way	1450	1,265.00	240.00	1,025.00	240.00	240.00	4/30/2010
	Tree Removal and Trimming	1450	1,735.00	1,735.00	0.00	1,735.00	1,735.00	
	Westside Divider	1450						
	Sub-Total	1450	3,000.00	1,975.00	1,025.00	1,975.00	1,975.00	
	<b>Dwelling Structure</b>							
	Install Water Meters and Hose Bibs (76)	1460						
	Window replacement (316)	1460						
	Repalce Back Door (10)	1460						
	HVAC Replacement (10)	1460	5,000.00	5,000.00	0.00	5,000.00	5,000.00	
	Sub-Total	1460	5,000.00	5,000.00	0.00	5,000.00	5,000.00	
	<b>Dwelling Equipment - Non Expendable</b>	1465.1						
	Window Treatments (371)	1465.1						
	Appliances (Refrigerators & Gas Ranges)(18)	1465.1	0.00	7,795.00	-7,795.00	7,795.00	7,795.00	3/31/2010
	Sub-Total	1465.1	0.00	7,795.00	-7,795.00	7,795.00	7,795.00	
	<b>Non Dwelling Equipment</b>	1475						
	HVAC Replacement - Family	1475	0.00	0.00	0.00			
	Sub-Total		0.00	0.00	0.00			
	<b>TOTAL</b>		8,000.00	14,770.00	-6,770.00	14,770.00	14,770.00	

FL32-04	<b>SHADY HOLLOW</b>							
	<b>Site Improvements</b>							
	Security Lighting	1450	5,000.00	540.00	4,460.00	540.00	540.00	4/1/2010
	Tree Removal and Trimming	1450						
	Replace & Install Dumpster Fence (PVC) (3)	1450						
	Sub-Total	1450	<b>5,000.00</b>	<b>540.00</b>	4,460.00	540.00	540.00	
	<b>Dwelling Structure</b>							
	Window Replacement	1460	80,000.00	57,316.00	22,684.00	57,316.00	57,316.00	
	concrete sidewalk	1460		18,776.00	-18,776.00	18,776.00	18,776.00	12/4/2009
	Install Water Meters & Hose Bibs (50)	1460			0.00			
	HVAC Replacement (9)	1460	5,000.00	6,224.00	-1,224.00	6,224.00	6,224.00	3/31/2010
	Sub-Total	1460	<b>85,000.00</b>	<b>82,316.00</b>	2,684.00	<b>82,316.00</b>	<b>82,316.00</b>	
	<b>Dwelling Structure - Non Expendable</b>	1465.1						
	Window Treatment(240)	1465.1						
	Appliances (Refrigerators & Gas Ranges)(13)	1465.1	0.00	6,500.00	-6,500.00	6,500.00	6,500.00	
	Sub-Total	1465.1	<b>0.00</b>	<b>6,500.00</b>	-6,500.00	6,500.00	<b>6,500.00</b>	
	<b>Non Dwelling Structure</b>	1470						
	Install interior wall	1470						
	Replace Rear Door	1470						
	Sub-Total	1470	<b>0.00</b>	0.00	0.00			
	<b>Non Dwelling Equipment</b>	1475						
	<b>TOTAL</b>		<b>90,000.00</b>	<b>89,356.00</b>	<b>644.00</b>	89,356.00	89,356.00	
FL32-08	<b>PINE GARDENS</b>							
	<b>Site Improvements</b>							
	Security Lighting	1450						
	Sub-Total	1450	<b>0.00</b>	<b>0.00</b>		0	0	
	<b>Dwelling Structure</b>	1460						
	Sliding Repairs/Replacement	1460	3,000.00	0.00	3,000.00	-		
	Window Replacement	1460	20,000.00	0.00	20,000.00			
	HVAC Replacement	1460						
	Sub-Total	1460	<b>23,000.00</b>	<b>0.00</b>	23,000.00	-	-	
	<b>Dwelling Equipment - Non Expendable</b>	1465.1						
	Window Treatment (40)	1465.1						
	Appliances (Refrigerators & Gas Ranges)(4)	1465.1	0.00	2,500.00	-2,500.00	2500	2500	
	Sub-total	1465.1	<b>0.00</b>	<b>2,500.00</b>	-2,500.00	2500	<b>2500</b>	
	<b>Non Dwelling Equipment</b>	1475						
	Replace Elevator (1)	1475						
	Sub-Total	1475	<b>0.00</b>	<b>0.00</b>				
	<b>TOTAL</b>		<b>23,000.00</b>	<b>2,500.00</b>	<b>20,500.00</b>	2,500.00	2,500.00	
	<b>TOTAL GRANT</b>		<b>\$ 264,474.00</b>	<b>\$264,474.00</b>	<b>\$0.00</b>	<b>264,474.00</b>	<b>247,058.07</b>	

**Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Facotr (CFP/CFPRHF)  
 PART III: Implementation Schedule**

Development Number	All Funds Obligated			All Funds Expended			Reason for revised Target Date			
	ORIGINAL	REVISED	ACTUAL	ORIGINAL	REVISED	ACTUAL				
PHA Name: Grant Type and Number: Federal FY of Grant: Capital Fund Program: FI29PO32501-07 2007 Capital Fund Program: Replacement Housing Factor #:										
	(ATTACH EXPLANATION)			(ATTACH EXPLANATION)						
PHA-Wide										
#1406	9/30/2010			9/30/2012						
#1408	9/30/2010			9/30/2012						
#1410	9/30/2010			9/30/2012						
#1430	9/30/2010			9/30/2012						
FL32-02										
#1450										
#1460	9/30/2010			9/30/2012						
#1465										
#1475										
FL32-03										
#1450	9/30/2010			9/30/2012						
#1460	9/30/2010			9/30/2012						
#1465										
#1475										
FL32-04										
#1450	9/30/2010			9/30/2012						
#1460	9/30/2010			9/30/2012						
#1465										
#1470										
FL32-08										
#1450										
#1460	9/30/2010			9/30/2012						
#1465										
#1475										









## READ

This Excel book consist of 5 different working sheets.  
Sheets Name: Part I, II, III, Obligation and LOCCS

Part I, II and III are the different sections of the capital improvement budget.  
Part I sheet allows some information be put directly into the form. The rest of the information will come from Part II sheet. Part I sheet is protected to prevent formula corruption.  
The information from Part II sheet will automatically be transferred to the appropriate account in Part I. Part III sheet is the area of the budget that contains the implementation schedule (dates).

Obligation This is the table to record the contracts and obligation activities toward the Grant.  
LOCCS This is the table to record all the LOCCS request.  
The data entered in Part II, Obligation and LOCCS will be recorded in Budget Part I

If you need to modify Part I, the pass word is HUD. DO NOT USE THE TABLE WITHOUT PROTECTION. Once modified, and before using the table, stablish your own pass word. If you have somebody using the table, do not disclose your own pass word. At all times, protect the formulas from accidental corruption.

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

## Part I: Summary

### Annual Statement/Performance and Evaluation Report Capital Fund Program

PHA Name: **OCALA HOUSING AUTHORITY** Modernization Project Number: **FL29P032501-09** FFY of Grant Approval: **2009**

Original Annual Statement  Reserved for Disasters/Emergencies.  Revised Annual Statement/Revision No. # 1  
 Final Performance and Evaluation Report  Performance and Evaluation Report for Period Ending - 3-31-2010

