

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>Ocala Housing Authority</u> PHA Code: <u>FL032</u> 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): <u>10-01-2011</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>186</u> Number of HCV units: <u>1264</u>																										
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" 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"> <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:																										
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.																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: * Added Veterans Admission Preference * Added 2 – fully handicap two-bedroom units to PH Inventory * Increase the Points of the Handicap/Disabled/Elderly Preference * Add VAWA (Violence Against Women Act) Preference * Secured 25 VASH Vouchers; plan to apply for additional VASH vouchers * Secured 92 Tenant Protection HCV vouchers for a foreclosed multi-family S 8 Project-based development; successfully relocated all families to new housing. * Completed the majority of our ARRA-funded projects * Was awarded a \$200,192 Public Housing Mitigation grant for housing stock that is > 30 years old. * Launched the agency's Web Site (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. Ocala Housing Authority Administrative Office, 1629 NW 4 th Street, Ocala, FL 34475 And www.ocalahousing.org																										
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> The OHA has a remaining 4 homes in its Paradise Trails single family home sub division, to be sold. Paradise Trails, at a future date, will build out the sub-division to its platted 28 homes, currently 18 homes are built.																										

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.
8.2	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.
8.3	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.
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. * The Consortium (City of Ocala & Marion County) Low Income and Extremely Low-Income Renters continue to be a High Priority. Detail information is provided in attachment

9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.
10.0	Additional Information. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. *Increase participation in FSS Program to a minimum of 25 participants – The program grew by six participants in 2010 *Two families became homeowners in 2010, through the homebuyer's club and/or Paradise Trails * One Public Housing unit was added to the housing stock (fully handicap-accessible) *working to maintain a regular meeting date and participation with our residents through Resident Council meetings *Staff Training is on-going, through webinars, Departmental Training and Off-Site Training *Still working on our Section 8 Homeownership Program * Entered into a contractual agreement with the Marion County Board of County Commissioners to implement our Lease-to-Own Program, via the Neighborhood Stabilization Program (NSP) for very low income families. *Negotiating a contract with the city of Ocala for the city's NSP, through the implementation of additional single-family rental units for very low income families *Entered into a contract with the Marion County Board of Commissioners to fund a summer youth program for public housing youth in 2010 with a CDBG grant. *Expanded staff to include an additional HCV Counselor; and retrofitted administrative office to house additional planned staff in FY 2011 *Entered into a contractual agreement with Oasis Corp, for the OHA to provide mediation counseling to prepare families for FL Statue-mandated mediation with lenders. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" *None

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> <ul style="list-style-type: none"> (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) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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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: Ocala	Grant Type and Number Capital Fund Program Grant No: FL29PO3250111 Replacement Housing Factor Grant No: Date of CFFP: 10-01-2011	FFY of Grant: 10-2011 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	170,000.00			
3	1408 Management Improvements	12,000.00			
4	1410 Administration (may not exceed 10% of line 21)	21,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	40,500.00			
10	1460 Dwelling Structures	30,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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: Ocala Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL032PO3250111 Replacement Housing Factor Grant No: Date of CFFP: 10-01-2011			FFY of Grant: 2011 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)	278,500.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities	25,000.00				
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	5,000.00				
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: Ocala Housing Authority			Grant Type and Number Capital Fund Program Grant No: FL029P03250111 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011		
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	
PHA Wide – Operating Subsidy	Operating Subsidy	1406		170000.00				
PHA Wide – Travel & Training	Travel & Training	1408		6000.00				
PHA Wide – Computer Upgrade	Computer Upgrades	1408		6000.00				
PHA Wide Salary & Fringe Benefits	Salary & Fringe Benefits	1410		21000.00				
PHA Wide – Engineering and Inspections	Fees and Costs	1430		5000.00				
PHA Wide – Tree Trimming/Removal & Replacement	Tree Trimming/Removal and Replacement	1450	4 comm	5500.00				
PHA Wide – Sidewalk Repair/Replacement	Concrete Sidewalk Repair/Replacement	1450	4 comm	5000.00				
Deer Run, Pavilion Oaks, and Shady Hollow – 504 Porch Upgrade	504 Porch and Sidewalk upgrade	1450	5	10000.00				
Deer Run, Pavilion Oaks, and Shady Hollow – 504 Renovations	504 Renovations	1460	1 units	25000.00				
DR, PO and SH – AC Condensers	AC Condensers	1460	5 units	5000.00				
Deer Run & Shady Hollow	Road Repaving	1450	2 Comm	20000.00				

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: Ocala Housing Authority					Federal FFY of Grant: 2011
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	
PHA Wide – Operating Subsidy	10-01-2013		10-01-2015		
PHA Wide – Travel & Training	10-01-2013		10-01-2015		
PHA Wide – Computer Upgrade	10-01-2013		10-01-2015		
PHA Wide Salary & Fringe Benefits	10-01-2013		10-01-2015		
PHA Wide – Engineering and Inspections	10-01-2013		10-01-2015		
PHA Wide – Tree Trimming/Removal & Replacement	10-01-2013		10-01-2015		
PHA Wide – Sidewalk Repair/Replacement	10-01-2013		10-01-2015		
Deer Run, Pavilion Oaks, and Shady Hollow – 504 Porch Upgrade	10-01-2013		10-01-2015		
Deer Run, Pavilion Oaks, and Shady Hollow – 504 Renovations	10-01-2013		10-01-2015		
Deer Run & Shady Hollow	10-01-2013		10-01-2015		
Deer Run & Shady Hollow	10-01-2013		10-01-2015		
Deer Run, Pavilion Oaks and Shady Hollow – AC Condensers	10-01-2013		10-01-2015		

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

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

Part I: Summary						
PHA Name/Number Ocala Housing Authority / FL032		Locality : Ocala/Marion County Florida			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2011</u>	Work Statement for Year 2 FFY <u>2012</u>	Work Statement for Year 3 FFY <u>2013</u>	Work Statement for Year 4 FFY <u>2014</u>	Work Statement for Year 5 FFY <u>2015</u>
B.	Physical Improvements Subtotal	Annual Statement	172800.00	202,400.00	199,000.00	200,800.00
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	5,000.00	5,000.00	5,000.00
E.	Administration		26,000.00	26,000.00	26,000.00	26,000.00
F.	Other					
G.	Operations		100,000.00	100,000.00	100,000.00	100,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		308,800.00	338,400.00	335,000.00	336,800.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2011	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 –PO (Exhaust fans, toilets, and shower heads) \$1500 per (1460)			FL032-001 Bathroom Renovations – SH (Exhaust fans, toilets, and shower heads) \$1500 per (1460)	30	45,000.00
Annual	FL032-001 H2O Shut Off Valve Replacement - DR (1460) \$150 per	76	\$11,400.00	FL032-001 H2O Shut Off Valve Replacement – PO & SH \$150 per (1460)	90	\$13,500.00
Statement	FL032-001 Kitchen Faucet Handle Replacement \$150 per	76	\$11,400.00	FL032-001 Kitchen Faucet Handle Replacement \$150	90	\$13,500.00
	FL032-001 Building Structure Repairs			FL032-001 Building Structure Repairs - DR		
	FL032-001 Exterior Door Replacement \$400 per			FL032-001 Exterior Door Replacement	20	\$8,000.00

