

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2002

**TheHousingAuthorityoftheCityofClaxton,Georgia
GA166v01**

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDINACCORDANCEWITH
INSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHAPlan
AgencyIdentification**

PHAName: ClaxtonHousingAuthority

PHANumber: GA166

PHAFiscalYearBeginning: 07/2002

PHAPlanContactInformation:

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PublicAccessoInformation

Informationregardinganyactivitiesoutlinedinthisplancanbeobtainedbycontacting:

(selectallthatapply)

- MainadministrativeofficeofthePHA
- PHAdevelopmentmanagementoffices

DisplayLocationsForPHAPlansandSupportingDocuments

ThePHAPlans(includingattachments)areavailableforpublicinspectionat:(selectallthatapply)

- MainadministrativeofficeofthePHA
- PHAdevelopmentmanagementoffices
- Main administrativeofficeofthelocal,countyorStategovernment
- Publiclibrary
- PHAwebsite
- Other(listbelow)

PHAPlanSupportingDocumentsareavailableforinspectionat:(selectallthatapply)

- MainbusinessofficeofthePHA
- PHAdevelopmentmanagementoffices
- Other(listbelow)

PHAProgramsAdministered :

- PublicHousingandSection8 Section8Only PublicHousingOnly

AnnualPHAPlan
FiscalYear20 01
 [24CFRPart903.7]

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"/> Other (List below, providing each attachment name) | |
| <input checked="" type="checkbox"/> Attachment F : FY2001 P&E Report | 30 |
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ii. Executive Summary

[24CFR Part 903.79(r)]

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

Not Applicable

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.

The Housing Authority will continue to revise existing procedures & programs pursuant to HUD Final Rules. The Authority does not intend to otherwise revise any current policy or program. The Housing Authority will enforce its policy to provide for deconcentration of poverty and encourage income mixing by bringing in higher income families into lower income developments and lower income families into higher income developments.

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? **\$367,473.00**

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

| Demolition/Disposition Activity Description (Not including Activities Associated with HOPEVI or Conversion Activities) |
|---|
| 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: (dd/mm/yy) |
| 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 24CFR 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).)

5. 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 PHA 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 _____.

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 or

Yes No: at the end of the RAB Comments 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 _____.

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: **State of Georgia/Department of Community Affairs**

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)

The Consolidated Plan supports the PHA Plan of the Claxton Housing Authority because the PHA Plan meets the priority outlined in the State of Georgia's Consolidated Plan to increase the number of Georgia's low and moderate income households who have obtained affordable, rental housing free of overcrowded and structurally substandard conditions.

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:

Substantial deviations are defined as discretionary in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners or as may be required by HUD.

B. Significant Amendment or Modification to the Annual Plan:

Significant amendments or modifications are defined as discretionary in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners or as may be required by HUD.

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.

| List of Supporting Documents Available for Review | | |
|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| ✓ | 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) For 2000 | 5 Year and Annual Plans |
| ✓ | 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 |
| ✓ | 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 |
| ✓ | Most recent board -approved operating budget for the public housing program | Annual Plan: Financial Resources |
| ✓ | 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 |
| | 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 |
| ✓ | 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 |
| ✓ | 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 |

List of Supporting Documents Available for Review

| Applicable & On Display | Supporting Document | Related Plan Component |
|------------------------------------|--|--|
| | Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination |
| ✓ | 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 |
| ✓ | Results of latest binding Public Housing Assessment System (PHAS) Assessment | Annual Plan: Management and Operations |
| ✓ | 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 |
| ✓ | Public housing grievance procedures <input checked="" 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 |
| ✓ | The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year | Annual Plan: Capital Needs |
| ✓ | 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, PIH99 -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 |

List of Supporting Documents Available for Review

| Applicable & On Display | Supporting Document | Related Plan Component |
|------------------------------------|--|---|
| | 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 home ownership programs/plans | Annual Plan: Homeownership |
| | 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"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · 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); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · 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. | Annual Plan: Safety and Crime Prevention |
| ✓ | 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 |

List of Supporting Documents Available for Review

| Applicable & On Display | Supporting Document | Related Plan Component |
|------------------------------------|--|--|
| ✓ | 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) Voluntary Conversion Deconcentration & Income Mixing Follow-Up Plan to Resident Survey Results | (specify as needed) Attachment I Attachment J On File at PHA |

Attachment“B”CAPITALFUNDPROGRAMTABLESSTARTHERE

| AnnualStatement/PerformanceandEv aluationReport | | | | | |
|--|--|--|---------|-----------------|----------------------------------|
| CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary | | | | | |
| PHAName: TheHousingAuthorityoftheCityofClaxton,GA | | GrantTypeandNumber CapitalFundProgramGrantNo: GA06P16650102 ReplacementHousingFactorGrantNo: | | | FederalFYofGrant: 2002 |
| <input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport | | | | | |
| Line No. | SummarybyDevelopmentAccount | TotalEstimatedCost | | TotalActualCost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Totalnon -CFPFunds | | | | |
| 2 | 1406Operations | \$43,473.00 | | | |
| 3 | 1408ManagementImprovements | | | | |
| 4 | 1410Administration | | | | |
| 5 | 1411Audit | | | | |
| 6 | 1415LiquidatedDamages | | | | |
| 7 | 1430FeesandCosts | \$21,000.00 | | | |
| 8 | 1440SiteAcquisition | | | | |
| 9 | 1450SiteImprovement | | | | |
| 10 | 1460DwellingStructures | \$249,000.00 | | | |
| 11 | 1465.1DwellingEquipment —Nonexpendable | \$4,000.00 | | | |
| 12 | 1470NondwellingStructures | \$50,000.00 | | | |
| 13 | 1475NondwellingEquipment | | | | |
| 14 | 1485Demolition | | | | |
| 15 | 1490ReplacementReserve | | | | |
| 16 | 1492MovingtoWorkDemonstration | | | | |
| 17 | 1495.1RelocationCosts | | | | |
| 18 | 1499DevelopmentActivities | | | | |
| 19 | 1501CollaterizationorDebtService | | | | |
| 20 | 1502Contingency | | | | |
| 21 | AmountofAnnualGrant:(sumoflines2 –20) | \$367,473.00 | | | |
| 22 | Amountoffline21RelatedtoLBPActivities | | | | |
| 23 | Amountoffline21RelatedtoSection504compliance | | | | |