LINE NO.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		ORIGINAL	REVISED	OBLIGATED	EXPENDED
1	Total none-CIAP/CGP Funds				
2	1406 Operations (Not to exceed 10% of line 19)	\$49,186.00	\$168,968.00	\$168,968.00	\$56,322.68
3	1408 Management Improvements	\$5,000.00	\$14,000.00	\$9,000.00	\$6,094.68
4	1410 Administration	\$26,000.00	\$30,218.00	\$30,218.00	\$11,136.69
5	1411 Audit				
6	1415 Liquidated damages				
7	1430 Fees and Costs			\$0.00	\$0.00
8	1440 Site Acquisition				
9	1450 Site Improvements	\$100,000.00	\$2,000.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$83,000.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment-Noneexpendable	\$39,000.00	\$39,000.00	\$1,000.00	\$903.32
12	1470 Nondwelling Structure				
13	1475 Nondwelling Equipment	\$0.00	\$48,000.00		\$0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Cost				
17	1498 MOD Used for Development				
18	1502 Contingency (Not to exceed 8% of line 19)				
19	<b>Amount of Annual Grant (Sum of lines 2-18)</b>	\$302,186.00	\$302,186.00	\$209,186.00	\$74,457.37
20	Amount of line 19 Related to LBP Activities				
21	Amount of line 19 Related to Sec 504 Comp.				
22	Amount of line 19 Related to Security				
23	Amount of line 19 Related to Energy Conservation	\$89,000.00			

Signature of Executive Director & Date:

Signature of Public Housing Director/  
Office of Native American Programs Administrator & Date:

Gwendolyn B. Dawson, Executive Director

Victoria A. Main, Director Office of Public Housing

1 To be completed for Performance & Evaluation Report Or a Revised Annual Statement.

2 To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Facotr (CFP/CFPRHF)**

**PART II: Suporting Pages**

PHA Name: Ocala Housing Authority			Grant Type and Number Capital Fund Program: FL29PO32501-09 Capital Fund Program: Replacement Housing Factor #:			Federal FY of Grant: 2009		
Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended	Status of Proposed Work
			Original	Revised	Difference			
PHA Wide	<b>OPERATIONS</b>							
	Operating Sidsidy	1406	49,186.00	168,968.00	119,782.00	168968.00	\$56,322.68	
	<b>TOTAL</b>	1406	<b>49,186.00</b>	<b>168,968.00</b>	119,782.00	168968.00	\$56,322.68	
PHA Wide	<b>MANAGEMENT IMPROVEMENTS</b>							
	Staff Training	1408	5,000.00	5,000.00	0.00			
	Computer Equip& Randall phone and computer	1408	0.00	9,000.00	9,000.00	9,000.00	6,094.68	
		1408						
	<b>TOTAL</b>	1408	<b>5,000.00</b>	<b>14,000.00</b>	9,000.00	9,000.00	<b>6,094.68</b>	
PHA Wide	<b>ADMINISTRATION</b>							
	MOD Cordinator Salary	1410	26,000.00	30,218.00	4,218.00	30,218.00	11,136.69	
	Sundry	1410						
	<b>TOTAL</b>	1410	<b>26,000.00</b>	<b>30,218.00</b>	4,218.00	30,218.00	<b>11,136.69</b>	
PHA Wide	<b>FEES AND COSTS</b>							
	A & E Fees and Costs	1430						
	Energy Audit	1430						
	Physical Assessment	1430						
	UPCS Inspections	1430						
	<b>TOTAL</b>	1430	<b>0.00</b>	<b>0.00</b>	0.00	0.00	<b>0.00</b>	

FL32-01	<b>PHA Wide</b>							
	<b>Site Improvement</b>							
	Water Line Repair/Replacement	1450	100,000.00	2,000.00	-98,000.00			
	Sub-Total	1450	<b>100,000.00</b>	<b>2,000.00</b>	-98,000.00	0.00	<b>0.00</b>	
	<b>Dwelling Structure</b>							
	Bathroom Renovations	1460	54,000.00	0.00	-54,000.00			
	Bathroom Exhaust Fan Replacement	1460	12,000.00	0.00	-12,000.00			
	Toilet Replacements	1460	5,000.00	0.00	-5,000.00			
	Showerhead Replacements	1460	12,000.00	0.00	-12,000.00			
	Sub-Total	1460	<b>83,000.00</b>	<b>0.00</b>	-83,000.00	<b>0.00</b>	<b>0.00</b>	
	<b>Dwelling Equipment - Non Expendable</b>							
	Appliances (Refrigerators & Gas Ranges)	1465.1	39,000.00	39,000.00	0.00	1,000.00	903.32	
	Sub-Total	1465.1	<b>39,000.00</b>	<b>39,000.00</b>		1,000.00	<b>903.32</b>	
	<b>Non Dwelling Equipment</b>							
	Trucks	1475	0.00	48,000.00	48,000.00			
							<b>0.00</b>	
	<b>TOTAL</b>		<b>302,186.00</b>	<b>302,186.00</b>	<b>0.00</b>	1,000.00	<b>903.32</b>	
	<b>TOTAL GRANT</b>		<b>\$ 302,186.00</b>	<b>\$ 302,186.00</b>	<b>\$ -</b>	<b>209,186.00</b>	<b>74,457.37</b>	