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 Replace Hot Water Heaters – Tankless \$1200 per (1465)			FL032-001 Replace Hot Water Tanks (1465)	25	\$30,000.00
	FL032-001 Erosion Infill			FL032-001 Erosion Infill – DR Family CC	1 site	\$5,000.00
	FL032-001 ADA Unit Renovation	4	\$100,000.00	FL032-001 ADA Unit Renovation	2	\$50,000.00
	FL032-001 Ramp Installation (20)	5	\$25000.00	FL032-001 Ramp Installation (20)	4	\$25,000.00
	FL032-001 Entrance Lighting and Landscaping (1450)			FL032-001 Entrance Lighting and Landscaping (1450)	2	\$2,400.00
	FL032-001 Water Line Repair (DR Back & SH 800) (1450)	3 Communities		FL032-001 Water Line Repair (DR Back & SH 800) (1450)	3 Communities	
	FL032-001 Mailbox Replacement - DR (1475)			FL032-001 Mailbox Replacement (1475)	41	\$5,000.00
	FL032-001 Laundry Renovations (1470)	4 communities		FL032-001 Laundry Renovations (1470)	4 Communities	
	FL032-001 Playground Equipment (upgrades/repair/replace) (1475)	3 communities		FL032-001 Playground Equipment (upgrades/repair/replace) (1475)	3 communities	

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 Elevator (Repair/Replacement) (1475)			FL032-001 Elevator (Repair/Replacement) (1475)	1	\$5,000.00
	FL032-011 Screen Door Replacement			FL032-011 Screen Door Replacement		
	FL032-001 Fence Replacement/Repair	4 Communities	25000.00	FL032-001 Fence Replacement/Repair	4 Communities	
	FL032-001 Roof Repair/Replacement			FL032-001 Roof Repair/Replacement		
	FL032-001 Gutter & Down Spout Repair/Replacement			FL032-001 Gutter & Down Spout Repair/Replacement		
	FL032-001 Road Paving	4 Communities		FL032-001 Road Paving	4 Communities	
	FL032-001 Engineering Work Plan for DR Water Line	Deer Run Community		FL032-001 Engineering Work Plan for DR Water Line	Deer Run Community	
	Subtotal of Estimated Cost		\$172,800.00	Subtotal of Estimated Cost		\$202,400.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2009	Work Statement for Year <u>2014-2015</u>			Work Statement for Year: <u>2015-2016</u>		
	FFY <u>2014</u>			FFY <u>2015</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 –SH (Exhaust fans, toilets, and shower heads) (1460)	20	\$30,000.00	FL032-001 Bathroom Renovations – PO (Exhaust fans, toilets, and shower heads) (1460)	40	\$60,000.00
Annual	FL032-001 H2O Shut Off Valve Replacement - DR (1460)			FL032-001 H2O Shut Off Valve Replacement – PO & SH (1460)		
Statement	FL032-001 Kitchen Faucet Handle Replacement			FL032-001 Kitchen Faucet Handle Replacement		
	FL032-001 Building Structure Repairs	4Communities		FL032-001 Building Structure Repairs	4Communities	\$25,000.00
	FL032-001 Exterior Door Replacement \$400 per	20	\$8,000.00	FL032-001 Exterior Door Replacement	40	\$16,000.00

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 Replace Hot Water Tankless Tanks (1465)			FL032-001 Replace Hot Water Tankless Tanks (1465)	50	\$60,000.00
	FL032-001 ADA Unit Renovation	2	\$50,000.00	FL032-001 ADA Unit Renovation		
	FL032-001 Ramp Installation (20)			FL032-001 Ramp Installation (20)	5	\$25,000.00
	FL032-001 Entrance Lighting and Landscaping (1450)			FL032-001 Entrance Lighting and Landscaping (1450)	4	\$4,800.00
	FL032-001 Water Line Repair (DR Back & SH 800) (1450)	3 Communities		FL032-001 Water Line Repair (DR Back & SH 800) (1450)	3 Communities	
	FL032-001 Mailbox Replacement - DR (1475)			FL032-001 Mailbox Replacement (1475)	41	\$5,000.00
	FL032-001 Laundry Renovations (1470)	4 communities		FL032-001 Laundry Renovations (1470)	4 Communities	
	FL032-001 Playground Equipment (upgrades/repair/replace) (1475)	3 communities		FL032-001 Playground Equipment (upgrades/repair/replace) (1475)	3 communities	
	FL032-001 Elevator (Repair/Replacement) (1475)			FL032-001 Elevator (Repair/Replacement) (1475)	1	\$5,000.00

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**

	FL032-011 Screen Door Replacement			FL032-011 Screen Door Replacement		
	FL032-001 Fence Replacement/Repair	4 Communities	25000.00	FL032-001 Fence Replacement/Repair	4 Communities	
	FL032-001 Roof Repair/Replacement			FL032-001 Roof Repair/Replacement		
	FL032-001 Gutter & Down Spout Repair/Replacement			FL032-001 Gutter & Down Spout Repair/Replacement		
	FL032-001 Road Paving	4 Communities	\$76,000.00	FL032-001 Road Paving	4 Communities	
	FL032-001 Engineering Work Plan for DR Water Line	Deer Run Community	\$10,000.00	FL032-001 Engineering Work Plan for DR Water Line	Deer Run Community	
	Subtotal of Estimated Cost		\$199,000.00	Subtotal of Estimated Cost		\$200,800.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year <u>2014 - 2015</u> FFY <u>2014</u>		Work Statement for Year: <u>2015 - 2016</u> FFY <u>2015</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	\$3,000.00	FL032-001 Computer Equipment/Upgrades/Servicing	\$3,000
Annual Statement	Staff Training	\$3,000.00	Staff Training	\$3,000
	Subtotal of Estimated Cost	\$6,000.00	Subtotal of Estimated Cost	\$6,00.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
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	\$3,000.00	FL032-001 Computer Equipment/Upgrades/Servicing	\$3,000.00
Annual Statement	Staff Training	\$3,000.00	Staff Training	\$3,000.00
	Subtotal of Estimated Cost	\$6,000.00	Subtotal of Estimated Cost	\$6,000.00

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:

Modernization Project Number:

FFY of Grant Approval

OCALA HOUSING AUTHORITY

FL29S032501-09

2009

Original Annual Statement Reserved for Disasters/Emergencies.
 Final Performance and Evaluation Report

Revised Annual Statement/Revision No. # 2
 Performance and Evaluation Report for Period Ending - 3-31-2011

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)				
3	1408 Management Improvements		\$2,838.66	\$2,838.66	\$2,838.66
4	1410 Administration		\$60,736.71	\$60,736.71	\$60,736.71
5	1411 Audit				
6	1415 Liquidated damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvements	\$189,261.54	\$130,207.95	\$130,207.95	\$128,007.95
10	1460 Dwelling Structures	\$310,264.46	\$300,863.50	\$300,863.50	\$294,558.30
11	1465.1 Dwelling Equipment-Noneexpendable	\$170,700.00	\$91,981.00	\$91,981.00	\$91,981.00
12	1470 Nondwelling Structure	\$50,760.00	\$129,672.18	\$129,672.18	129672.18
13	1475 Nondwelling Equipment	\$6,755.00	\$11,441.00	\$11,441.00	\$11,441.00
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	Amount of Annual Grant (Sum of lines 2-18)	\$727,741.00	\$727,741.00	\$727,741.00	\$719,235.80
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	\$333,700.00			

