

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

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# **Housing Authority of the City of Fort Valley, Georgia**

## **Small PHA Plan Update**

### **Annual Plan for Fiscal Year: 2002**

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHAName:** Housing Authority of the City of Fort Valley, Georgia

**PHANumber:** GA-205

**PHA Fiscal Year Beginning:** 04/2002

**PHA Plan Contact Information:**

Name: Mirian Brown

Phone: (478) 825 -5056

TDD:

Email: ftvha@bellsouth.net

**Public Access to Information**

Information regarding any activities outlined in this plan can be obtained by contacting:

(select all that apply)

- Main administrative office of the PHA
- PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- Main administrative office of the local, county or State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)

**PHA Programs Administered :**

- Public Housing and Section 8
- Section 8 Only
- Public Housing Only

**Annual PHA Plan**  
**Fiscal Year 20**  
 [24CFR Part 903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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<input checked="" type="checkbox"/> Attachment A: Supporting Documents Available for Review	
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<input checked="" type="checkbox"/> Attachment D: Resident Membership on PHA Board or Governing Body	
X Attachment E: Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment E: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Attachment F: Brief Statement of Progress in Meeting the Five Year Plan Missions and Goals.	
X Attachment G: Capital Fund Program P&ER Reports – FY2000 & FY2001	
X Attachment H: Deconcentration and Income Mixing	
X Attachment I: Voluntary Conversion Initial Assessments.	

**ii. Executive Summary**

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

The Fort Valley Housing Authority using all its available resources continues to move forward in the accomplishment of its goals and objectives. Capital Funding already received has enabled us to significantly improve the condition of four public housing units in Fort Valley, thus improving the quality of life for our residents. That is clearly our mission and goal, and we continue to work toward its full achievement and the successful attainment of all our goals.

**1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

At the present time, we have no plan to make any Policy or Program changes for the upcoming year.

**2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A.  Yes  No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? At this time, we have not been advised of what our amount will be, but we expect it to be at least as much as we received last year - \$191,403.

C.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

**(1) Capital Fund Program 5 - Year Action Plan**

The Capital Fund Program 5 - Year Action Plan is provided as Attachment C

**(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1.  Yes  No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

**4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

A.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

**5. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A.  Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

**6. Other Information**

[24CFR Part 903.79(r)]

**A. Resident Advisory Board (RAB) Recommendations and PHA Response**

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

2. If yes, the comments are attached at Attachment E.

3. In what manner did the PHA address those comments? (select all that apply)

- The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included:
  - Yes  No: below
  - Yes  No: at the end of the RAB Comment in Attachment \_\_\_\_\_.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment   E  .
- Other: (list below)

**B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Yes  No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:



4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

### **C. Criteria for Substantial Deviation and Significant Amendments**

#### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### **A. Substantial Deviation from the 5-year Plan:**

**Any change to the stated Mission and Goals of the Housing Authority would be considered a substantial deviation and would require Board approval prior to their implementation.**

#### **B. Significant Amendment or Modification to the Annual Plan:**

**Changes to our Admissions, Continued Occupancy, or Rent Policies or to the organization of our waiting lists; any changes relative to demolition, disposition, designation, conversion or homeownership programs would be considered significant amendments or modifications to our Annual Plan. Expenditures of Capital Funds for items other than those projected would also be considered a significant amendment/modification and would also require Board approval.**

## Attachment A

### Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>Annual Statement/ Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHAName: HOUSING AUTHORITY OF THE CITY OF FORT VALLEY, GEORGIA		Grant Type and Number Capital Fund Program: GA06P2 05501-02 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations	\$5,000			
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 Improvement				
10	1460 Dwelling Structures	\$186,403			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	\$191,403			
21	Amount of line 20 Related to LBP Activities				