Contractor Name	Scope of Service	Community Name	Contract \$
-----------------	------------------	----------------	-------------

<b>Part I: Summary</b>	
<b>PHA Name:</b> Ocala Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL29PO3250110 Replacement Housing Factor Grant No: Date of CFFP: 6-2010
<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>	

**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 <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>	50000			
3	1408 Management Improvements	6000			
4	1410 Administration (may not exceed 10% of line 21)	27270			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	6500			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	182929			
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> Ocala Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL29PO3250110 Replacement Housing Factor Grant No: Date of CFFP: 6-2010	<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</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)	272699			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	213972			
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</b>		<b>Date</b>		<b>Signature of Public Housing Director</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: Ocala Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: FL29PO3250110 CFFP (Yes/ No): Y Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</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>	
PHA Wide	Operator Cost			50000				
PHA Wide	Management Improvement Training			6000				
PHA Wide	Administration Salaries			27270				
FL032 DR, SH, PO	A&E Services for Handicap			6500				
FL032 DR, SH, PO	Handicap Rehab		13	182929				

<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:		<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 III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Ocala Housing Authority					<b>Federal FFY of Grant: 2010</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
FL032	3-30-12		6-30-2014		
Deer Run					
Shady Hollow					
Pavilion Oaks					

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name:				<b>Federal FFY of Grant:</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

## READ

This Excel book consist of 5 different working sheets.  
Sheets Name: Part I, II, III, Obligation and LOCCS

Part I, II and III are the different sections of the capital improvement budget.  
Part I sheet allows some information be put directly into the form. The rest of the information will come from Part II sheet. Part I sheet is protected to prevent formula corruption.  
The information from Part II sheet will automatically be transferred to the appropriate account in Part I. Part III sheet is the area of the budget that contains the implementation schedule (dates).

Obligation This is the table to record the contracts and obligation activities toward the Grant.  
LOCCS This is the table to record all the LOCCS request.  
The data entered in Part II, Obligation and LOCCS will be recorded in Budget Part I

If you need to modify Part I, the pass word is HUD. DO NOT USE THE TABLE WITHOUT PROTECTION. Once modified, and before using the table, stablish your own pass word. If you have somebody using the table, do not disclose your own pass word. At all times, protect the formulas from accidental corruption.



Annual Statement/Performance and Evaluation Report  
Capital Fund Program **Part I: Summary**

U. S. Department of Housing  
and Urban Development

OMB Approval No. 2577-0157  
(exp. 06/30/2005)

Office of Public and Indian Housing

PHA Name:

**OCALA HOUSING AUTHORITY**

Capital Fund Program Project Number:

**FL29RO32502-08**

FFY of Grant Approval

2008

Original Annual Statement  Reserved for Disasters/Emergencies.  Revised Annual Statement/Revision No. #

Final Performance and Evaluation Report  Performance and Evaluation Report for Period Ending - 3-31-2010

LINE NO.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		ORIGINAL	REVISED (1)	OBLIGATED	EXPENDED
1	Total none-CIAP/CGP Funds				
2	1406 Operations (Not to exceed 10% of line 19)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment-Noneexpendable				
12	1470 Nondwelling Structure				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Cost				
18	1499 MOD Used for Development	\$310,451.00		\$76,815.81	\$76,815.81
19	1501 Debt Service Payment				
20	1502 Contingency (Not to exceed 8% of line 20)				
21	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>\$310,451.00</b>		<b>\$76,815.81</b>	<b>\$76,815.81</b>
22	Amount of line 20 Related to LBP Activities				
23	Amount of line 20 Related to Sec 504 Comp.				
24	Amount of line 20 Related to Security				
25	Amount of line 20 Related to Energy Conservation				