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

| | | |
|---|---|-------------------------------------|
| PHAName: The Housing Authority of the City of Claxton, GA | Grant Type and Number Capital Fund Program Grant No: GA06P16650102 Replacement Housing Factor Grant No: | Federal FY of Grant: 2002 |
|---|---|-------------------------------------|

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

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
|----------|---|----------------------|---------|-------------------|----------|
| | | Original | Revised | Obligated | Expended |
| 24 | Amount of line 21 Related to Security – Soft Costs | | | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | |

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

| PHAName: The Housing Authority of the City of Claxton, GA | | Grant Type and Number Capital Fund Program Grant No: GA06P16650102 Replacement Housing Factor Grant No: | | | 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 Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | <u>OPERATIONS</u> | | | | | | | |
| PHAWide | Operations | 1406 | 204 | \$43,473.00 | | | | |
| | SUBTOTAL | | | \$43,473.00 | | | | |
| | <u>FEES & COSTS</u> | | | | | | | |
| GA166-1 | a. Architects fees to prepare bid and | 1430.1 | 44 Units | \$7,000.00 | | | | |
| GA166-2 | contract documents, drawings, | 1430.1 | 30 Units | \$4,000.00 | | | | |
| GA166-3 | specifications and assist the PHA at | 1430.1 | 10 Units | \$2,000.00 | | | | |
| GA166-4 | bid opening, awarding the contract, and | 1430.1 | 38 Units | \$0.00 | | | | |
| GA166-5 | to supervise the construction work | 1430.1 | 22 Units | \$2,000.00 | | | | |
| GA166-6 | on a periodic basis. Fees to be negotiated | 1430.1 | 16 Units | \$2,000.00 | | | | |
| GA166-7 | Contract Labor | 1430.1 | 30 Units | \$3,000.00 | | | | |
| GA166-11 | | 1430.1 | 14 Units | \$0.00 | | | | |
| | Subtotal | | | \$20,000.00 | | | | |
| GA166-1 | b. Consulting fees for Agency Plan | 1430.2 | 44 Units | \$200.00 | | | | |
| GA166-2 | preparation. | 1430.2 | 30 Units | \$200.00 | | | | |
| GA166-3 | | 1430.2 | 10 Units | \$100.00 | | | | |
| GA166-4 | | 1430.2 | 38 Units | \$100.00 | | | | |
| GA166-5 | | 1430.2 | 22 Units | \$100.00 | | | | |

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

| PHAName: The Housing Authority of the City of Claxton, GA | | Grant Type and Number Capital Fund Program Grant No: GA06P16650102 Replacement Housing Factor Grant No: | | | 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 Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| GA166-6 | | 1430.2 | 16 Units | \$100.00 | | | | |
| GA166-7 | | 1430.2 | 30 Units | \$100.00 | | | | |
| GA166-11 | | 1430.2 | 14 Units | \$100.00 | | | | |
| | Subtotal | | | \$1,000.00 | | | | |
| | SUBTOTAL | | | \$21,000.00 | | | | |
| | <u>DWELLING STRUCTURES</u> | | | | | | | |
| GA166-3 | Full modernization of 5 units | 1460 | 5 Units | \$249,000.00 | | | | |
| | SUBTOTAL | | | \$249,000.00 | | | | |
| | <u>NON-DWELLING STRUCTURES</u> | | | | | | | |
| PHA Wide | AMC Renovation | 1470 | 1 Unit | \$50,000.00 | | | | |
| | SUBTOTAL | | | \$50,000.00 | | | | |
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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

| PHAName: The Housing Authority of the City of Claxton, GA | | Grant Type and Number Capital Fund Program Grant No: GA06P16650102 Replacement Housing Factor Grant No: | | | 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 Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | <u>DWELLING EQUIPMENT -</u> | | | | | | | |
| | <u>NONEXPENDABLE</u> | | | | | | | |
| GA166-1 | A. Replaceranges & refrigerators | 1475 | 1 Unit | \$500.00 | | | | |
| GA166-2 | | 1475 | 1 Unit | \$500.00 | | | | |
| GA166-3 | | 1475 | 1 Unit | \$500.00 | | | | |
| GA166-4 | | 1475 | 1 Unit | \$500.00 | | | | |
| GA166-5 | | 1475 | 1 Unit | \$500.00 | | | | |
| GA166-6 | | 1475 | 1 Unit | \$500.00 | | | | |
| GA166-7 | | 1475 | 1 Unit | \$500.00 | | | | |
| GA166-11 | | 1475 | 1 Unit | \$500.00 | | | | |
| | SUBTOTAL | | | \$4,000.00 | | | | |
| | GRANDTOTAL | | | \$367,473.00 | | | | |

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

| | | |
|--|---|----------------------------------|
| PHAName: The Housing Authority of the City of Calxton, GA | Grant Type and Number Capital Fund Program No: GA06P16650102 Replacement Housing Factor No: | Federal FY of Grant: 2002 |
|--|---|----------------------------------|

| Development Number Name/HA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | | All Funds Expended (Quarter Ending Date) | | | Reasons for Revised Target Dates |
|--|---|---------|--------|---|---------|--------|----------------------------------|
| | Original | Revised | Actual | Original | Revised | Actual | |
| PHAWide | 12/31/03 | | | 6/30/04 | | | |
| GA166-1 | 12/31/03 | | | 6/30/04 | | | |
| GA166-2 | 12/31/03 | | | 6/30/04 | | | |
| GA166-3 | 12/31/03 | | | 6/30/04 | | | |
| GA166-4 | 12/31/03 | | | 6/30/04 | | | |
| GA166-5 | 12/31/03 | | | 6/30/04 | | | |
| GA166-6 | 12/31/03 | | | 6/30/04 | | | |
| GA166-7 | 12/31/03 | | | 6/30/04 | | | |
| GA166-11 | 12/31/03 | | | 6/30/04 | | | |
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| | | | | | | | |

