

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Housing Authority of the City of Tifton</u> PHA Code: <u>GA101</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>_10/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>383</u> Number of HCV units: _____																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <i>The Tifton Housing Authority is committed to achieving excellence in providing safe, clean and modern housing while promoting self-sufficiency and upward mobility to our residents.</i>																										
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <ol style="list-style-type: none">1. <i>Improve PHAS Score to High Performer Status.</i>2. <i>Improve vacant unit turnaround time to less than 15 days.</i>3. <i>Completely rehabilitate Deas Apartments (44 units).</i>4. <i>Increased number of employed residents.</i>5. <i>Increase supportive services for residents.</i>																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <i>The Tifton Housing Authority has established an internal control policy.</i> <i>The THA updated the procurement policy to include AARA requirements.</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>The public may obtain copies of the 5 year and Annual PHA Plan in the Administration Office located at 1425 North Tift Avenue, Bldg. 15, Tifton, GA 31794.</i>																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																										
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <i>Electronically Attached</i>																										

8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p><i>Electronically Attached</i></p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><i>An analysis of our current waiting list indicates an increased need for affordable rental housing (primarily 2-3 BR) in Tift County.</i></p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p>
10.0	<p>Additional Information. 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> <p><i>1. A capital fund budget revision in excess of the greater of 10% of the grant amount or \$100,000.</i> <i>2. A change in the selection preferences for admission.</i></p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</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><i>Request for classes on energy conservation. This was not included in the plan because local agencies (County Extension Office and Georgia Power) provide the service at no cost.</i></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
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

Part I: Summary	
PHA Name: Tifton Housing Authority	Grant Type and Number Capital Fund Program Grant No: GA06P10150110 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2010 FFY of Grant Approval:	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	75,000			
4	1410 Administration (may not exceed 10% of line 21)	60,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	55,417			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	400,000			
11	1465.1 Dwelling Equipment—Nonexpendable	15,000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	5,000			
17	1499 Development Activities ⁴				

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

Part I: Summary						
PHA Name: Tifton Housing Authority		Grant Type and Number Capital Fund Program Grant No: GA6P10150110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval:	
Type of Grant						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
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)	610,417				
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					
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Tifton Housing Authority			Grant Type and Number Capital Fund Program Grant No: GA06P10150110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
101-2	Complete Rehabilitation (Phase 2)	1460	10	400,000				
Deas Apartments	HVAC Installation, Vinyl Siding,							
AMP 2	Kitchen Remodeling, Replace Flooring,							
	Bathroom Remodeling, Porch Repair,							
	Electrical Wiring Upgrades, Painting,							
	Soffit & Facia Replacement/Repair,							
	Roofing, Plumbing, Drywall Installation,							
	Replace Appliances: Water Heaters,	1465.1	30	15,000				
	Refrigerators, Ranges							
	Relocation	1495	10	5,000				
Central Office	Administration	1410	1	60,000				
PHA Wide	Resident Services Manger	1408	1	40,000				
	Crime Prevention Programs	1408	N/A	20,000				
	Staff Training	1408	N/A	15,000				
	Architect, Engineering & Inspection	1430	N/A	55,417				
	Grand Total			610,417				

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Tifton Housing Authority			Grant Type and Number Capital Fund Program Grant No: GA06P10150110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:				Federal FFY of Grant:	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Deas - 101-2	6/30/2012		6/30/2014		
PHA Wide	6/30/2012		6/30/2014		
Central Office	6/30/2012		6/30/2014		

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

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

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

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Tifton		<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 02			
Development Number/Name/H A-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2011 PHA FY: 2011	Work Statement for Year 3 FFY Grant: 2012 PHA FY: 2012	Work Statement for Year 4 FFY Grant: 2013 PHA FY: 2013	Work Statement for Year 5 FFY Grant: 2014 PHA FY: 2014
	Annual Statement				
101-1 Peterson				28,000	
101-2 Deas		358,000			
101-3 Ed Powell				9,000	
101-4 Johnson				3,000	
101-5 Golden				20,000	
101-6 Hill				138,198	
101-7A Eld. Vill.				26,000	
101-7B Maple					164,000
101-7C Old Omega			413,000	150,000	
101-8A Eld. Vill.				8,000	
101-8B Bellview					139,000
PHA Wide		252,417	197,417	228,219	307,417
CFP Funds Listed for 5-year planning		610,417	610,417	610,417	610,417
Replacement Housing Factor Funds					

**Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : <u> 2 </u> FFY Grant: 2011 PHA FY: 2011			Activities for Year: <u> 2 </u> FFY Grant: 2011 PHA FY: 2011		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	Central Office	Administration	60,000	Deas	Replace Kitchen	75,000
Annual	AMP 1, 2, 3	Resident Manager	40,000	101-2 (AMP 2)	Cabinets, Sinks,	
Statement	AMP 1 & 3	Architect/Engineer	35,000	Phase III	Assoc. Plumbing	
	AMP 1 & 3	Inspection Costs	25,000		Replace Ranges	14,000
	AMP 1, 2, 3	Staff Training	15,000		Replace Refrig.	18,000
	AMP 1, 2, 3	Youth Crime			Replac Kitch Floors	50,000
		Prevention Program	22,417		Light Fixtures (Interior & Ext.)	5,000
	AMP 2	Maintenance Vehicle	25,000		HVAC Installat.	75,000
	AMP 1, 2, 3	Ranges	10,000		Landscaping,	20,000
		Refrigerators	10,000		Fencing & Site	
		Water Heaters	10,000		Improvements	
					Install Sheetrock	10,000
					Exterior Siding	30,000
					Rehab Porches	28,000
					Rehab Bathrooms	33,000
Total CFP Estimated Cost						610,417

**Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities**

Activities for Year :__3__ FFY Grant: 2012 PHA FY: 2012			Activities for Year: _4__ FFY Grant: 2013 PHA FY: 2013		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
Central Office	Administration	60,000	Central Office	Administration	60,000
AMP 1, 2, 3	Resident Manager	44,198	AMP 1, 2, 3	Resident Manager	50,000
AMP 2	Architect/Engineer	35,000		Architect/Engineer	35,000
AMP 2	Inspection Costs	25,000		Inspection Costs	25,000
AMP 1, 2, 3	Staff Training	15,000	AMP 1, 2, 3	Staff Training	15,000
AMP 1, 2, 3	Youth Crime		AMP 1, 2, 3	Youth Crime	
	Prevention Program	18,219		Prevention Program	18,219
Old Omega Rd.	Repl. Kitchen/Bath	200,000	AMP 1	Water Heaters	63,000
101-7C (AMP 1)	Cabinets, Sinks,		AMP 3	Water Heaters	37,000
Selected Units	Assoc. Plumbing				
	Replace Ranges	14,000			
	Replace Refrig.	18,000	Old Omega Rd.	Pave Street &	150,000
	Replac Kitch Floors	50,000	(AMP 1)	Parking	
	Light Fixtures	13,000			
	(Interior & Ext.)		AMP 1, 2, 3	Computer Software	15,000
	Exterior Rehab	118,000	AMP 1, 2, 3	Computer Hardware	10,000
			Hill (AMP 3)	Bath & Kitchen Remod.	132,198
Total CFP Estimated Cost		610,417			610,417

**Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities**

Activities for Year :__5__ FFY Grant: 2014 PHA FY: 2014			Activities for Year: _5__ FFY Grant: 2014 PHA FY: 2014		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
Central Office	Administration	50,000	AMP 1, 2, 3	HVAC Replacement	20,000
AMP 1, 2, 3	Resident Manager	40,000		Roof Repair/	30,000
AMP 2	Architect/Engineer	35,000		Replacement	
AMP 2	Inspection Costs	25,000			
AMP 1, 2, 3	Staff Training	15,000			
AMP 1, 2, 3	Youth Crime				
	Prevention Program	22,417			
AMP 1,2,3	Interior/Ext Painting	50,000			
AMP 1,2,3	Replace Int. & Ext Doors	50,000			
Bellview & Maple	Repl. Kitchen/Bath Cabinets, Sinks, Assoc. Plumbing	180,000			
	Replace Ranges	14,000			
	Replace Refrig.	18,000			
	Replac Kitch Floors	40,000			
	Light Fixtures (Interior & Ext.)	13,000			
	Repl. Water Heaters	8,000			
Total CFP Estimated Cost					610,417

