

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

Small PHA Plan Update

Annual Plan for Fiscal Year: 01/2003

Version: 05

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

**PHA Plan
Agency Identification**

PHA Name: FORT COBB HOUSING AUTHORITY

PHA Number: OK113

PHA Fiscal Year Beginning: (mm/y yy) 01/2003

PHA Plan Contact Information:

Name: MR. STEVE JOHNSON

Phone: (405) 643 -2111

TDD:

Email (if available):

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 03
[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 file name in parentheses in the space to the right of the title.

Contents	<u>Page#</u>
Annual Plan	
i. Executive Summary (optional)	
ii. Annual Plan Information	
iii. Table of Contents	1
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	2
3. Demolition and Disposition	2
4. Homeownership: Voucher Homeownership Program	3
5. Crime and Safety: PHDEP Plan	4
6. Other Information:	4
A. Resident Advisory Board Consultation Process	4
B. Statement of Consistency with Consolidated Plan	5
C. Criteria for Substantial Deviations and Significant Amendments	5

Attachments

- Attachment A: Supporting Documents Available for Review
- Attachment B: Capital Fund Program Annual Statement
- Attachment C: Capital Fund Program 5 Year Action Plan
- Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment D: Resident Membership on PHA Board or Governing Body
- Attachment E: Membership of Resident Advisory Board or Boards
- Attachment F: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
 - ATTACHMENT G: Progress in meeting 5 Year Plan Mission and Goals
 - ATTACHMENT H: PHA Certification of Compliance with the PHA Plans and Related Regulations – Board Resolution to Accompany the PHA Plan
 - ATTACHMENT I: HUD-50070, Certification for a Drug Free Workplace

- ATTACHMENTJ: HUD-50071, Certification of Payments to Influence Federal Transactions
- ATTACHMENTK: SF-LLL, Disclosure of Lobbying Activities

ii. Executive Summary

[24CFR Part 903.79(r)]

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

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

THERE ARE NO SIGNIFICANT CHANGES IN POLICIES OR PROGRAMS PLANNED 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? \$ 38,123

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 HOPE VI 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: <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 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.)

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 it is involved in 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 specifications 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 (Filename) _____
- 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 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: OKLAHOMA STATE DEPARTMENT OF COMMERCE

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 need 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)

CERTIFICATION OF CONSISTENCY DATED 10/17/00

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: A Substantial Deviation from the 5 Year Plan is adding or deleting a Strategic Goal. The changing of objectives will not be considered a Substantial Deviation.

B. Significant Amendment or Modification to the Annual Plan: A Significant Amendment or Modification to the Annual Plan is defined as a major change in Policy not included in the Annual Plan, the addition of a housing program, such as adding a Section 8 Voucher Program or building a new housing project. A demolition project or conversion of Public Housing would be a significant amendment. A major deviation of

Capital Improvements, \$10,000.00 or more would be considered a significant modification to the Annual Plan.

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
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
	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 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 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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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 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, 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
X	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
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
	The result 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 result 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)

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP /CFPRHF) Part 1: Summary					
PHAName: FORT COBB HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: OK56P11350103 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2003	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: 1)	
<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	2,123			
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	36,000			
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	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	38,123			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP /CFPRHF) Part 1: Summary				
PHAName: FORT COBB HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: OK56P11350103 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1)				
<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
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFP RHF) Part II: Supporting Pages								
PHAName: FORT COBB HOUSING AUTHORITY			Grant Type and Number Capital Fund Program#: OK56P11350103 Capital Fund Program Replacement Housing Factor#:			Federal F Y of Grant: 2003		
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	
OK113001	REPLACE BATHROOM SINKS, TUBS & STOOLS IN 20 UNITS	1460		18,000	0			
OK113001	REPLACE CABINETS & VANITIES IN 20 UNITS	1460		8,000	0			
OK113001	REPLACE BATHROOM LIGHT FIXTURES 20 UNITS	1460		4,000	0			
OK113001	REPLACE HWHEATERS 20 UNITS	1460		6,000	0			
OK113001	TRANSFER TO OPERATIONS	1406		2,123	2,123			
OK113001	REPLACE WINDOWS IN 20 UNITS	1460		0	36,000			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: FORT COBB HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: OK56P11350103 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHAWIDE	9/30/05			9/30/06			