GA166-1=44Units GA166-3=10Units GA166-5=22Units GA166-7=30Units
GA166-2=30Units GA166-4=38Units GA166-6=16Units GA166-11=14Units

Attachment“C”

| CapitalFundProgramFive -YearActionPlan | | | | | |
|---|---------------------|--|--|---|--|
| PartI: Summary | | | | | |
| PHAName:HousingAuthorityof theCityofClaxton,GA | | | | <input type="checkbox"/> Original5 -YearPlan <input checked="" type="checkbox"/> RevisionNo: 1 | |
| Development Number/Name/HA- Wide | Year2 | WorkStatementforYear3 FFYGrant:2003 PHAFY:2003 | WorkStatementforYear4 FFYGrant:2004 PHAFY:2004 | WorkStatementforYear5 FFYGrant:2005 PHAFY:2005 | WorkStatementforYear6 FFYGrant:2006 PHAFY:2006 |
| | Annual Statement | | | | |
| H.A.Wide | | \$64,473.00 | \$74,473.00 | \$74,473.00 | \$74,473.00 |
| GA166-1 | | | \$108,000.00 | \$176,000.00 | \$176,000.00 |
| GA166-2 | | | \$79,000.00 | \$117,000.00 | \$117,000.00 |
| GA166-3 | | \$159,000.00 | | | |
| GA166-4 | | \$108,000.00 | | | |
| GA166-5 | | \$36,000.00 | \$49,000.00 | | |
| GA166-6 | | | | | |
| GA166-7 | | | \$57,000.00 | | |
| GA166-11 | | | | | |
| CFPFundsListedfor 5-yearplanning | | \$367,473.00 | \$367,473.00 | \$367,473.00 | \$367,473.00 |
| ReplacementHousing FactorFunds | | | | | |

CapitalFundProgramFive -YearActionPlan

PartII:SupportingPages —WorkActivities

| Activitiesfor Year2 | ActivitiesforYear:3 FFYGrant:2003 PHAFY:2003 | | | ActivitiesforYear:4 FFYGrant:2004 PHAFY:2004 | | |
|-----------------------|--|--------------------------|---------------------|--|---|---------------------|
| | Development Name/Number | MajorWork Categories | EstimatedCost | Development Name/Number | MajorWork Categories | EstimatedCost |
| See | H.A.Wide | Acct.1406,1430.1 &1430.2 | \$64,473.00 | H.A.Wide | Acct.1406,1430.1, 1430.2&1470 | \$74,473.00 |
| Annual | | Operations/Fees&Costs | | | Operations/Fees& Costs,Non -Dwelling Renovation | |
| Statement | | | | | | |
| | GA166-3 | Kitchens | \$123,000.00 | GA166-1 | Windows&Screens | \$108,000.00 |
| | | Convert1H.C.Unit | \$36,000.00 | | | |
| | | Subtotal | \$159,000.00 | GA166-2 | Windows&Screens | \$79,000.00 |
| | GA166-4 | Kitchens | \$72,000.00 | | | |
| | | Convert1H.C.Unit | \$36,000.00 | GA166-5 | Windows&Screens | \$49,000.00 |
| | | Subtotal | \$108,000.00 | | | |
| | GA166-5 | Convert1H.C.Unit | \$36,000.00 | GA166-7 | Windows&Screens | \$57,000.00 |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| TotalCFPEstimatedCost | | | \$367,473.00 | | | \$367,473.00 |

Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD50075 -PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Annual PHDEP Plan Table of Contents:

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

Section 1: General Information/History

A. Amount of PHDEP Grant _____

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R _____

C. FFY in which funding is requested

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEPT target Area (development or site where activities will be conducted), the total number of units in each PHDEPT target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

| PHDEPT Target Areas (Name of development(s) or site) | Total # of Units within the PHDEPT Target Area(s) | Total Population to be Served within the PHDEPT target Area(s) |
|---|---|---|
| | | |
| | | |
| | | |

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

6 Months _____ 12 Months _____ 18 Months _____ 24 Months _____ Other _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide a amount of funding received. If previously funded programs havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place "GE" in column or "W" for waivers.

| Fiscal Year of Funding | PHDEP Funding Received | Grant# | Fund Balance as of Date of this Submission | Grant Extensions or Waivers | Anticipated Completion Date |
|---------------------------|------------------------------|--------|--|-----------------------------------|-----------------------------------|
| | | | | | |
| | | | | | |
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Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

| FY PHDEP Budget Summary | |
|---|----------------------|
| Budget Line Item | Total Funding |
| 9110 - Reimbursement to Law Enforcement | |
| 9120 - Security Personnel | |
| 9130 - Employment of Investigators | |
| 9140 - Voluntary Tenant Patrol | |
| 9150 - Physical Improvements | |
| 9160 - Drug Prevention | |
| 9170 - Drug Intervention | |
| 9180 - Drug Treatment | |
| 9190 - Other Program Costs | |
| | |
| TOTAL PHDEP FUNDING | |

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

| 9110 -Reimbursement of Law Enforcement | | | | | | Total PHDEP Funding: | |
|---|---------------------|-------------------|------------|------------------------|---------------|-------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount/Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9120 -Security Personnel | | | | | | Total PHDEP Funding: | |
|---------------------------------|---------------------|-------------------|------------|------------------------|---------------|-------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount/Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9130 - Employment of Investigators | | | | | Total PHDEP Funding: | | |
|---|---------------------|-------------------|------------|------------------------|-----------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9140 - Voluntary Tenant Patrol | | | | | Total PHDEP Funding: | | |
|---------------------------------------|---------------------|-------------------|------------|------------------------|-----------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9150 - Physical Improvements | | | | | Total PHDEP Funding: | | |
|-------------------------------------|---------------------|-------------------|------------|------------------------|-----------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9160 -DrugPrevention | | | | | TotalPHDEPFunding: | | |
|-----------------------------|--------------------|-------------------|------------|------------------------|---------------------------|--------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | PerformanceIndicators |
| | | | | | | | |

| 9170 -DrugIntervention | | | | | TotalPHDEPFunding: | | |
|-------------------------------|--------------------|-------------------|------------|------------------------|---------------------------|--------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9180 -DrugTreatment | | | | | TotalPHDEPFunding: | | |
|----------------------------|--------------------|-------------------|------------|------------------------|---------------------------|--------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|--------------------------------|--|--|--|--|-------------------------|--|--|
| 9190 -OtherProgramCosts | | | | | TotalPHDEPFunds: | | |
|--------------------------------|--|--|--|--|-------------------------|--|--|

| | | | | | | | |
|--------------------|--------------------------|----------------------|---------------|------------------------------|-------------------|------------------|-----------------------|
| | | | | | | | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding | PerformanceIndicators |
| 1. | | | | | | | |
| 3. | | | | | | | |