Annual Statement/Performance and Evaluation Report
 Capital Fund Program And Capital Replacement Housing Factor (CFP/CRHF) Part I Summary
 Office of Public and Indian Housing

HA Name Housing Authority of the City of Tifton, Georgia		Comprehensive Grant Number GA06S10150109		FFY of Grant Approval 2009	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement/Revision Number _____ <input type="checkbox"/> Performance and Evaluation Report for Program Year Ending ____				7/13/2010	
<input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19)				
3	1408 Management Improvements	5,000	5,000	5,000	2,200.00
4	1410 Administration	60,000	60,000	60,000	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	65,000	86,000	86,000	74,431.25
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000	0		
10	1460 Dwelling Structures	560,011	599,011	599,011	404,176.03
11	1465.1 Dwelling Equipment - Nonexpendable	15,000	15,000	15,000	
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	10,000	10,000	10,000	4,920.38
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Costs	15,000	5,000	5,000	457.00
17	1498 Mod Used for Development				
18	1502 Contingency (May not exceed 8% of line 19)				
19	Amount of Annual Grant (Sum of lines 2-15)	780,011	780,011	780,011	486,184.66
20	Amount of line 19 Related to LBP Activities	0			
21	Amount of line 19 Related to Section 504 Compliance				
22	Amount of line 19 Related to Security	0			
23	Amount of Line 19 Related to Energy Conservation Measures	2,400			
Signature of Executive Director and Date		Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

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

(2) To be completed for the Performance and Evaluation Report.

**Annual Statement/
Performance and Evaluation Report
Part II: Supporting Pages
Comprehensive Grant Program (CGP)**

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

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
AMP 3 (Golden Community Building)	Software for Resident Computer Lab	1408	5	5,000	5,000	5,000.00	2,200.00	
	Computer Hardware	1475	N/A	10,000	10,000	10,000.00	4,920.38	
AMP 2 (Deas)	Architect & Engineering Services	1430	44	65,000	86,000	86,000.00	74,431.25	
	Site Improvements: Parking, Paving, Landscaping & Fencing	1450	1/2	50,000	0	0.00		
	Complete Rehabilitation: Remodel Kitchen, Bathrooms, Floors, Walls, Electrical Wiring, HVAC Installation, Vinyl siding, Painting, Soffit & Facia	1460	Complex	560,011	599,011	599,011.00	404,176.03	
	Replace Appliances: Ranges, Stoves, Water Heaters	1465	15	15,000	15,000	15,000.00		
	Relocation	1495	15	15,000	5,000	5,000.00	457.00	
Central Office	Administration Fees	1410		60,000	60,000	60,000.00		
	Grand Total			780,011	780,011	780,011.00	486,184.66	
Signature of Executive Director & Date: X				Signature of Public Housing Director X				

Annual Statement/Performance and Evaluation

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Tifton Housing Authority	Grant Type and Number Capital Fund Program Grant No: GA06P10150108 Replacement Housing Factor Grant No:	Federal FY of Grant 2008 Updated 7/13/2010
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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 No.	Summary by Development Account	Total Estimated Cost		Total Act Obligated
		Original	Revised	
1	Total non-CFP Funds			
2	1406 Operations			
3	1408 Management Improvements	\$75,000.00	\$90,219.00	\$90,219.00
4	1410 Administration	\$60,000.00	\$60,000.00	\$60,000.00
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs	\$20,000.00	\$20,000.00	\$20,000.00
8	1440 Site Acquisition			
9	1450 Site Improvements			
10	1460 Dwelling Structures	\$419,000.00	\$419,000.00	\$419,000.00
11	1465.1 Dwelling Equipment--Nonexpendable	\$27,000.00	\$27,000.00	\$27,000.00
12	1470 Non Equipment			
13	1475 Nondwelling Structures			
14	1485 Demolition			
15	1490 Replacement Reserve			
16	1492 Moving to Work Demonstration			
17	1495.1 Relocation Costs			
18	1499 Development Activities			
19	1501 Collateralization or Debt Service			
20	1502 Contingency	\$15,219.00	\$0.00	
21	Amount of Annual Grant (sum of lines 2-20)	\$616,219.00	\$616,219.00	\$616,219.00
22	Amount of line 21 Related to LBP Activities			
23	Amount of line 21 Related to Section 504 compliance			