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 Factor (CFP/CFPRHF)**

PART II: Supporting Pages

PHA Name: Ocala Housing Authority			Grant Type and Number Capital Fund Program: 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	OPERATIONS	1406						
	TOTAL	1406	0.00			0.00		
PHA Wide	MANAGEMENT IMPROVEMENTS	1408						
	Management Training		0.00					
	Equipment- Server		0.00	2,838.66		2,838.66	2,838.66	completed
	Sub-TOTAL	1408	0.00	2,838.66		2,838.66	2,838.66	
PHA Wide	ADMINISTRATION							
	Salary	1410	0.00	60,736.71		60,736.71	60,736.71	completed
	Sub-TOTAL	1410	0.00	60,736.71		60,736.71	60,736.71	
PHA Wide	FEES AND COSTS							
	Sub-TOTAL	1430	0.00			0.00	0.00	

FL32-02	FLO32-01							
	Site Improvement	1450						
	Resurface Parking Lot	1450	159,800.00	98,407.95		98,407.95	98,407.95	completed
	Landscaping Infill- donley	1450	0.00	5,200.00		5,200.00	5,200.00	completed
	Landscaping - Tree Trimming & Removal	1450	29,461.54	26,600.00		26,600.00	24,400.00	In Process
	Sub-Total	1450	189,261.54	130,207.95		130,207.95	128,007.95	
	Dwelling Structure	1460						
	Exterior Painting	1460	93,407.31	70,150.00		70,150.00	70,150.00	completed
	Exterior doors	1460	40,000.00	38,467.88		38,467.88	32,162.68	In Process
	Exterior Doors	1460						
	Roofing	1460	102,000.00	0.00				
	Exterior Storage Closets Repairs/Replacement	1460	3,000.00	0.00				
	Exterior Siding Replacement/Repair	1460	10,857.15	0.00				
	Window Replacement at SH	1460	61,000.00	0.00				
	Bathroom Renovations (Vanity, sink,toliet, exhaust	1460	0.00	189,544.07		189,544.07	189,544.07	Completed
	Hose Bibs	1460	0.00	2,701.55		2,701.55	2,701.55	Completed
	Sub-Total	1460	310,264.46	300,863.50		300,863.50	294,558.30	
	Dwelling Equipment - Non Expendable	1465.1						
	HVAC	1465	150,000.00	61,831.00		61,831.00	61,831.00	Completed
	Hot Water Heaters	1465	20,700.00	30,150.00		30,150.00	30,150.00	Completed
	Sub-Total	1465.1	170,700.00	91,981.00		91,981.00	91,981.00	
	Non Dwelling Structure	1470						
	Community Room Conversion PO*	1470	30,000.00	71,454.53		71,454.53	71,454.53	Completed
	Commuity Center Upgrades DR Family	1470	0.00	58,217.65		58,217.65	58,217.65	Completed
	Commuity Center Upgrades DR Senior	1470		0.00				
	Community Center Upgrades SH	1470	18,510.00					
	Sub-Total	1470	48,510.00	129,672.18		129,672.18	129,672.18	
	Non Dwelling Equipment	1475						
	Playground Equipment Repair/Replacement	1475	1,755.00	4,700.00		4,700.00	4,700.00	completed
	Repair/Upgrade Basketball Count	1475	2,250.00	4,176.00		4,176.00	4,176.00	completed
	Repdair/upgrade BB court Scott	1475		2,565.00		2,565.00	2,565.00	completed
	Elevator Repair/Replacement	1475	5,000.00	0.00				
	Sub-Total	1475	9,005.00	11,441.00		11,441.00	11,441.00	
	TOTAL		727,741.00	727,741.00	0.00	727,741.00	719,235.80	

over obligate by \$12,364.41, which will be paid out of 09 regular CF
Reduced PO Conversion

**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			
	(ATTACH EXPLANATION)			(ATTACH EXPLANATION)					
PHA-Wide									
#1410	3/31/2010		3/31/2010	12/31/2010		3/31/2011			
#1450	3/31/2010		3/31/2010	12/31/2010					
#1460	3/31/2010		3/31/2010	12/31/2010					
#1465	3/31/2010		3/31/2010	12/31/2010		3/31/2011			
#1475	3/31/2010		3/31/2010	12/31/2010		3/31/2011			

**Ocala Housing Authority
Capital Fund Grant**

Total Funded 727,741.00

Development Account->		1406	1408	1410	1430	1450	1460	1465	1470	1475	Total				
Date	#	2,838.66	60,736.71			130,207.95	300,863.50	91,981.00	129,672.18	11,441.00	\$727,741.00				
7-Oct	1					31,803.33	41,676.38	31,186.98			104,666.69				
3-Nov	2					59,127.44	24,204.86	17,733.91			101,066.21				
12/4/2009						9,995.00	30,093.42	6,727.01			46,815.43				
1/6/2010	4						12,660.30				12,660.30				
4-Feb	5						(17.05)	6,183.10			6,166.05				
4/2/2010	6	2505.50	7,225.26				15,220.80			2,850.00	27,801.56				
4/30/2010	7	58.04	24,227.07								24,285.11				
5/14/2010	8	91.72	2,255.04				82,245.96		42,076.35		126,669.07				
6/30/2010 (May & June)	9	45.9	9,996.25			24,282.18	53,292.57		51,970.16		139,587.06				
											0.00				
8/31/2010	10	91.70	4,919.56						12,551.10		17,562.36				
July and September 2010	11	45.80	12,113.53				39,138.06	37,584.00	23,074.57		111,955.96				
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Total		0.00	2,838.66	60,736.71	-	125,207.95	298,515.30	99,415.00	129,672.18	2,850.00	719,235.80				
Balance		\$0.00	\$0.00	0.00	-	5,000.00	2,348.20	(7,434.00)	0.00	8,591.00	8,505.20				
Approved											0.00				

Obligation End Date is: March 17, 2010

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

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 3-31-2011 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	50000	169000.00	0	0
3	1408 Management Improvements	6000	14000.00	0	0
4	1410 Administration (may not exceed 10% of line 21)	27270	27270.00	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	6500	0	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement		40000.00	0	0
10	1460 Dwelling Structures	182929	22429.00	0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: Ocala Housing Authority	Grant Type and Number Capital Fund Program Grant No: FL29PO3250110 Replacement Housing Factor Grant No: Date of CFFP: 6-2010	FFY of Grant:2010 FFY of Grant Approval: 2010			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3-31-2011			<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)	272699	272699.00	0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	213972	22430.00		
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: Ocala Housing Authority			Grant Type and Number Capital Fund Program Grant No: FL29PO3250110 CFFP (Yes/ No): Y 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	
PHA Wide	Operating Subsidy			50000	169000.00	0	0	
PHA Wide	Management Improvement Training			6000	14000.00	0	0	Not Begun
PHA Wide	Administration Salaries			27270	27270.00	0	0	
FL032 DR, SH, PO	A&E Services for Handicap			6500	0	0	0	Deleted
FL032 DR, SH, PO	Handicap Rehab		13	182929	22430.00	0	0	Not begun
FL032 DR, PO	Site Improvements Fence Repair/Replacement		DR & PO	0	10000.00	0	0	Not Begun
	Road Repair/Repaving		DR	0	30000.00	0	0	Not Begun