Section3:Expenditure/ObligationMilestones

IndicatebyBudgetLineItemandtheProposedActivity(basedontheinformationcontainedinSection2PHDEPPlanBudgetandGoals),the%offundsthatwillbeexpended(at least25%ofthetotalgrantaward)andobligated(atleast50%ofthetotalgrantaward)within 12monthsofgrantexecution.

| BudgetLine Item# | 25%Expenditure ofTotalGrantFundsByActivity# | TotalPHDEP FundingExpended | 50%ObligationofTotal GrantFundsbyActivity# | TotalPHDEPFunding Obligated |
|---------------------|--|-------------------------------|---|--------------------------------|
| | <i>Activities1,3</i> | | <i>Activity2</i> | |
| 9110 | | | | |
| 9120 | | | | |
| 9130 | | | | |
| 9140 | | | | |
| 9150 | | | | |
| 9160 | | | | |
| 9170 | | | | |
| 9180 | | | | |
| 9190 | | | | |
| TOTAL | | | | |

Section4:Certifications

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:

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires):

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 a governing board member: **8/29/02**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **Mayor – Perry Lee DeLoach**

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

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The Resident Advisory Board Members are:

Aline Womble
Myrtle Smith
Joyce Lynn
Tholer Boyette

AttachmentF –FY2001P&EReport

CAPITALFUNDPROGRAMTABLESSTARTHERE

| AnnualStatement/PerformanceandEvaluationReport | | | | | |
|---|--|--|--------------|-----------------|---------------------------|
| CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary | | | | | |
| PHAName: TheHousingAuthorityoftheCityofClaxton,GA | | GrantTypeandNumber CapitalFundProgramGrantNo: GA06P16650101 ReplacementHousingFactorGrantNo: | | | FederalFYofGrant: 2001 |
| <input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input checked="" type="checkbox"/> RevisedAnnualStatement(revisionno: 1) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 12/31/01 <input type="checkbox"/> FinalPerformanceandEvaluationReport | | | | | |
| Line No. | SummarybyDevelopmentAccount | TotalEstimatedCost | | TotalActualCost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Totalnon -CFPFunds | | | | |
| 2 | 1406Operations | \$43,473.00 | \$43,473.00 | \$0.00 | \$0.00 |
| 3 | 1408ManagementImprovements | | | | |
| 4 | 1410Administration | | | | |
| 5 | 1411Audit | | | | |
| 6 | 1415LiquidatedDamages | | | | |
| 7 | 1430FeesandCosts | \$21,000.00 | \$21,000.00 | \$0.00 | \$0.00 |
| 8 | 1440SiteAcquisition | | | | |
| 9 | 1450SiteImprovement | | | | |
| 10 | 1460DwellingStructures | \$299,000.00 | \$299,000.00 | \$0.00 | \$0.00 |
| 11 | 1465.1DwellingEquipment —Nonexpendable | \$4,000.00 | \$4,000.00 | \$0.00 | \$0.00 |
| 12 | 1470NondwellingStructures | | | | |
| 13 | 1475NondwellingEquipment | | | | |
| 14 | 1485Demolition | | | | |
| 15 | 1490ReplacementReserve | | | | |
| 16 | 1492MovingtoWorkDemonstration | | | | |
| 17 | 1495.1RelocationCosts | | | | |
| 18 | 1499DevelopmentActivities | | | | |
| 19 | 1501CollateralizationorDebtService | | | | |
| 20 | 1502Contingency | | | | |
| 21 | AmountofAnnualGrant:(sumoflines2 –20) | \$367,473.00 | \$367,473.00 | \$0.00 | \$0.00 |
| 22 | Amountoffline21RelatedtoLBPActivities | | | | |

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

| | | |
|---|---|-------------------------------------|
| PHAName: The Housing Authority of the City of Claxton, GA | Grant Type and Number Capital Fund Program Grant No: GA06P16650101 Replacement Housing Factor Grant No: | Federal FY of Grant: 2001 |
|---|---|-------------------------------------|

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 12/31/01
 Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
|----------|---|----------------------|---------|-------------------|----------|
| | | Original | Revised | Obligated | Expended |
| 23 | Amount of line 21 Related to Section 504 compliance | | | | |
| 24 | Amount of line 21 Related to Security –Soft Costs | | | | |
| 25 | Amount of Line 21 Related to Security –Hard Costs | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | |

Annual Statement/Performance and Evaluation Report Budget Revision #1
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/01
Part II: Supporting Pages

| PHAName: The Housing Authority of the City of Claxton, GA | | Grant Type and Number Capital Fund Program Grant No: GA06P16650101 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 |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | <u>OPERATIONS</u> | | | | | | | |
| PHAWide | Operations | 1406 | 204 | \$43,473.00 | \$43,473.00 | \$0.00 | \$0.00 | No Progress |
| | SUBTOTAL | | | \$43,473.00 | \$43,473.00 | \$0.00 | \$0.00 | |
| | <u>FEES & COSTS</u> | | | | | | | |
| GA166-1 | a. Architects fees to prepare bid and | 1430.1 | 42 Units | \$7,000.00 | \$0.00 | \$0.00 | \$0.00 | Deleted |
| GA166-2 | contract documents, drawings, | 1430.1 | 32 Units | \$4,000.00 | \$0.00 | \$0.00 | \$0.00 | Deleted |
| GA166-3 | specifications and assist the PHA at | 1430.1 | 10 Units | \$2,000.00 | \$7,600.00 | \$0.00 | \$0.00 | Added work |
| GA166-5 | bid opening, awarding the contract, and | 1430.1 | 22 Units | \$2,000.00 | \$0.00 | \$0.00 | \$0.00 | Deleted |
| GA166-6 | to supervise the construction work | 1430.1 | 16 Units | \$2,000.00 | \$12,400.00 | \$0.00 | \$0.00 | Added work |
| GA166-7 | on a periodic basis. Fees to be negotiated | 1430.1 | 30 Units | \$3,000.00 | \$0.00 | \$0.00 | \$0.00 | Deleted |
| | Contract Labor | | | | | | | |
| | Subtotal | | | \$20,000.00 | \$20,000.00 | \$0.00 | \$0.00 | |
| GA166-1 | b. Consulting fees for Agency Plan | 1430.2 | 42 Units | \$200.00 | \$200.00 | \$0.00 | \$0.00 | No Progress |
| GA166-2 | preparation. | 1430.2 | 32 Units | \$200.00 | \$200.00 | \$0.00 | \$0.00 | No Progress |
| GA166-3 | | 1430.2 | 10 Units | \$100.00 | \$100.00 | \$0.00 | \$0.00 | No Progress |
| GA166-4 | | 1430.2 | 38 Units | \$100.00 | \$100.00 | \$0.00 | \$0.00 | No Progress |
| GA166-5 | | 1430.2 | 22 Units | \$100.00 | \$100.00 | \$0.00 | \$0.00 | No Progress |

Annual Statement/Performance and Evaluation Report Budget Revision #1
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/01
Part II: Supporting Pages

| PHAName: The Housing Authority of the City of Claxton, GA | | Grant Type and Number Capital Fund Program Grant No: GA06P16650101 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 |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| GA166-6 | | 1430.2 | 16 Units | \$100.00 | \$100.00 | \$0.00 | \$0.00 | No Progress |
| GA166-7 | | 1430.2 | 30 Units | \$100.00 | \$100.00 | \$0.00 | \$0.00 | No Progress |
| GA166-11 | | 1430.2 | 14 Units | \$100.00 | \$100.00 | \$0.00 | \$0.00 | No Progress |
| | Subtotal | | | \$1,000.00 | \$1,000.00 | \$0.00 | \$0.00 | |
| | SUBTOTAL | | | \$21,000.00 | \$21,000.00 | \$0.00 | \$0.00 | |
| | <u>DWELLING STRUCTURES</u> | | | | | | | |
| GA166-1 | a. Install vandal resistant screens & | 1460 | 42 Units | \$100,000.00 | \$0.00 | \$0.00 | \$0.00 | Deleted |
| GA166-2 | windows. | 1460 | 32 Units | \$57,000.00 | \$0.00 | \$0.00 | \$0.00 | Deleted |
| GA166-3 | | 1460 | 10 Units | \$26,000.00 | \$0.00 | \$0.00 | \$0.00 | Deleted |
| GA166-5 | | 1460 | 22 Units | \$45,000.00 | \$0.00 | \$0.00 | \$0.00 | Deleted |
| GA166-6 | | 1460 | 16 Units | \$35,000.00 | \$0.00 | \$0.00 | \$0.00 | Deleted |
| GA166-7 | | 1460 | 30 Units | \$36,000.00 | \$0.00 | \$0.00 | \$0.00 | Deleted |
| | Subtotal | | | \$299,000.00 | \$0.00 | \$0.00 | \$0.00 | |
| GA166-3 | b. Do full modernization work at | 1460 | 5 Units | \$0.00 | \$98,670.00 | \$0.00 | \$0.00 | Added |
| GA166-6 | GA166-3 (5 units), and GA166 -6 | 1460 | 10 Units | \$0.00 | \$200,330.00 | \$0.00 | \$0.00 | Added |
| | +/- 10 units). | | | | | | | |
| | Subtotal | | | \$0.00 | \$299,000.00 | \$0.00 | \$0.00 | |

Annual Statement/Performance and Evaluation Report Budget Revision #1
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/01
Part II: Supporting Pages

| PHA Name: The Housing Authority of the City of Claxton, GA | | Grant Type and Number Capital Fund Program Grant No: GA06P16650101 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 |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | SUBTOTAL | | | \$299,000.00 | \$299,000.00 | \$0.00 | \$0.00 | |
| | <u>DWELLING EQUIPMENT -</u> | | | | | | | |
| | <u>NONEXPENDABLE</u> | | | | | | | |
| GA166-1 | A. Replaceranges & refrigerators | 1475 | 1 Unit | \$500.00 | \$500.00 | \$0.00 | \$0.00 | No Progress |
| GA166-2 | | 1475 | 1 Unit | \$500.00 | \$500.00 | \$0.00 | \$0.00 | No Progress |
| GA166-3 | | 1475 | 1 Unit | \$500.00 | \$500.00 | \$0.00 | \$0.00 | No Progress |
| GA166-4 | | 1475 | 1 Unit | \$500.00 | \$500.00 | \$0.00 | \$0.00 | No Progress |
| GA166-5 | | 1475 | 1 Unit | \$500.00 | \$500.00 | \$0.00 | \$0.00 | No Progress |
| GA166-6 | | 1475 | 1 Unit | \$500.00 | \$500.00 | \$0.00 | \$0.00 | No Progress |
| GA166-7 | | 1475 | 1 Unit | \$500.00 | \$500.00 | \$0.00 | \$0.00 | No Progress |
| GA166-11 | | 1475 | 1 Unit | \$500.00 | \$500.00 | \$0.00 | \$0.00 | No Progress |
| | SUBTOTAL | | | \$4,000.00 | \$4,000.00 | \$0.00 | \$0.00 | |
| | GRAND TOTAL | | | \$367,473.00 | \$367,473.00 | \$0.00 | \$0.00 | |