Signature of Executive Director & Date:

Gwendolyn B. Dawson

Signature of Public Housing Director/

Office of Native American Programs Administrator & Date:

Mary Trepasso, Acting Public Housing Director

1 To be completed for Performance & Evaluation Report Or a Revised Annual Statement.

2 To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program (CFP) Part II: Supporting Pages**

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

FL29RO32501-07

Development Number	Description of Work Items	Development Account Number	Quantity	All Funds Obligated (Quarter Ending)		All Funds Expended (Quarter Ending)		Status of Proposed Work
				Original	Revised 1	Obligated	Expended	
FL032-010	Mod Used for Work Development	1499			310,451.00	310,451.00	310,451.00	completed
FL032-010	<b>Management Improvement</b>	1408						
	Marketing			0.00		0.00	\$0.00	
	Total			0.00		0.00	0.00	
FL032-010	<b>Administration</b>	1410						
	Salary			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	<b>Fees and Costs</b>	1430						
	Architects and Engineer			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	<b>Site Improvement</b>	1450						
	Infrastructure Improvements			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	<b>Dwelling Structure</b>	1460						
	Construction			\$0.00		0	0	
	Total			0		0	0	
FL032-010	<b>Dwelling Equipment</b>	1475						
	Appliances & Amenties			0				
	Total			0				
FL032-010	<b>Debt Service Payment</b>	1501						
	<b>TOTAL</b>			\$310,451.00		\$310,451.00	\$310,451.00	

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

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program (CFP)**

**PART III: Implementatin Schedule**

Development Number	All Fund Obligated (Quarter Ending Date)			All Fund Obligated (Quarter Ending Date)			Reason for Revised Target Dates
	ORIGINAL	REVISED	ACTUAL	ORIGINAL	REVISED	ACTUAL	
FL032-02	9/30/2010			9/30/2012			

1. to be completed for Performance Evaluation Report or a Revised Annual Statement.  
2. To be completed for the Performance and Evaluation Report. Page 4

Previous edition is obsolete  
form HUD-52837 (9/98)  
ref Handbook 7485.3

**Ocala Housing Authority**  
**Capital Fund Grant Replacement Housing Factor**  
 FL29R032502-08

Development		1406	1408	1410	1430	1450	1460	1465	1470	1499	Total
Date	#										
										\$310,451.00	\$310,451.00
4-Jun	1									310,451.00	310,451.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
Total		0.00	0.00	0.00	-	-	0.00	-	-	310,451.00	310,451.00
Balance		\$0.00	\$0.00	0.00	-	\$0.00	0.00	0.00	0.00	0.00	0.00
	Approved										0.00



## READ

This Excel book consist of 5 different working sheets.  
Sheets Name: Part I, II, III, Obligation and LOCCS

Part I, II and III are the different sections of the capital improvement budget.  
Part I sheet allows some information be put directly into the form. The rest of the information will come from Part II sheet. Part I sheet is protected to prevent formula corruption.  
The information from Part II sheet will automatically be transferred to the appropriate account in Part I. Part III sheet is the area of the budget that contains the implementation schedule (dates).

Obligation This is the table to record the contracts and obligation activities toward the Grant.  
LOCCS This is the table to record all the LOCCS request.  
The data entered in Part II, Obligation and LOCCS will be recorded in Budget Part I

If you need to modify Part I, the pass word is HUD. DO NOT USE THE TABLE WITHOUT PROTECTION. Once modified, and before using the table, stablish your own pass word. If you have somebody using the table, do not disclose your own pass word. At all times, protect the formulas from accidental corruption.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program **Part I: Summary**

U. S. Department of Housing  
 and Urban Development

OMB Approval No. 2577-0157  
 (exp. 06/30/2005)

Office of Public and Indian Housing

PHA Name:

**OCALA HOUSING AUTHORITY**

Capital Fund Program Project Number:

**FL29RO32501-09**

FFY of Grant Approval

2009

Original Annual Statement  Reserved for Disasters/Emergencies.  Revised Annual Statement/Revision No. #