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:		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:			
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: 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 ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Operating Subsidy - PHA wide	3-30-12		6-30-2014		
Staff Training - PHA Wide	3-30-12				
MIS Tech Support - PHA Wide	3-30-12				
Administration - PHA Wide	3-30-12				
Handicap Unit Rehab - PO 13	3-30-12				
Fence Repair/Replacement DR	3-30-12				
Road Repair/Repavement DR & PO	3-30-12				

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:				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	

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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 - 3-31-2011

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	\$168,968.00
3	1408 Management Improvements	\$5,000.00	\$15,665.00	\$15,665.00	\$15,665.00
4	1410 Administration	\$26,000.00	\$30,218.00	\$30,218.00	\$30,218.00
5	1411 Audit				
6	1415 Liquidated damages				
7	1430 Fees and Costs	\$0.00	\$5,100.00	\$5,100.00	\$5,100.00
8	1440 Site Acquisition				
9	1450 Site Improvements	\$100,000.00	\$22,211.68	\$2,000.00	\$2,000.00
10	1460 Dwelling Structures	\$83,000.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment-Noneexpendable	\$39,000.00	\$13,353.32	\$13,353.32	\$13,353.32
12	1470 Nondwelling Structure				
13	1475 Nondwelling Equipment	\$0.00	\$46,670.00	\$46,670.00	\$46,670.00
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	Amount of Annual Grant (Sum of lines 2-18)	\$302,186.00	\$302,186.00	\$281,974.32	\$281,974.32
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	\$15,353.32			

Signature of Executive Director & Date:

Gwendolyn B. Dawson, Executive Director

Signature of Public Housing Director/

Office of Native American Programs Administrator & Date:

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		Status of Proposed Work
Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended	
			Original	Revised	Difference			
PHA Wide	OPERATIONS							
	Operating Sidsidy	1406	49,186.00	168,968.00	119,782.00	168968.00	\$168,968.00	
	TOTAL	1406	49,186.00	168,968.00	119,782.00	168968.00	\$168,968.00	
PHA Wide	MANAGEMENT IMPROVEMENTS							
	Staff Training	1408	5,000.00	5,000.00	0.00	4,731.81	4,731.81	
	Computer Equip& Randall phone and computer	1408	0.00	10,665.00	10,665.00	10,933.19	10,933.19	
	TOTAL	1408	5,000.00	15,665.00	10,665.00	15,665.00	15,665.00	
PHA Wide	ADMINISTRATION							
	MOD Cordinator Salary	1410	26,000.00	30,218.00	4,218.00	30,218.00	30,218.00	
	Sundry	1410						
	TOTAL	1410	26,000.00	30,218.00	4,218.00	30,218.00	30,218.00	
PHA Wide	FEES AND COSTS							
	A & E Fees and Costs	1430						
	Energy Audit	1430						
	Physical Assessment	1430						
	Property Survey	1430	0.00	5,100.00	5,100.00	5,100.00	5,100.00	Completed
	UPCS Inspections	1430						
	TOTAL	1430	0.00	5,100.00	5,100.00	5,100.00	5,100.00	

FL32-01	PHA Wide							
	Site Improvement							
	Road Repaving	1450	0.00	20,211.68	20,211.68			Not started
	Water Line Repair/Replacement	1450	100,000.00	2,000.00	-98,000.00	2,000.00	2,000.00	completed
	Sub-Total	1450	100,000.00	22,211.68	-77,788.32	2,000.00	2,000.00	
	Dwelling Structure							
	Bathroom Renovations	1460	54,000.00	0.00	-54,000.00			moved to ARRA
	Bathroom Exhaust Fan Replacement	1460	12,000.00	0.00	-12,000.00			moved to ARRA
	Toilet Replacements	1460	5,000.00	0.00	-5,000.00			moved to ARRA
	Showerhead Replacements	1460	12,000.00	0.00	-12,000.00			moved to ARRA
	Sub-Total	1460	83,000.00	0.00	-83,000.00	0.00	0.00	
	Dwelling Equipment - Non Expendable							
	Appliances (Refrigerators & Gas Ranges)	1465.1	39,000.00	13,353.32	-25,646.68	13,353.32	13,353.32	completed
	Sub-Total	1465.1	39,000.00	13,353.32	-25,646.68	13,353.32	13,353.32	
	Non Dwelling Equipment							
	Trucks	1475	0.00	46,670.00	46,670.00	46,670.00	46,670.00	completed
					46,670.00	46,670.00	46,670.00	
	TOTAL		302,186.00	302,186.00			62,023.32	
	TOTAL GRANT		\$ 302,186.00	\$ 302,186.00	\$ (0.00)	281,974.32	281,974.32	

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

PHA Name	Grant Type and Number			Federal FY of Grant:					
	Capital Fund Program: FL29PO32501-09			2009					
	Capital Fund Program: Replacement Housing Factor #:								
Development Number	All Funds Obligated			All Funds Expended			Reason for revised Target Date		
	ORIGINAL	REVISED	ACTUAL	ORIGINAL	REVISED	ACTUAL			
	(ATTACH EXPLANATION)			(ATTACH EXPLANATION)					
PHA-Wide									
#1406	9/30/2011			9/30/2013					
#1408	9/30/2011			9/30/2013					
#1410	9/30/2011			9/30/2013					
#1430	9/30/2011			9/30/2013					
#1450	9/30/2011			9/30/2013					
#1460	9/30/2011			9/30/2013					
#1465	9/30/2011			9/30/2013					
#1475	9/30/2011			9/30/2013					

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

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

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

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 3-31-2011 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
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 ⁴	7360.00			

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: Ocala Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL29R032502-10 Date of CFFP: 6-2010	FFY of Grant:2010 FFY of Grant Approval: 2010			
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)	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				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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Part II: Supporting Pages								
PHA Name: Ocala Housing Authority			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: FL29R03250210			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	
KL Duplex	New Construction	1499	1	7360.00				

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² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages									
PHA Name:			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant:		
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		

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² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
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 ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
KL Duplex	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	

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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:

FL29RO32502-10

FFY of Grant Approval

2010

Original Annual Statement Reserved for Disasters/Emergencies. Revised Annual Statement/Revision No. #
 Final Performance and Evaluation Report Performance and Evaluation Report for Period Ending - 3-31-2011

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	\$7,360.00		\$0.00	\$0.00
19	1501 Debt Service Payment				
20	1502 Contingency (Not to exceed 8% of line 20)				
21	Amount of Annual Grant (Sum of lines 2-19)	\$7,360.00		\$0.00	\$0.00
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.

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**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

FL29RO32502-10

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	Funds	
						Obligated	Expended	
FL032-010	Mod Used for Work Development	1499		7,360.00		\$0.00	\$0.00	Not Started
FL032-010	Management Improvement	1408						
	Marketing			0.00		0.00	\$0.00	
	Total			0.00		0.00	0.00	
FL032-010	Administration	1410						
	Salary			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	Fees and Costs	1430						
	Architects and Engineer			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	Site Improvement	1450						
	Infrastructure Improvements			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	Dwelling Structure	1460						
	Construction			\$0.00		0	0	
	Total			0		0	0	
FL032-010	Dwelling Equipment	1475						
	Appliances & Amenties			0				
	Total			0				
FL032-010	Debt Service Payment	1501						
	TOTAL			\$7,360.00		\$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.