Annual Statement/Performance and Evaluation Report Budget Revision #1
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/01
Part III: Implementation Schedule

| PHAN Name: The Housing Authority of the City of Claxton, GA | | Grant Type and Number Capital Fund Program No: GA06P16650101 Replacement Housing Factor No: | | | | Federal FY of Grant: 2001 | |
|--|---|---|--------|---|----------|----------------------------------|---|
| Development Number Name/HA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | | All Funds Expended (Quarter Ending Date) | | | Reasons for Revised Target Dates |
| | Original | Revised | Actual | Original | Revised | Actual | |
| GA166-1 | 03/30/03 | | | 09/30/03 | 06/30/04 | | Need maximum time frame allowed by HUD for Expenditure of funds. |
| GA166-2 | 03/30/03 | | | 09/30/03 | 06/30/04 | | |
| GA166-3 | 03/30/03 | | | 09/30/03 | 06/30/04 | | “ |
| GA166-4 | 03/30/03 | | | 09/30/03 | 06/30/04 | | “ |
| GA166-5 | 03/30/03 | | | 09/30/03 | 06/30/04 | | “ |
| GA166-6 | 03/30/03 | | | 09/30/03 | 06/30/04 | | “ |
| GA166-7 | 03/30/03 | | | 09/30/03 | 06/30/04 | | “ |
| GA166-11 | 03/30/03 | | | 09/30/03 | 06/30/04 | | “ |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

GA166-1=42 Units GA166-3=10 Units GA166-5=22 Units GA166-7=30 Units
GA166-2=32 Units GA166-4=38 Units GA166-6=16 Units GA166-11=14 Units

AttachmentG –FY2000P&EReport

CAPITALFUNDPROGRAMTABLESSTARTHERE

| AnnualStatement/PerformanceandEvaluationReport | | | | | | |
|---|--|--|---------------------|--------------------|----------------------------------|--|
| CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary | | | | | | |
| PHAName: TheHousingAuthorityoftheCityofClaxton,GA | | GrantTypeandNumber CapitalFundProgramGrantNo: GA06P16650100 Replacement HousingFactorGrantNo: | | | FederalFYofGrant: 2000 | |
| <input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input checked="" type="checkbox"/> RevisedAnnualStatement(revisionno: 1) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 12/31/01 <input type="checkbox"/> FinalPerformanceandEvaluationReport | | | | | | |
| Line No. | SummarybyDevelopmentAccount | TotalEstimatedCost | | TotalActualCost | | |
| | | Original | Revised | Obligated | Expended | |
| 1 | Totalnon -CFPFunds | | | | | |
| 2 | 1406Operations | \$36,000.00 | \$36,000.00 | \$36,000.00 | \$0.00 | |
| 3 | 1408ManagementImprovements | | | | | |
| 4 | 1410Administration | | | | | |
| 5 | 1411Audit | | | | | |
| 6 | 1415LiquidatedDamages | | | | | |
| 7 | 1430FeesandCosts | \$20,000.00 | \$20,000.00 | \$20,000.00 | \$3,241.68 | |
| 8 | 1440SiteAcquisition | | | | | |
| 9 | 1450SiteImprovement | | | | | |
| 10 | 1460DwellingStructures | \$304,204.00 | \$304,204.00 | \$0.00 | \$0.00 | |
| 11 | 1465.1DwellingEquipment —Nonexpendable | | | | | |
| 12 | 1470NondwellingStructures | | | | | |
| 13 | 1475NondwellingEquipment | | | | | |
| 14 | 1485Demolition | | | | | |
| 15 | 1490ReplacementReserve | | | | | |
| 16 | 1492MovingtoWorkDemonstration | | | | | |
| 17 | 1495.1RelocationCosts | | | | | |
| 18 | 1499DevelopmentActivities | | | | | |
| 19 | 1501CollaterizationorDebtService | | | | | |
| 20 | 1502Contingency | | | | | |
| 21 | AmountofAnnualGrant:(sumoflines2 –20) | \$360,204.00 | \$360,204.00 | \$56,000.00 | \$3,241.68 | |
| 22 | Amountoffline21RelatedtoLBPAactivities | | | | | |

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

| | | |
|---|--|-------------------------------------|
| PHAName: The Housing Authority of the City of Claxton, GA | Grant Type and Number Capital Fund Program Grant No: GA06P16650100 Replacement Housing Factor Grant No: | Federal FY of Grant: 2000 |
|---|--|-------------------------------------|

Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: **12/31/01** Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
|----------|---|----------------------|-------------------|-------------------|---------------|
| | | Original | Revised | Obligated | Expended |
| 23 | Amount of line 21 Related to Section 504 compliance | | | | |
| 24 | Amount of line 21 Related to Security – Soft Costs | | | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | \$262,122.00 | 204,204.00 | \$0.00 | \$0.00 |

Annual Statement/Performance and Evaluation Report Budget Revision #1
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/01
Part II: Supporting Pages

| PHA Name: The Housing Authority of the City of Claxton, GA | | Grant Type and Number Capital Fund Program Grant No: GA06P16650100 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 |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | <u>OPERATIONS</u> | | | | | | | |
| PHA Wide | Subsidy | 1406 | 204 Units | \$36,000.00 | \$36,000.00 | \$36,000.00 | \$0.00 | Obligated |
| | SUBTOTAL | | | \$36,000.00 | \$36,000.00 | \$36,000.00 | \$0.00 | |
| | <u>FEES & COSTS</u> | | | | | | | |
| GA166-1 | a. Architects fees to prepare bid and | 1430.1 | 42 Units | \$6,500.00 | \$0.00 | \$0.00 | \$0.00 | Deleted |
| GA166-2 | contract documents, drawings, | 1430.1 | 32 Units | \$0.00 | \$6,800.00 | \$6,800.00 | \$1,102.17 | Added |
| GA166-4 | specifications and assist the PHA at | 1430.1 | 38 Units | \$13,500.00 | \$0.00 | \$0.00 | \$0.00 | Deleted |
| GA166-5 | bid opening, awarding the contract, and | 1430.1 | 22 Units | \$0.00 | \$5,000.00 | \$5,000.00 | \$810.42 | Added |
| GA166-6 | to supervise the construction work | 1430.1 | 6 Units | \$0.00 | \$1,400.00 | \$1,400.00 | \$226.92 | Added |
| GA166-7 | on a periodic basis. Fees to be negotiated | 1430.1 | 30 Units | \$0.00 | \$6,800.00 | \$6,800.00 | \$1,102.17 | Added |
| | Contract Labor | | | | | | | |
| | SUBTOTAL | | | \$20,000.00 | \$20,000.00 | \$20,000.00 | \$3,241.68 | 16% Comp. |
| | <u>DWELLING STRUCTURES</u> | | | | | | | |
| GA166-1 | a. Cover all exposed wood | 1460 | 42 Units | \$100,000.00 | \$0.00 | \$0.00 | \$0.00 | Deleted |
| | Subtotal | | | \$100,000.00 | \$0.00 | \$0.00 | \$0.00 | |