ual Cost
Expended
\$68,665.17
\$50,000.00
\$19,238.17
\$107,372.80
\$23,043.00
\$268,319.14

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Tifton Housing	Grant Type and Number Capital Fund Program Grant No. GA06P10150108 Replacement Housing Factor Grant No:	Federal FY of Grant 2008
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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 No	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Exper
24	Amount of line 21 Related to Security --Soft Costs				
25	Amount of line 21 Related to Security --Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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Annual Statement/ Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

Pha Name: Tifton		Grant Type and Number Capital Fund Program Grant No: GA06P10150108 Replacement Housing Factor Grant No:			Federal FY of Grant : 2008		
Development Number Name/Ha-Wide Activities	General Description of Major Work Categories	Dev Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
AMP 1	Range Hood Fire Extinguisher Systems	1460	125	\$100,000.00	\$312.51	\$312.51	\$312.51
	Ranges	1465	10	\$4,000.00	\$4,000.00	\$4,000.00	\$2,135.00
	Refrigerators	1465	10	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
AMP 2	Range Hood Fire Extinguisher Systems	1460	138	\$111,000.00	\$0.00	\$0.00	
	Ranges	1465	10	\$4,000.00	\$4,000.00	\$4,000.00	\$2,812.00
	Refrigerators	1465	10	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
AMP 3	Range Hood Fire Extinguisher Systems	1460	120	\$96,000.00	\$0.00	\$0.00	
	Ranges	1465	10	\$4,000.00	\$4,000.00	\$4,000.00	\$3,096.00
	Refrigerators	1465	10	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
AMP 3	Roof Replacement	1460	16 Bldgs	\$112,000.00	\$112,000.00	\$112,000.00	\$107,060.29
7A & 8A Elderly Village							
Page Total				\$446,000.00	\$139,312.51	\$139,312.51	\$130,415.80

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**Annual Statement/Performance and Evaluation
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: Tifton Housing Authority	Grant Type and Number Capital Fund Program Grant No: GA06P10150107 Replacement Housing Factor Grant No:	Federal FY of Grant 2007 Obligated: Updated: 7/13/2010
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	\$90,000.00	\$90,000.00	\$90,000.00	\$90,000.00
4	1410 Administration	\$60,600.00	\$60,600.00	\$60,600.00	\$60,600.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00
8	1440 Site Acquisition				
9	1450 Site Improvements	\$35,000.00	\$28,574.00	\$28,574.00	\$28,574.00
10	1460 Dwelling Structures	\$323,000.00	\$322,885.00	\$322,885.00	\$311,849.81
11	1465.1 Dwelling Equipment--Nonexpendable	\$7,000.00	\$22,000.00	\$22,000.00	\$22,000.00
12	1470 Non Equipment				
13	1475 Nondwelling Structures	\$40,473.00	\$40,473.00	\$40,473.00	\$40,473.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency	\$8,459.00	\$0.00	\$0.00	\$0.00
21	Amount of Annual Grant (sum of lines 2-20)	\$614,532.00	\$614,532.00	\$614,532.00	\$603,496.81
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Tifton Housing	Grant Type and Number Capital Fund Program Grant No. GA06P10150107 Replacement Housing Factor Grant No:	Federal FY of Grant 2007
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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 No	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Exper
24	Amount of line 21 Related to Security --Soft Costs				
25	Amount of line 21 Related to Security --Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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Annual Statement/ Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