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

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
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												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
Total		0.00	0.00	0.00	-	-	0.00	-	-	-		0.00
Balance		\$0.00	\$0.00	0.00	-	\$0.00	0.00	0.00	0.00	310,451.00		0.00
Approved												0.00

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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 -

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		\$310,451.00	\$310,451.00
19	1501 Debt Service Payment				
20	1502 Contingency (Not to exceed 8% of line 20)				
21	Amount of Annual Grant (Sum of lines 2-19)	\$310,451.00		\$310,451.00	\$310,451.00
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, Executive Director

Signature of Public Housing Director/

Office of Native American Programs Administrator & Date:

Victoria Main, 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

FL29RO32502-08

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	Mod Used for Work Development	1499		310,451.00		310,451.00	310,451.00	complete
FL032-010	Management Improvement	1408						
	Marketing			0.00		0.00	\$0.00	
	Total			0.00		0.00	0.00	
FL032-010	Administration	1410						
	Salary			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	Fees and Costs	1430						
	Architects and Engineer			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	Site Improvement	1450						
	Infrastructure Improvements			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	Dwelling Structure	1460						
	Construction			\$0.00		0	0	
	Total			0		0	0	
FL032-010	Dwelling Equipment	1475						
	Appliances & Amenties			0				
	Total			0				
FL032-010	Debt Service Payment	1501						
	TOTAL			\$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)**

FL29RO32502-10

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	6/12/2010		9/30/2010	9/30/2012		6/30/2010	

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

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.
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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:

FL29RO32502-09

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 - 3-31-2011

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	\$163,412.00		\$0.00	\$0.00
19	1501 Debt Service Payment				
20	1502 Contingency (Not to exceed 8% of line 20)				
21	Amount of Annual Grant (Sum of lines 2-19)	\$163,412.00		\$0.00	\$0.00
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.

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**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	Mod Used for Work Development	1499		163,412.00		\$0.00	\$0.00	Not Started
FL032-010	Management Improvement	1408						
	Marketing			0.00		0.00	\$0.00	
	Total			0.00		0.00	0.00	
FL032-010	Administration	1410						
	Salary			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	Fees and Costs	1430						
	Architects and Engineer			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	Site Improvement	1450						
	Infrastructure Improvements			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	Dwelling Structure	1460						
	Construction			\$0.00		0	0	
	Total			0		0	0	
FL032-010	Dwelling Equipment	1475						
	Appliances & Amenties			0				
	Total			0				
FL032-010	Debt Service Payment	1501						
	TOTAL			\$163,412.00		\$0.00	\$0.00	

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**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.
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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	
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										0.00	
Total	0.00	0.00	0.00	-	-	0.00	-	-	-	0.00	
Balance	\$0.00	\$0.00	0.00	-	\$0.00	0.00	0.00	0.00	310,451.00	0.00	
Approved										0.00	

**THE OCALA HOUSING AUTHORITY
AGENCY PLAN/PUBLIC HEARING & MONTHLY MEETING
BOARD OF COMMISSIONERS
JULY 14, 2011; 5:30 P.M.**

Call to order; The Agency Plan/Public Hearing for July 14, 2011 of the Ocala Housing Authority Board of Commissioners was called to order by Chairwoman Elnora Mitchell at 5:40 P.M. in the small conference room at the Ocala Housing Authority.

Roll Call: Secretary Dawson called the roll, with the following Commissioners present: Chairperson Elnora J. Mitchell, Treasurer Howard L. Gunn, Jr., and Vice Chairman Steve Rudnianyn. (Present-call in.) A quorum was established. Other staff members present were: Construction Coordinator Christopher Lewis, Resident Services Coordinator Sonia Coleman, and Executive Assistant Sabrina Fletcher.

Guests present: Residents Mary Sims, Mack McCray, Mary Johnson, Luz Ramirez, Sophia Smith, LaQuandra Lightsey, Tremise Johnson, and Georgia Gadsden.

Board Members Absent: Commissioner Brad Nimmo was excused due to being out of town and Resident Commissioner Reba Overstreet was excused due to personal family obligations.

The Invocation was provided by Treasurer Howard L. Gunn, Jr.

The Pledge of Allegiance was recited in unison.

The Agency Plan/Public Hearing began with the following:

Adoption of Agenda/Consent Agenda

Treasurer Gunn made a motion to approve the minutes of the May 26, 2011 Board Meeting and the following resolutions:

Resolution 2011-17-Ratification of Banking Services Contract with Florida Citizens Bank

Resolution 2011-18-Amendment to OHA's Personnel Policies and Procedures Manual

Resolution 2011-19-Amendment to the Eligible Deferred Compensation Plan

Resolution 2011-20-Amendment to the Eligible Deferred Compensation Plan

Resolution 2011-22-Revised Public Housing Utility Schedule

Vice Chairman Rudnianyn seconded the motion, all were in favor, and the motion passed.

Fiscal Year 2011 Agency Plan Summary

Executive Director Gwendolyn Dawson welcomed all of our guests (residents) to the meeting and expressed how pleased she and the board were with the residents in attendance. She stated that she would be doing a narrative on the Agency Plan, and the OHA encourages input from its residents. She added that Construction Coordinator, Chris Lewis would be reviewing the Construction/Capital Fund portion of the Agency Plan. Ms. Dawson reiterated to the residents about giving feedback and comments, and that their voices were important in the process. She advised all present that the Agency Plan is currently available for viewing. A summary of the Agency Plan and the Fiscal Year 2010 Annual report were distributed to the attendees.

Occupancy

A Veteran's Preference was added to the wait list for admission preferences. This recognizes anyone who has served in the military. Also, point numbers have been increased for the Handicapped/Disabled and Elderly Preference. Ms. Dawson also discussed The VAWA Act (Violence against Women Act). Congress came up with this so that if a man or woman was a victim of domestic violence and had a documented police report, they could break their lease (if on Section 8) and be allowed to move to another community or jurisdiction.

Paradise Trails Update

Eighteen homes have been built. Due to the housing crash, only fourteen homes have sold. There are still three homes left for sale; one is pending to be closed on. If you are on Public Housing or Section 8, and have enough income to qualify for a mortgage and decent credit, you could be considered. The client would have to be "mortgage ready" at the time of purchase. However, OHA can work with the client for up to two years to prepare for homeownership. There is also down payment assistance available as well.

Ms. Dawson also spoke about the County Neighborhood Stabilization Program for those who are interested in leasing to own a property. The client would be able to rent a home from the Ocala Housing Authority (i.e. a 3 bedroom/2 bathroom house for approximately \$600), clear up items on their credit, get down payment assistance once qualified, and eventually own their own home. OHA would be the landlords while they are renting and the renter's responsibility would include electric, pest control, etc. The family can rent for a maximum of four years. Ms. Dawson explained that City's Neighborhood Stabilization Program is for rental properties. Both the City and County NSP only serve the very low income (<50% of area median).