Annual Statement/Performance and Evaluation Report Budget Revision #1
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/01
Part II: Supporting Pages

| PHAName: The Housing Authority of the City of Claxton, GA | | Grant Type and Number Capital Fund Program Grant No: GA06P16650100 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 |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| GA166-4 | b. Complete all modernization needs. | 1460 | 38 Units | \$204,000.00 | \$0.00 | \$0.00 | \$0.00 | Deleted |
| | Bathrooms -\$38,000.00 | | | | | | | |
| | Kitchens -\$38,000.00 | | | | | | | |
| | Ceilings -\$19,000.00 | | | | | | | |
| | Flooring -\$45,000.00 | | | | | | | |
| | Interior Doors -\$34,424.00 | | | | | | | |
| | Interior Walls -\$29,780.00 | | | | | | | |
| | Subtotal | | | \$204,204.00 | \$0.00 | \$0.00 | \$0.00 | |
| GA166-6 | c. Do full modernization work at GA166-6 @ 6 units. | 1460 | 6 Units | \$0.00 | \$100,000.00 | \$0.00 | \$0.00 | Added |
| | Subtotal | | | \$0.00 | \$100,000.00 | \$0.00 | \$0.00 | |

Annual Statement/Performance and Evaluation Report Budget Revision #1
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/01
Part II: Supporting Pages

| PHA Name: The Housing Authority of the City of Claxton, GA | | Grant Type and Number Capital Fund Program Grant No: GA06P16650100 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 | |
| | | | | Original | Revised | Funds Obligated | Funds Expended | | |
| | | | | | | | | | |
| | | | | | | | | | |
| GA166-2 | d. Install HVAC at GA166 -2, GA166 -5, | 1460 | 30 | \$0.00 | \$75,555.48 | \$0.00 | \$0.00 | Added | |
| GA166-5 | and GA166 -7. | 1460 | 22 | \$0.00 | \$55,135.08 | \$0.00 | \$0.00 | Added | |
| GA166-7 | | 1460 | 30 | \$0.00 | \$73,513.44 | \$0.00 | \$0.00 | Added | |
| | Subtotal | | | | | | | | |
| | | | | \$0.00 | \$204,204.00 | \$0.00 | \$0.00 | | |
| | SUBTOTAL | | | | | | | | |
| | | | | \$304,204.00 | \$304,204.00 | \$0.00 | \$0.00 | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | GRAND TOTAL | | | | | | | | |
| | | | | \$360,204.00 | \$360,204.00 | \$56,000.00 | \$3,241.68 | | |

Annual Statement/Performance and Evaluation Report Budget Revision #2
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/01
Part III: Implementation Schedule

| PHAName: The Housing Authority of the City of Claxton, GA | | Grant Type and Number Capital Fund Program No: GA06P16650100 Replacement Housing Factor No: | | | | Federal FY of Grant: 2000 | |
|---|---|--|--------|---|---------|----------------------------------|---|
| Development Number Name/HA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | | All Funds Expended (Quarter Ending Date) | | | Reasons for Revised Target Dates |
| | Original | Revised | Actual | Original | Revised | Actual | |
| GA166-1 | 9/30/02 | N/A | | 9/30/03 | N/A | | When previous Exec. Director, Margaret Tidwell, died in December, the Authority was attempting to make a change in utilities used from natural gas to all electric. This was opposed by the City of Claxton who furnishes the natural gas. Because of this controversy, we need to extend the obligated and expenditure dates as shown. Change projects where work is to be done and change work items. |
| GA166-2 | N/A | 9/30/02 | | N/A | 9/30/03 | | |
| GA166-3 | N/A | N/A | | N/A | N/A | | |
| GA166-4 | 9/30/02 | N/A | | 9/30/03 | N/A | | |
| GA166-5 | N/A | 9/30/02 | | N/A | 9/30/03 | | |
| GA166-6 | N/A | 9/30/02 | | N/A | 9/30/03 | | |
| GA166-7 | N/A | 9/30/02 | | N/A | 9/30/03 | | |
| GA166-11 | N/A | N/A | | N/A | N/A | | |
| | | | | | | | |
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| | | | | | | | |

GA166-1=42 Units GA166-3=10 Units GA166-5=22 Units GA166-7=30 Units
 GA166-2=32 Units GA166-4=38 Units GA166-6=16 Units GA166-11=14 Units