<b>Annual Statement/ Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>				
PHA Name: HOUSING AUTHORITY OF THE CITY OF FORT VALLEY, GEORGIA		Grant Type and Number Capital Fund Program: GA06P2 05501-02 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement				
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:				
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )				
<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
22	Amount of line 20 Related to Section 504 Compliance			
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: HOUSING AUTHORITY OF THE CITY OF FORT VALLEY, GEORGIA			Grant Type and Number Capital Fund Program #: GA06P205501 -02 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Ga205-001 Young Homes	Install Central Heating & Air Conditioning System -15 Units	1460		\$60,000				
	Operations	1406		\$5,000				
GA205-002 Tabor Heights	Re-Hab. Modernize -15 Units New Roofs/Facia & Soffit/Rewirew/120 AMP/New Doors/	1460		\$78,750				
	Kitchen Cabinets/Counter Tops -5 Units	1460		\$3,920				
	Central Heat & Air Conditioning Systems -10 Units	1460		\$43,733				
	TOTAL			\$191,403				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: HOUSING AUTHORITY OF THE CITY OF FORT VALLEY, GEORGIA		<b>Grant Type and Number</b> Capital Fund Program #: GA06P205501 -02 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	





## CAPITAL FUND PROGRAM TABLES

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Housing Authority of the City of Fort Valley, Georgia		Grant Type and Number Capital Fund Program Grant No: GA06P205501 -00 Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	\$14,940			
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$173,400		\$50,000	\$50,000
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	\$188,340		\$50,000	\$50,000
	Amount of line XX Related to LBP Activities				

<b>Annual Statement/Performance and Evaluation Report</b>				
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>				
PHAName: Housing Authority of the City of Fort Valley, Georgia		Grant Type and Number Capital Fund Program Grant No: GA06P205501 -00 Replacement Housing Factor Grant No:		Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )				
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2001 <input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
	Amount of line XX Related to Section 504 compliance			
	Amount of line XX Related to Security --Soft Costs			
	Amount of Line XX related to Security --Hard Costs			
	Amount of line XX Related to Energy Conservation Measures			
	Collateralization Expenses or Debt Service			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>									
PHA Name: Housing Authority of the City of Fort Valley, Georgia			Grant Type and Number Capital Fund Program Grant No: GA06P205501 -00 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
GA205-001	Re-hab 15 Units								
Young Homes	New Roofs /Facia&Sofit		1460		\$45,000		\$9,000		In-Process
	Re-Wirew/120Amp		1460		\$30,000		\$4,300		In-Process
	New Security Screen Doors		1460		\$3,750		\$3,750		Complete
	Kitchen Cabinets/Counter Tops/Floors		1460		\$7,950		\$7,950		Complete
GA205-002	Re-hab 15 Units								
Tabor Heights	New Roofs/Facia&Sofit		1460		\$45,000		\$9,000		In Process
	Re-Wirew/120AMP		1460		\$30,000		\$4,300		In-Process
	New Security Screen Doors		1460		\$3,750		\$3,750		Complete
	Kitchen Cabinets/Counter Tops/Floors		1460		\$7,950		\$7,950		Complete
GA205-001	Operations		1406		\$7,470				
GA205-002	Operations		1406		\$7,470				
	Total				\$188,340		\$50,000		



<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHAName: Housing Authority of the City of Fort Valley, Georgia</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P205501 -01 Replacement Housing Factor Grant No:		<b>Federal FY of Grant: 2000</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30.2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	\$18,000		\$0.00	\$0.00
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$173,403		\$0.00	\$0.00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	\$191,403		\$0.00	\$0.00
	Amount of Line XX Related to LBP Activities				

<b>Annual Statement/Performance and Evaluation Report</b>				
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>				
PHAName: Housing Authority of the City of Fort Valley, Georgia		Grant Type and Number Capital Fund Program Grant No: GA06P205501 -01 Replacement Housing Factor Grant No:		Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )				
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30.2001 <input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
	Amount of line XX Related to Section 504 compliance			
	Amount of line XX Related to Security --Soft Costs			
	Amount of Line XX related to Security --Hard Costs			
	Amount of line XX Related to Energy Conservation Measures			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRH F)</b> <b>Part II: Supporting Pages</b>									
PHA Name: HOUSING AUTHORITY OF THE CITY OF FORT VALLEY, GEORGIA			Grant Type and Number Capital Fund Program Grant No: GA06P205501 -01 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
GA205-001 Young Homes	Operations		1406		\$9,000				In Process
	Re-Hab – 15 Units								
	New Roofs/Sofit & Facia Rewire – 120 AMP/New Doors/Kitchen Cabinets/Counter Tops/Floors		1460		\$86,701				In Process
GA205-002 Tabor Heights	Operations		1406		\$9,000				In Process
	Re-Hab – 15 Units								
	New Roofs/Facia & Sofit/Rewire 120 AMP/New Doors/Kitchen Cabinets/Counter Tops/Floors		1460		\$86,702				In Process
	TOTAL				\$191,403				