FY 2010 Accomplishments & Goals for FY 2011

- OHA launched its new website in 2010.
- There has been increased participation in the Family Self Sufficiency Program. The program has grown by 6 participants in 2010. Ms. Dawson explained the FSS Program in detail and encouraged the residents to contact Sonia Coleman to join.
- Two families have become homeowners in 2010, through the Homebuyers Club and/or Paradise Trails
- One Public Housing Unit was added, which is fully handicapped accessible
- OHA has secured twenty-five VASH vouchers for homeless veterans

- OHA is also working on reactivating the Resident Council to promote more participation within the community, to hear what might need to be brought to the attention of the Ocala Housing Authority. Residents can contact Sonia Coleman, Resident Services Coordinator if they would like to join.
- OHA Staff is still attending trainings (ongoing), through Webinars, Departmental training, and off-site as needed.
- Section 8 Homeownership Program is still being worked on

Capital Fund Proposed Budget

Chris Lewis discussed the Capital Fund Plans and budget. \$170,000 is being used in general Public Housing Operations. With the Public Housing Budget getting cut, the Operating Subsidy to cover expenses is being used mainly for maintenance-related expenses.

Major Proposed Work Items

Construction Coordinator Christopher Lewis gave his narrative on the following work that was completed in 2010:

- **Annual Tree Trimming and Removal-** The City is conservative in granting approvals for tree removals, so OHA is limited in the number of trees that can be removed, but because of growth, we have to continue to trim the trees around the light poles and off of the buildings. (Cost: \$5,500.00)
- **Sidewalk Repair/Replacement-** Due to root expansion, this will continue to be an annual expense. (Cost: \$5,000.00)

Resident guest Mr. M. McCray commented that not only are there large cracks in the sidewalks, but that there is a large hole near his residence where pests, such as large spiders, are able to get through and enter his home. Ms. Dawson and Mr. Lewis advised him this matter would be looked into. Chris will review his unit and prepare a work order.

Resident guest Ms. S. Smith commented that where she resides there is a major problem with potholes. This matter will also be looked into.

- **504 Porch and Sidewalk Upgrades-** The request in the number of handicap ramps is increasing. OHA (in order to be in complete compliance with 504 regulations) is having concrete ramps installed with the necessary sidewalk upgrades, when necessary (rails). (Cost: \$10,000)
- **504 Renovation-** We will continue to convert/renovate at least one per year annually until we have the required 11 handicap units in our communities. Five are currently in full compliance. (Cost: \$25,000)
- **AC Condensers-** OHA will be replacing condensers as they become inoperable either from vandalism or routine wear. (Cost: \$5,000)
- **Road Repair and Repaving-** Complete road work has begun out of FY 2010 Capital Fund Grant and road work in Shady Hollow due to bad potholes. (Cost: \$20,000).

Chairperson Mitchell and Secretary Dawson thanked the public housing residents for their attendance and input at today's meeting.

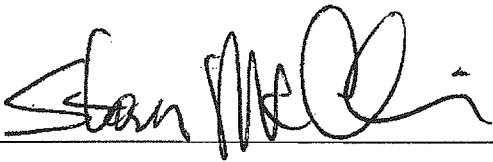
The Agency Plan/ Public Hearing were adjourned at 6:19 p.m.

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

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

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

I, Stan McClain the Chair, Board of County Commissioners certify that the Five Year and
Annual PHA Plan of the Ocala Housing Authority is consistent with the Consolidated Plan of
Marion County, Fl. prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official

Civil Rights Certification

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 06/30/2011

Civil Rights Certification**Annual Certification and Board Resolution**

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

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

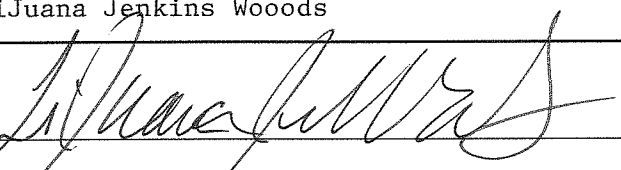
Ocala Housing Authority

FL032

PHA Name

PHA Number/HA Code

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

Name of Authorized Official TiJuana Jenkins Woods		Title Deputy Director	
Signature 		Date July 15, 2011	

form HUD-50077-CR (1/2009)

OMB Approval No. 2577-0226

READ

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

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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:

FL29RO32502-11

FFY of Grant Approval

2011

Original Annual Statement Reserved for Disasters/Emergencies. Revised Annual Statement/Revision No. #
 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 (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	\$3,407.00		\$0.00	\$0.00
19	1501 Debt Service Payment				
20	1502 Contingency (Not to exceed 8% of line 20)				
21	Amount of Annual Grant (Sum of lines 2-19)	\$3,407.00		\$0.00	\$0.00
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

FL29RO32502-11

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	Mod Used for Work Development	1499		3,407.00		\$0.00	\$0.00	Not Started
FL032-010	Management Improvement	1408						
	Marketing			0.00		0.00	\$0.00	
	Total			0.00		0.00	0.00	
FL032-010	Administration	1410						
	Salary			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	Fees and Costs	1430						
	Architects and Engineer			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	Site Improvement	1450						
	Infrastructure Improvements			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	Dwelling Structure	1460						
	Construction			\$0.00		0	0	
	Total			0		0	0	
FL032-010	Dwelling Equipment	1475						
	Appliances & Amenties			0				
	Total			0				
FL032-010	Debt Service Payment	1501						
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**Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP)**

FL29R032502-11

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	ORIGINAL	REVISED	ACTUAL	ORIGINAL	REVISED	ACTUAL	
Kings Landing	9/30/2011			9/30/2013			

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Ocala Housing Authority
Capital Fund Grant Replacement Housing Factor
 FL29R032501-11

Development		1406	1408	1410	1430	1450	1460	1465	1470	1499	Total	
Date	#									\$3,407.00		
											0.00	
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Total		0.00	0.00	0.00	-	-	0.00	-	-	-	0.00	
Balance		\$0.00	\$0.00	0.00	-	\$0.00	0.00	0.00	0.00	3,407.00	0.00	
Approved											0.00	

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Revised Annual Statement/Revision No. #

Final Performance and Evaluation Report

Performance and Evaluation Report for Period Ending - 3-31-2011

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6	1415 Liquidated damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures				
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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	Amount of Annual Grant (Sum of lines 2-19)	\$6,843.00		\$0.00	\$0.00
22	Amount of line 20 Related to LBP Activities				
23	Amount of line 20 Related to Sec 504 Comp.				
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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

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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	Funds	
						Obligated	Expended	
FL032-010	Mod Used for Work Development	1499		6,843.00		\$0.00	\$0.00	Not Started
FL032-010	Management Improvement	1408						
	Marketing			0.00		0.00	\$0.00	
	Total			0.00		0.00	0.00	
FL032-010	Administration	1410						
	Salary			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	Fees and Costs	1430						
	Architects and Engineer			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	Site Improvement	1450						
	Infrastructure Improvements			0.00		0.00	0.00	
	Total			0.00		0.00	0.00	
FL032-010	Dwelling Structure	1460						
	Construction			\$0.00		0	0	
	Total			0		0	0	
FL032-010	Dwelling Equipment	1475						
	Appliances & Amenties			0				
	Total			0				
FL032-010	Debt Service Payment	1501						
	TOTAL			\$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)**

FL29R032501-09

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.

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

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.
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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

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**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:

FL29P032501-07

FFY of Grant Approval

2007

Original Annual Statement Reserved for Disasters/Emergencies.