Pha Name: Tifton		Grant Type and Number Capital Fund Program Grant No: GA06P10150107 Replacement Housing Factor Grant No:			Federal FY of Grant : 2007			
Development Number Name/Ha-Wide Activities	General Description of Major Work Categories	Dev Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		
				Original	Revised	Funds Obligated	Funds Expended	
101-8B Bellview	Install Heat Pumps	1460	43 Units	\$172,000.00	\$149,994.00	\$149,994.00	\$149,994.00	
	Interior Painting	1460	12 Units	\$5,000.00	\$10,000.00	\$10,000.00	\$9,763.77	
	Replace Selected Kitchen Countertops and Cabinets	1460	15 Units	\$11,000.00	\$31,766.00	\$31,766.00	\$31,600.00	
	Total			\$188,000.00	\$191,760.00	\$191,760.00	\$191,357.77	
101-1 Peterson	Replace Exterior Doors	1460	31 Doors	\$10,500.00	\$10,500.00	\$10,500.00	\$10,500.00	
	Interior Painting	1460	5377 Sq. Fe	\$7,000.00	\$7,000.00	\$7,000.00	\$7,000.00	
	Total			\$17,500.00	\$17,500.00	\$17,500.00	\$17,500.00	
101-2 Deas	Replace Exterior Doors	1460	44 Doors	\$14,500.00	\$0.00	\$0.00	\$0.00	
	Replace Selected Kitchen Countertops	1460	8 Units	\$11,000.00	\$774.00	\$774.00	\$774.00	
	Total			\$25,500.00	\$774.00	\$774.00	\$774.00	
101-5 Golden	Replace Selected Kitchen Countertops	1460	8 Units	\$11,000.00	\$11,000.00	\$11,000.00	\$11,000.00	
	Total			\$11,000.00	\$11,000.00	\$11,000.00	\$11,000.00	
101-7A Elderly Village	Replace Kitchen & Bathroom	1460	52 Units	\$27,000.00	\$27,000.00	27,000.00	26,960.24	
	Sinks, Faucets & Assoc. Plumbing							
	Replace Selected Kitchen Countertops	1460	8 Units	\$11,000.00	\$11,000.00	11,000.00	11,000.00	

	ADA Ramps	1460	3 Units	\$0.00	\$9,921.00	9,921.00	\$9,921.00
	Total			\$38,000.00	\$47,921.00	\$47,921.00	\$47,881.24
	Total This Page			\$280,000.00	\$268,955.00	\$268,955.00	\$268,513.01

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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

Pha Name: Tifton	Grant Type and Number Capital Fund Program Grant No: GA06P10150107 Replacement Housing Factor Grant No:	Federal FY of Grant 2007
		7/13/2010