AttachmentH –FY1999P&EReport
CAPITALFUNDPROGRAMTABLESSTARTHERE

| AnnualStatement/PerformanceandEvaluationReport | | | | | |
|---|--|--|---------------------|----------------------------------|---------------------|
| CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary | | | | | |
| PHAName: TheHousingAuthorityoftheCityofClaxton,GA | | GrantTypeandNumber CapitalFundProgramGrantNo: GA06P16690399 R eplacementHousingFactorGrantNo: | | FederalFYofGrant: 1999 | |
| <input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input checked="" type="checkbox"/> RevisedAnnualStatement(revisionno: 2) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 12/31/01 <input type="checkbox"/> FinalPerformanceandEvaluationReport | | | | | |
| Line No. | SummarybyDevelopmentAccount | TotalEstimatedCost | | TotalActualCost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Totalnon -CFPFunds | | | | |
| 2 | 1406Operations | \$375,464.67 | \$360,729.16 | \$360,729.16 | \$75,000.00 |
| 3 | 1408ManagementImprovements | | | | |
| 4 | 1410Administration | | | | |
| 5 | 1411Audit | | | | |
| 6 | 1415LiquidatedDamages | | | | |
| 7 | 1430FeesandCosts | \$1,083.33 | \$8,666.64 | \$8,666.64 | \$4,333.32 |
| 8 | 1440SiteAcquisition | | | | |
| 9 | 1450SiteImprovement | | | | |
| 10 | 1460DwellingStructures | \$0.00 | \$7,152.20 | \$7,152.20 | \$7,152.20 |
| 11 | 1465.1DwellingEquipment —Nonexpendable | | | | |
| 12 | 1470NondwellingStructures | | | | |
| 13 | 1475NondwellingE quipment | | | | |
| 14 | 1485Demolition | | | | |
| 15 | 1490ReplacementReserve | | | | |
| 16 | 1492MovingtoWorkDemonstration | | | | |
| 17 | 1495.1RelocationCosts | | | | |
| 18 | 1499DevelopmentActivities | | | | |
| 19 | 1501CollaterizationorDebtService | | | | |
| 20 | 1502Contingency | | | | |
| 21 | AmountofAnnualGrant:(sumoflines2 –20) | \$376,548.00 | \$376,548.00 | \$376,548.00 | \$86,485.520 |
| 22 | Amountoffline21RelatedtoLBPActivities | | | | |

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

| | | |
|---|--|-------------------------------------|
| PHAName: The Housing Authority of the City of Claxton, GA | Grant Type and Number Capital Fund Program Grant No: GA06P16690399 Replacement Housing Factor Grant No: | Federal FY of Grant: 1999 |
|---|--|-------------------------------------|

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: **12/31/01**
 Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
|----------|---|----------------------|---------|-------------------|----------|
| | | Original | Revised | Obligated | Expended |
| 23 | Amount of line 21 Related to Section 504 compliance | | | | |
| 24 | Amount of line 21 Related to Security – Soft Costs | | | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | |

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

| PHA Name: The Housing Authority of the City of Claxton, GA | | Grant Type and Number Capital Fund Program Grant No: GA06P16690399 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 1999 | | |
|--|--|--|----------|----------------------|---------------------|----------------------------------|--------------------|----------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | <u>OPERATIONS</u> | | | | | | | |
| PHAWide | Subsidy | 1406 | 190 | \$375,464.67 | \$360,729.16 | \$360,729.16 | \$75,000.00 | 21% Comp. |
| | SUBTOTAL | | | \$375,464.67 | \$360,729.16 | \$360,729.16 | \$75,000.00 | |
| | <u>FEES & COSTS</u> | | | | | | | |
| | <u>Architectural Fees</u> | | | | | | | |
| | Architects fees to prepare bid and contract documents, drawings, specifications and assist the PHA at bid opening, awarding the contract, and to supervise the construction work on a periodic basis. Fees to be negotiated. | 1430.1 | 32 | \$1,083.33 | \$8,666.64 | \$8,666.64 | \$4,333.32 | 50% Comp. |
| | SUBTOTAL | | | \$1,083.33 | \$8,666.64 | \$8,666.64 | \$4,333.32 | |
| | <u>DWELLING STRUCTURES</u> | | | | | | | |
| | a. Replaced deteriorated heating systems with new HVAC systems located in Mechanical closets. | 1460 | 32 | \$0.00 | \$7,152.20 | \$7,152.20 | \$7,152.20 | Completed |

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

| PHAName: The Housing Authority of the City of Claxton, GA | | Grant Type and Number Capital Fund Program Grant No: GA06P16690399 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 1999 | | | |
|---|--|--|----------|----------------------|----------------------------------|---------------------|--------------------|----------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | | | | | | | | |
| | SUBTOTAL | | | \$0.00 | \$7,152.20 | \$7,152.20 | \$7,152.20 | |
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| | GRANDTOTAL | | | \$376,548.00 | \$376,548.00 | \$376,548.00 | \$86,485.52 | |
| | | | | | | | | |
| | | | | | | | | |

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

| | | |
|---|---|----------------------------------|
| PHAName: The Housing Authority of the City of Claxton GA | Grant Type and Number Capital Fund Program No: GA06P16690399 Replacement Housing Factor No: | Federal FY of Grant: 1999 |
|---|---|----------------------------------|

| Development Number Name/HA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | | All Funds Expended (Quarter Ending Date) | | | Reasons for Revised Target Dates |
|--|---|---------|---------|---|---------|--------|--|
| | Original | Revised | Actual | Original | Revised | Actual | |
| GA166-2 | 9/30/00 | | 9/30/00 | 3/31/01 | 3/31/02 | | Time extension required due to contracting delays. |
| GA166-3 | 9/30/00 | | 9/30/00 | 3/31/01 | 3/31/02 | | " |
| GA166-5 | 9/30/00 | | 9/30/00 | 3/31/01 | 3/31/02 | | " |
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| GA166-142 Units | GA166-522 Units |
| GA166-232 Units | GA166-616 Units |
| GA166-310 Units | GA166-730 Units |
| GA166-438 Units | |

Attachment I: Voluntary Conversion

Component 10(B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments? **All except GA166 -5**
- 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 not general occupancy projects)? **ONE-GA166-5**
- c. How many Assessments were conducted for the PHA's covered developments? **One for each project except for GA166 -5.**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: **N/A**

| Development Name | Number of Units |
|------------------|-----------------|
| | |
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| | |

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: **N/A**

Attachment J: Deconcentration & Income Mixing

(6) Deconcentration and Income Mixing

- a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

| Deconcentration Policy for Covered Developments | | | |
|---|-----------------|---|--|
| Development Name : | Number of Units | Explanation (if any) [see step 4 at §903.2(c)(1)(iv)] | Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)] |
| | | | |
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