Revised Annual Statement/Revision No. #

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)				
19	Amount of Annual Grant (Sum of lines 2-18)	\$257,064.00	\$257,064.00	\$257,064.00	\$257,064.00
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	OPERATIONS							
	Operating Sidsidy	1406	50,097.00	50,097.00		50097.00	\$50,097.00	Completed
	TOTAL	1406	50,097.00	50,097.00		50097.00	\$50,097.00	
PHA Wide	MANAGEMENT IMPROVEMENTS							
	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
	TOTAL	1408	5,000.00	3,382.90		3,382.90	3,382.90	
PHA Wide	ADMINISTRATION							
	MOD Cordinator Salary	1410	25,697.00	25,697.00		25,697.00	25,697.00	Completed
	Sundry	1410						
	TOTAL	1410	25,697.00	25,697.00		25,697.00	25,697.00	
PHA Wide	FEES AND COSTS							
	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					
	TOTAL	1430	5,000.00	2,191.67		2,191.67	2,191.67	

FL32-02	PAVILION OAKS							
	Site Improvement	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	3,000.00	1,000.00	1,000.00	1,000.00		
	Dwelling Structure							
	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	0.00	0.00	0.00	0.00		
	Dwelling Equipment - Non Expendable	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	1,500.00	3,000.00	3,000.00	3,000.00		
	NON DWELLING EQUIPMENT							
	Community Center Roof Repair	1470	10,000.00	0.00				
	Sub-Total		10,000.00	0.00			0.00	
	TOTAL		14,500.00	4,000.00	4,000.00	4,000.00		
FL32-03	DEER RUN							
	Site Improvements							
	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	5,000.00	8,600.00	8,600.00	8,600.00		
	Dwelling Structure							
	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	140,770.00	146,848.19	146,848.19	146,848.19		
	Dwelling Equipment - Non Expendable	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	4,000.00	6,000.00	6,000.00	6,000.00	Completed	
	Non Dwelling Equipment	1475						
	HVAC Replacement - Family	1475	0.00	0.00				
	Sub-Total		0.00	0.00				
	TOTAL		149,770.00	161,448.19	161,448.19	161,448.19		

FL32-04	SHADY HOLLOW							
	Site Improvements							
	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	2,000.00	2,000.00		2,000.00	2,000.00	
	Dwelling Structure							
		1460						
	Install Water Meters & Hose Bibs (50)	1460						
	HVAC Replacement (9)	1460						
	Sub-Total	1460	0.00	0.00		0.00	0.00	
	Dwelling Structure - Non Expendable	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	3,000.00	4,500.00		4,500.00	4,500.00	
	Non Dwelling Structure	1470						
	Install interior wall	1470						
	Replace Rear Door	1470	500.00	0.00				
	Sub-Total	1470	500.00	0.00				
	Non Dwelling Equipment	1475						
	TOTAL		5,500.00	6,500.00		6,500.00	6,500.00	
FL32-08	PINE GARDENS							
	Site Improvements							
	Security Lighting	1450						
	Sub-Total	1450	0.00	0.00		0	0	
	Dwelling Structure	1460						
	Sliding Repairs/Replacement	1460						
	HVAC Replacement	1460						
	Sub-Total	1460	0.00	0.00		-	-	
	Dwelling Equipment - Non Expendable	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	1,500.00	2,000.00		2000	2000	
	Non Dwelling Equipment	1475						
	Replace Elevator (1)	1475		1,747.24		1747.24	1747.24	Completed
	Sub-Total	1475	0.00	1,747.24		1747.24	1747.24	
	TOTAL		1,500.00	3,747.24		3,747.24	3,747.24	
	TOTAL GRANT		\$ 257,064.00	\$ 257,064.00		257,064.00	257,064.00	

**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	9/30/2009		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										

READ

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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.
 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)	\$50,027.00	\$80,039.26	\$80,039.26	\$80,039.26
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)				
19	Amount of Annual Grant (Sum of lines 2-18)	\$264,474.00	\$264,474.00	\$264,474.00	\$264,474.00
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, Executiver Director

Victoria Main, Director of Office of Public Housing

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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	\$80,039.26	completed
	TOTAL	1406	50,027.00	80,039.26	-30,012.26	80039.26	\$80,039.26	
PHA Wide	MANAGEMENT IMPROVEMENTS							
	Staff Training	1408	0.00	3,028.67	-3,028.67	3,028.67	3,028.67	completed
	MIS Tech Support	1408	3,000.00	3,000.00	0.00	3,000.00	3,000.00	completed
		1408						
	TOTAL	1408	3,000.00	6,028.67	-3,028.67	6,028.67	6,028.67	
PHA Wide	ADMINISTRATION							
	MOD Cordinator Salary	1410	26,447.00	26,447.00	0.00	26,447.00	26,447.00	completed
	Sundry	1410						
	TOTAL	1410	26,447.00	26,447.00	0.00	26,447.00	26,447.00	
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	completed
	Energy Audit	1430						
	Physical Assessment	1430						
	UPCS Inspections	1430	3,000.00	1,831.50	1,168.50	1,831.50	1,831.50	completed
	TOTAL	1430	5,000.00	4,544.40	455.60	4,544.40	4,544.40	

FL32-02	PAVILION OAKS							
	Site Improvement	1450						
	Tree Removal and Trim	1450						
	Fence Repair and Reconfiguration	1450						
	Sub-Total	1450	0.00	0.00	0.00	0.00	0.00	
	Dwelling Structure							
	Window Replacementq	1460	54,000.00	33,041.67	20,958.33	33,041.67	33,041.67	completed
	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	completed
	Sub-Total	1460	59,000.00	38,041.67	20,958.33	38,041.67	38,041.67	
	Dwelling Equipment - Non Expendable	1465.1						
	Appliances (Refrigerators & Gas Ranges)	1465.1	0.00	2,747.00	-2,747.00	2,747.00	2,747.00	completed
	Window Treatments (343)	1465.1						
	Sub-Total	1465.1	0.00	2,747.00	-2,747.00	2,747.00	2,747.00	
	NON DWELLING EQUIPMENT							
	Community Center Roof Repair	1470						
	Sub-Total		0.00	0.00	0.00		0.00	
	TOTAL		59,000.00	40,788.67	18,211.33	40,788.67	40,788.67	
FL32-03	DEER RUN							
	Site Improvements							
	Security Lighting entry way	1450	1,265.00	240.00	1,025.00	240.00	240.00	completed
	Tree Removal and Trimming	1450	1,735.00	1,735.00	0.00	1,735.00	1,735.00	completed
	Westside Divider	1450						
	Sub-Total	1450	3,000.00	1,975.00	1,025.00	1,975.00	1,975.00	
	Dwelling Structure							
	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	completed
	Sub-Total	1460	5,000.00	5,000.00	0.00	5,000.00	5,000.00	
	Dwelling Equipment - Non Expendable	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	completed
	Sub-Total	1465.1	0.00	7,795.00	-7,795.00	7,795.00	7,795.00	
	Non Dwelling Equipment	1475						
	HVAC Replacement - Family	1475	0.00	0.00	0.00			
	Sub-Total		0.00	0.00	0.00			
	TOTAL		8,000.00	14,770.00	-6,770.00	14,770.00	14,770.00	