Development Number Name/HA Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	funds Expended	
101-7A Elderly Village	Site Improvements: Bridge/Parking Lot/Bench Shed & Grill Repair/ Root Removal	1450	N/A	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	
101-7B Maple	Interior Painting Replace Selected Kitchen Countertops	1460	33,660 sq.f 8 units	\$9,000.00 \$11,000.00	\$9,000.00 \$11,000.00	\$9,000.00 \$11,000.00	\$9,000.00 \$406.70	
101-7C Old Omega Rd.	Replace Exterior Doors Interior Painting Remove Underground Gas Tank Erosion Repair/Landscaping CIC Computer Lab Desk, Table & Chairs for CIC	1460 1460 1450 1450 1475 1475	46 doors 17,424 sq f 1 N/A N/A	\$18,200.00 \$4,800.00 \$11,000.00 \$16,000.00 \$11,473.00 \$4,000.00	\$18,200.00 \$4,800.00 \$4,574.00 \$16,000.00 \$11,473.00 \$4,000.00	\$18,200.00 \$4,800.00 \$4,574.00 \$16,000.00 \$11,473.00 \$4,000.00	\$18,200.00 \$4,800.00 \$4,574.00 \$16,000.00 \$11,473.00 \$4,000.00	Completed In progress
Central Office	Administration	1410	N/A	\$60,600.00	\$60,600.00	\$60,600.00	\$60,600.00	Completed
PHA Wide	Resident Services Manager Crime Prevention Programs Training for Project Staff Architect, Engineering & Inspection Ranges Refrigerators Maintenance Vehicle Range Hood Installation Water Heaters Contingency	1408 1408 1408 1430 1465 1465 1475 1460 1465 1502	1 pos. N/A N/A N/A 10 10 1 100 35 N/A	\$55,000.00 \$20,000.00 \$15,000.00 \$50,000.00 \$3,000.00 \$4,000.00 \$25,000.00 \$0.00 \$0.00 \$8,549.00	\$55,000.00 \$20,000.00 \$15,000.00 \$50,000.00 \$3,000.00 \$4,000.00 \$25,000.00 \$10,930.00 \$15,000.00 \$0.00	\$55,000.00 \$20,000.00 \$15,000.00 \$50,000.00 \$3,000.00 \$4,000.00 \$25,000.00 \$10,930.00 \$15,000.00 \$0.00	\$55,000.00 \$20,000.00 \$15,000.00 \$50,000.00 \$3,000.00 \$4,000.00 \$25,000.00 \$10,930.00 \$15,000.00 \$0.00	Completed In Progress Completed In Progress Completed Completed Completed Completed Completed
				\$334,622.00	\$345,577.00	\$345,577.00	\$334,983.70	
	Grand Total			\$614,532.00	\$614,532.00	\$614,532.00	\$603,496.71	

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

PHA Name; Tifton	Grant Type and Number Capital Fund Program No: GA06P10150106 Replacement Housing Factor No:	Federal FY of Grant 2006
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Development Name/HA Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates				
	Original	Revised	Actual	Original	Revised	Actual					
AMP 1 Peterson (101-1) Old Omega Rd. (101-7C)	6/30/2009			6/30/2011							
AMP 2 Deas (101-2) Maple Street (101-7B) Bellview (101-8B)	6/30/2009			6/30/2011							
AMP 3 Elderly Village 101-7A & 8A 101-5	6/30/2009			6/30/2011							
COCC PHA Wide	6/30/2009			6/30/2011							

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Tifton Housing Authority	Grant Type and Number Capital Fund Program Grant No: GA06P10150109 Replacement Housing Factor Grant No:	Federal FY of Grant: 2009 2/17/2010
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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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	74,952		34,952	4,355.79
4	1410 Administration	60,000		60,000	5,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	411,219		100,000	25,308.00
11	1465.1 Dwelling Equipment—Nonexpendable	15,000		15,000	10451.86
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	10,000			
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	611,171		194,952	45,115.65
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Tifton Housing Authority	Grant Type and Number Capital Fund Program Grant No: GA06P10150109 Replacement Housing Factor Grant No:	Federal FY of Grant: 2009 2/17/2010
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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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Tifton		Grant Type and Number Capital Fund Program Grant No: GA06P10150109 Replacement Housing Factor Grant No:				Federal FY of Grant: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
AMP 2	Complete Rehabilitation	1460	10	411,219		100,000	25308.00	
Deas Apartments	HVAC Installation, Vinyl Siding, Kitchen Remodeling, Replace Flooring, Bathroom Remodeling, Porch Repair, Electrical Wiring Upgrades, Painting, Soffit & Facia Replacement/Repair, Roofing, Plumbing, Drywall installation							
	Replace Appliances: Water Heaters Ranges, Refrigerators	1465	30	15,000		15000	10,451.86	
	Relocation	1495	10	10,000				
Central Office	Adminstration	1410	1	60,000		60,000	5,000	
PHA Wide	Resident Services Manager	1408	1	40,000				
	Crime Prevention Programs	1408	N/A	19,952		19,952	2,386.39	
	Training for Staff	1408	N/A	15,000		15,000	1,969.40	
	Architect, Engineering & Inspection	1430	N/A	40,000				
Grand Total				611,171		194,952.00	45,115.65	