Final Performance and Evaluation Report  Performance and Evaluation Report for Period Ending - 3-31-2010

LINE NO.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		ORIGINAL	REVISED (1)	OBLIGATED	EXPENDED
1	Total none-CIAP/CGP Funds				
2	1406 Operations (Not to exceed 10% of line 19)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment-Noneexpendable				
12	1470 Nondwelling Structure				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Cost				
18	1499 MOD Used for Development	\$6,843.00		\$0.00	\$0.00
19	1501 Debt Service Payment				
20	1502 Contingency (Not to exceed 8% of line 20)				
21	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>\$6,843.00</b>		<b>\$0.00</b>	<b>\$0.00</b>
22	Amount of line 20 Related to LBP Activities				
23	Amount of line 20 Related to Sec 504 Comp.				
24	Amount of line 20 Related to Security				
25	Amount of line 20 Related to Energy Conservation				

Signature of Executive Director & Date:

Gwendolyn B. Dawson

Signature of Public Housing Director/

Office of Native American Programs Administrator & Date:

Mary Trepasso, Acting Public Housing Director

1 To be completed for Performance & Evaluation Report Or a Revised Annual Statement.

2 To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program (CFP) Part II: Supporting Pages**

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

FL29RO32501-09

Development Number	Description of Work Items	Development Account Number	Quantity	All Funds Obligated (Quarter Ending)		All Funds Expended (Quarter Ending)		Status of Proposed Work
				Original	Revised 1	Funds Obligated	Funds Expended	
FL032-010	<b>Mod Used for Work Development</b>	1499		6,843.00				
FL032-010	<b>Management Improvement</b>	1408						
	Marketing			0.00		0.00	\$0.00	
	Total			0.00		0.00	0.00	
FL032-010	<b>Administration</b>	1410						
	Salary			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	<b>Fees and Costs</b>	1430						
	Architects and Engineer			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	<b>Site Improvement</b>	1450						
	Infrastructure Improvements			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	<b>Dwelling Structure</b>	1460						
	Construction			\$0.00		0	0	
	Total			0		0	0	
FL032-010	<b>Dwelling Equipment</b>	1475						
	Appliances & Amenties			0				
	Total			0				
FL032-010	<b>Debt Service Payment</b>	1501						
	<b>TOTAL</b>			\$6,843.00		\$0.00	\$0.00	

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



**Annual Statement/Performance and Evaluation Report  
Capital Fund Program (CFP)**

**PART III: Implementatin Schedule**

Development Number	All Fund Obligated (Quarter Ending Date)			All Fund Obligated (Quarter Ending Date)			Reason for Revised Target Dates
	ORIGINAL	REVISED	ACTUAL	ORIGINAL	REVISED	ACTUAL	
Kings Landing	9/30/2011			9/30/2013			

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

**Ocala Housing Authority**  
**Capital Fund Grant Replacement Housing Factor**  
 FL29R032501-09

Development		1406	1408	1410	1430	1450	1460	1465	1470	1499	Total	
Date	#											
										\$310,451.00		
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
<b>Total</b>		0.00	0.00	0.00	-	-	0.00	-	-	-	0.00	
<b>Balance</b>		\$0.00	\$0.00	0.00	-	\$0.00	0.00	0.00	0.00	310,451.00	0.00	
<b>Approved</b>											0.00	



<b>Part I: Summary</b>	
<b>PHA Name:</b> Ocala Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL29R032502-10 Date of CFFP: 6-2010
<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>	

**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 <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				
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>	7360.00			

<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> Ocala Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL29R032502-10 Date of CFFP: 6-2010	<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</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)	7360.00			
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</b>		<b>Date</b>		<b>Signature of Public Housing Director</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: Ocala Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: FL29R03250210			<b>Federal FFY of Grant: 2010</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>	
KL Duplex	New Construction	1499	1	7360.00				

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

Part II: Supporting Pages								
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 III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Ocala Housing Authority					Federal FFY 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 <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
KL Duplex	6-30-2012		6-30-2014		

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name:				<b>Federal FFY of Grant:</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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