FL32-04	SHADY HOLLOW							
	Site Improvements							
	Security Lighting	1450	5,000.00	540.00	4,460.00	540.00	540.00	completed
	Tree Removal and Trimming	1450						
	Replace & Install Dumpster Fence (PVC) (3)	1450						
	Sub-Total	1450	5,000.00	540.00	4,460.00	540.00	540.00	
	Dwelling Structure							
	Window Replacement	1460	80,000.00	57,316.00	22,684.00	57,316.00	57,316.00	completed
	concrete sidewalk	1460		18,776.00	-18,776.00	18,776.00	18,776.00	completed
	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	completed
	Sub-Total	1460	85,000.00	82,316.00	2,684.00	82,316.00	82,316.00	
	Dwelling Structure - Non Expendable	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	completed
	Sub-Total	1465.1	0.00	6,500.00	-6,500.00	6,500.00	6,500.00	
	Non Dwelling Structure	1470						
	Install interior wall	1470						
	Replace Rear Door	1470						
	Sub-Total	1470	0.00	0.00	0.00			
	Non Dwelling Equipment	1475						
	TOTAL		90,000.00	89,356.00	644.00	89,356.00	89,356.00	
FL32-08	PINE GARDENS							
	Site Improvements							
	Security Lighting	1450						
	Sub-Total	1450	0.00	0.00		0	0	
	Dwelling Structure	1460						
	Sliding Repairs/Replacement	1460	3,000.00	0.00	3,000.00	-		ARRA
	Window Replacement	1460	20,000.00	0.00	20,000.00			PD other grant
	HVAC Replacement	1460						
	Sub-Total	1460	23,000.00	0.00	23,000.00	-	-	
	Dwelling Equipment - Non Expendable	1465.1						
	Window Treatment (40)	1465.1						
	Appliances (Refrigerators & Gas Ranges)(4)	1465.1	0.00	2,500.00	-2,500.00	2500	2500	completed
	Sub-total	1465.1	0.00	2,500.00	-2,500.00	2500	2500	
	Non Dwelling Equipment	1475						
	Replace Elevator (1)	1475						
	Sub-Total	1475	0.00	0.00				
	TOTAL		23,000.00	2,500.00	20,500.00	2,500.00	2,500.00	
	TOTAL GRANT		\$ 264,474.00	\$264,474.00	\$0.00	264,474.00	264,474.00	

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

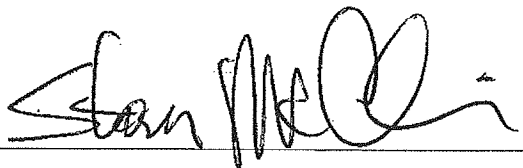
Development Number	All Funds Obligated			All Funds Expended			Reason for revised Target Date			
	ORIGINAL	REVISED	ACTUAL	ORIGINAL	REVISED	ACTUAL				
PHA Name: Grant Type and Number: Federal FY of Grant: Capital Fund Program: FI29PO32501-07 2007 Capital Fund Program: Replacement Housing Factor #:										
	(ATTACH EXPLANATION)			(ATTACH EXPLANATION)						
PHA-Wide										
#1406	9/30/2010		6/30/2010	9/30/2012		6/30/2010				
#1408	9/30/2010		6/30/2010	9/30/2012		3/31/2010				
#1410	9/30/2010		6/30/2010	9/30/2012		3/31/2010				
#1430	9/30/2010		6/30/2010	9/30/2012						
FL32-02										
#1450										
#1460	9/30/2010		6/30/2010	9/30/2012		3/31/2010				
#1465										
#1475										
FL32-03										
#1450	9/30/2010		6/30/2010	9/30/2012		6/30/2010				
#1460	9/30/2010		6/30/2010	9/30/2012		6/30/2010				
#1465										
#1475										
FL32-04										
#1450	9/30/2010		6/30/2010	9/30/2012		6/30/2010				
#1460	9/30/2010		6/30/2010	9/30/2012		6/30/2010				
#1465										
#1470										
FL32-08										
#1450										
#1460	9/30/2010		6/30/2010	9/30/2012		6/30/2010				
#1465										
#1475										

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

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

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

I, Stan McClain the Chair, Board of County Commissioners certify that the Five Year and
Annual PHA Plan of the Ocala Housing Authority is consistent with the Consolidated Plan of
Marion County, Fl. prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ___ 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning October 1, 2011, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

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

Ocala Housing Authority

FL032

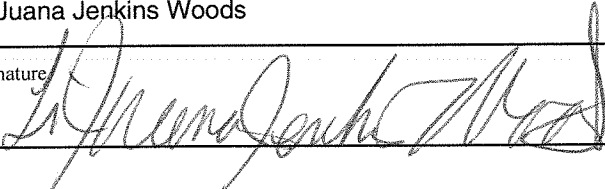
PHA Name

PHA Number/HA Code

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

Annual PHA Plan for Fiscal Years 20¹¹ - 20¹²

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

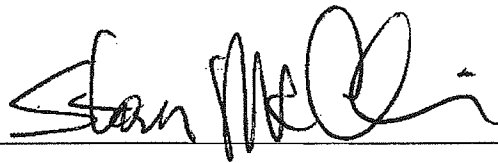
Name of Authorized Official	Title
TiJuana Jenkins Woods	Deputy Director
Signature	Date
	July 15, 2011

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

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

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

I, Stan McClain the Chair, Board of County Commissioners certify that the Five Year and
Annual PHA Plan of the Ocala Housing Authority is consistent with the Consolidated Plan of
Marion County, Fl. prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 06/30/2011

Civil Rights Certification

Annual Certification and Board Resolution

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

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

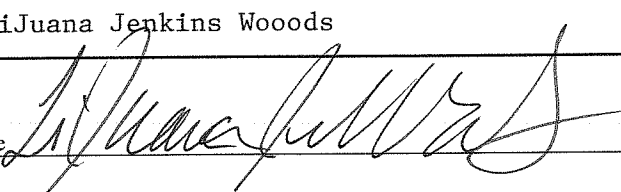
Ocala Housing Authority

FL032

PHA Name

PHA Number/HA Code

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

Name of Authorized Official TiJuana Jenkins Woods		Title Deputy Director	
Signature 		Date July 15, 2011	

form HUD-50077-CR (1/2009)

OMB Approval No. 2577-0226

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Ocala Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Agency Plan - Annual Plan submission FL032

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Name of Authorized Official

Tijuana Jenkins Woods

Title

Deputy Director

Signature

Date

7-15-2011

X

form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

**Certification of Payments
to Influence Federal Transactions**

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

Applicant Name

OCALA HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

ANNUAL PLAN

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

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

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

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

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

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

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

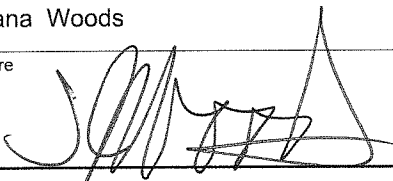
Name of Authorized Official

TiJuana Woods

Title

Deputy Director

Signature



Date (mm/dd/yyyy)

7-15-11

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: _____		5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
<i>(attach Continuation Sheet(s) SF-LLLA, if necessary)</i>		
11. Amount of Payment (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____	
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____		
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11: NO LOBBY Activities to report _____ _____ <i>(attach Continuation Sheet(s) SF-LLLA, if necessary)</i>		
15. Continuation Sheet(s) SF-LLLA attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: Print Name: <u>TiJuana Jenkins Woods</u> Title: <u>Deputy Director</u> Telephone No.: <u>(352) 620-3667</u> Date: <u>7-15-11</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)