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRH F)</b> <b>Part II: Supporting Pages</b>							
PHA Name: HOUSING AUTHORITY OF THE CITY OF FORT VALLEY, GEORGIA		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P205501 -01 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work



**Required Attachment \_\_ D \_\_: Resident Member on the PHA Governing Board**

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Ms. Denise Carson

B. How was the resident board member selected: (select one)?

- Elected
- Appointed

C. The term of appointment is (include the date term expires): Ms. Carson fills the \_\_\_\_\_ un-expired term of Mr. John Bowman, who resigned. Her term began August 17, 2001 and will expire on June 23, 2004.

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

B. Date of next term expiration of governing board member: June 23, 2004

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mayor John Stumbo and the elected City Council of the City of Fort Valley, Georgia.

**Required Attachment E: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards:

Ms. Carmen Rosa	Mr. Donnie Walden	Ms. Deborah Williams
Mr. Danny Hite	Ms. Cleo Rowland	Mr. Steve Little
Ms. Annie Golden	Ms. Jacqueline Poole	Mr. Porter McPryor
Ms. Annie Ellison		

The Residents Advisory Board consists of representative from both Young Homes and Tabor Heights. They met on several occasions and reviewed our approved Five Year Plan, our approved Annual Plan for FY2001 and this Annual Plan for FY2002 relative to our mission, goals, and objectives outlined therein. Once again all agreed that these were exactly as they should be and we were moving in the right direction to insure their accomplishment. They reviewed our current and planned use of four Capital Funding. They were very pleased with the work that we have already accomplished, especially the new roofs, the vinyl facia and soffit, and the front porch columns. They did urge that we accelerate the interior painting, the new kitchen cabinets and flooring and the Central Air Conditioning/Heating Systems. The final consensus was that since 95% -98% of the Units were always occupied and there was no place to relocate the tenants while work was being accomplished, that the renovation/modernization program would continue as planned; could not be accomplished immediately; but would be done in the priority we had all agreed upon and as the funding became available. Based on this, there is no need to change our Plans, and we shall continue to work together for their accomplishment.



**Attachment "H"**

**Component 3,(6),Deconcentration and Income Mixing:**

*Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? No! The Housing Authority of the City of Fort Valley, Georgia is exempt from the Deconcentration and Income Mixing Requirement, because the total number of public housing units is 100 or less. We only have a total of 100 Units. (CFR 903(2)(b)(2)).*

### Capital Fund Program Five - Year Action Plan

#### Part I: Summary

PHANameFortValleyHousing Authority		<input type="checkbox"/> Original 5 - Year Plan <input type="checkbox"/> Revision No: 2			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2003 PHAFY: 03/31/2003	Work Statement for Year 3 FFY Grant: 2004 PHAFY: 03/31/2004	Work Statement for Year 4 FFY Grant: 2005 PHAFY: 03/31/2005	Work Statement for Year 5 FFY Grant: 2006 PHAFY: 03/31/2006
	Annual Statement				
GA205-002		Re-Hab/Mod –15 Units	Re-Hab/Mod –15 Units	Central Heat & Air Conditioning –15 Units	Central Heat & Air Conditioning –45 Units
Tabor Heights		New Roofs/Facia & Soffit	New Roofs/Facia & Soffit	New Roofs/Facia & Soffit	
		Re-Wire/New Doors/New Kitchen Cabinets/Counter Tops/Floors	Re-Wire/New Doors/New Kitchen Cabinets/Counter Tops/Floors	Re-Wire/New Doors/New Kitchen Cabinets/Counter Tops/Floors –10 Units	
GA205-001 Young Homes		Install Central Heat & Air Conditioning Systems –15 Units	Central Heat & Air Conditioning –15 Units		
Total CFP Funds (Est.)		\$191,403	\$191,403	\$191,403	\$191,403
Total Replacement Housing Factor Funds					

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

Activities for Year 1	Activities for Year: ____2 FFY Grant: 2003 PHAFY: 3/31/2003			Activities for Year: ____3 FFY Grant: 2004 PHAFY: 3/31/2004		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost	
GA205-001 Young Homes	Central Heat & Air Conditioning – 15 Units	\$65,000	GA205-001	Central Heat & Air Conditioning – 15 Units	\$65,000	
GA205-002 Tabor Heights	Re-Hab – 15 Units	\$126,403	GA205-001	Re-Hab – 15 Units	\$126,403	
	New Roofs/Facia & Soffit/Re-wire/Screen Doors, New Kitchens			New Roofs/Facia & Soffit/Re-wire/Doors/New Kitchens		



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

Activities for Year 1	Activities for Year: <u>4</u> FFY Grant 2005: PHAFY: 03/31/2005			Activities for Year: <u>5</u> — FFY Grant: 2006 PHAFY: 03/31/2006		
Development Name/Number	Major Work Categories	Estimated Cost		Development Name/Number	Major Work Categories	Estimated Costs
GA205-002	Re-Hab – 10 Units			GA205-002	Central Heat & Air Conditioning Systems – 45 Units	\$191,403
Tabor Heights	New Roof/Facia & Soffit/Re-Wire-120 AMP/New Doors/Kitchens	\$126,403		Tabor Heights		
	Central Heat & Air Conditioning System – 15 Units	\$65,000				
TOTAL CFP FUNDS		\$191,403				\$191,403

## ATTACHMENT "I"

### Component 10(B) Voluntary Conversion Initial Assessments:

a. How many of the PHA's developments are subject to the Required Initial Assessments? Since the Fort Valley Housing Authority has only two (2) developments, both required an Initial Assessment.

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g. elderly and/or disabled developments)? The Fort Valley Housing Authority has no developments which were exempted from the Required Initial Assessment.

c. How many Assessments were conducted for the PHA's covered Developments? Only two assessments were conducted and they were a comparison between the current operating cost per Unit versus FMR rents for comparable size units in our general area.

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments. Based on our initial assessments, we do not believe either of our four developments are appropriate for conversion.

e. If the PHA has not completed the Required Assessments, describe the status of these assessments: Our Required Initial Assessments have been completed and our recommendation to not convert has been sent to our HUD Field Office in Atlanta, Georgia.

**REQUIRED ATTACHMENT “F”: BRIEF STATEMENT OF PROGRESS IN MEETING THE FIVE YEAR PLAN MISSION AND GOALS:**

We believe that we are fully performing our stated Mission of providing safe, decent, and affordable housing to low and moderate income families in Fort Valley, Georgia. Our current occupancy rate is near 99% and we have reduced our turn around days to an average of 12 days.

Some of the goals in our Five Year Plan we knew would be very difficult to meet, but we chose to set them high. Our first goal was to “Expand the supply of assisted housing”. We did apply and partnered with the Macon Housing Authority, to the Department of Community Affairs on a Rural Rental Units RFP, which would have enabled us to build 10 new Units, however we were not successful. We will continue to apply as additional RFP’s come out, and also we are a member of the Mayors Committee on Housing and believe that we will either create some additional affordable housing or work very closely with some other public or private organization who will develop and build some.

Our second goal was to “Improve the quality of assisted housing”, with a major objective of renovating/modernizing our public housing units. We have made great strides in doing this. With the Capital funding we have received we have re-roofed a number of units that had severe leaks, painted the interior of many units; installed new kitchen, new appliances, new screen doors, new vinyl facia and soffit to replace the rotten wood and peeling paint. We have a number of other projects well underway and will continue to renovate and modernize as many of our units as we have funding for.