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: FORT COBB HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: OK56P11350102 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<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: 6/30/02 <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				
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	6,000			
10	1460 Dwelling Structures	27,551			
11	1465.1 Dwelling Equipment — Nonexpendable	4,572			
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)	38,123			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: FORT COBB HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: OK56P11350102 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002
<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: 6/30/02 <input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 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: FORTCOBBHOUSINGAUTHORITY			Grant Type and Number Capital Fund Program#: OK56P11350102 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	
PHAWIDE	INSTALL NEWSPEED BUMPS	1450	4	6,000				
PHAWIDE	REPLACE TILE FLOORS	1460	10	27,551				
PHAWIDE	REPLACE RANGES	1465	19	4,572				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHAName: FORT COBB HOUSING AUTHORITY			Grant Type and Number Capital Fund Program #: OK56P11350102 Capital Fund Program Replacement Housing Factor# :				Federal FY of Grant: 2002
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHAWIDE	9/30/04			9/30/05			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHAName: FORT COBB HOUSING AUTHORITY		Grant Type and Number			Federal FY of Grant:	
		Capital Fund Program: OK56P11350101			2001	
		Capital Fund Program				
		Replacement Hour			sing Factor Grant No:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Final Performance and Evaluation Report			<input type="checkbox"/> Revised Annual Statement (revision no:)	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non -CFP Funds					
2	1406 Operations	10,100	0			
3	1408 Management Improvements	3,900	2,335	2,335	2,335.00	
4	1410 Administration	6,700	0			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	4,000	6,682	6,682	6,682.00	
10	1460 Dwelling Structures	2,500	14,806	14,806	14,806.00	
11	1465.1 Dwelling Equipment — Nonexpendable					
12	1470 Nondwelling Structures	3,572	0			
13	1475 Nondwelling Equipment	9,800	16,749	16,749	16,749.00	
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)	40,572	40,572	40,572	40,572.00	
21	Amount of line 20 Related to LBP Activities					
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					

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: FORTCOBBHOUSINGAUTHORITY		Grant Type and Number Capital Fund Program#: OK56P11350101 Capital Fund Program Replacement Housing Factor#:				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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAWIDE	TRANSFERTO OPERATIONS	1406		10,100	0	0	0	
PHAWIDE	COMPUTER SOFTWARE	1408		3,500	2,145	2,145	2,145.00	Complete
PHAWIDE	TRAINING	1408	2	400	190	190	190.00	Complete
PHAWIDE	SUPPLEMENT EXEC. DIRECTOR SALARY FOR PROCESSING OF CFP	1410		1,500				
PHAWIDE	ADVERTISING	1410		500	0			
PHAWIDE	AUDITS	1410		1,500	0			
PHAWIDE	FEE ACCOUNTING	1410		1,200	0			
PHAWIDE	LEGAL FEES	1410		2,000	0			
PHAWIDE	REPAINT PARKING SPACES	1450		1,000	0			
PHAWIDE	REPAIR TRASH DUMPSTERS	1450		500	0			
PHAWIDE	REPLACE & REPAIR PLAYGROUND EQUIPMENT	1450		1,000	0			
PHAWIDE	ADD OUTDOOR SECURITY LIGHTING	1450		1,500	0			
PHAWIDE	REPLACE WATER VALVES	1450	20	0	6,682	6,682	6,682.00	Complete
PHAWIDE	REPAIR & REPLACE VINYL SIDING AND TRIM	1460		2,500	0			
PHAWIDE	REMODEL BATHROOMS	1460	6	0	13,751	13,751	13,750.52	Complete
PHAWIDE	REPLACE WATER HEATERS	1460	2	0	1,055	1,055	1,055.48	Complete
PHAWIDE	REMODEL MEETING AND LAUNDRY ROOM	1470		3,572	0			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: FORTCOBBHOUSINGAUTHORITY		Grant Type and Number Capital Fund Program#: OK56P11350101 Capital Fund Program Replacement Housing Factor#:				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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAWIDE	PURCHASE FAX MACHINE	1475	1	300	0			
PHAWIDE	PURCHASE OFFICE FURNITURE	1475		1,500	0			
PHAWIDE	PURCHASE MAINTENANCE VEHICLE	1475		8,000	16,749	16,749	16,749.00	Complete

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

PHAName: FORT COBB HOUSING AUTHORITY	Grant Type and Number Capital Fund Program#: OK56P11350101 Capital Fund Program Replacement Housing Factor#:	Federal FY of Grant: 2001
--------------------------------------	--	---------------------------

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
OK113	09/30/03		9/30/02	09/30/04		12/31/02	FINISHED EARLY

**Capital Fund Program Five - Year Action Plan
Part I: Summary**

PHAName FORT COBB HOUSING AUTHORITY		<input checked="" type="checkbox"/> Original 5 - Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2003 PHAFY: 2003	Work Statement for Year 3 FFY Grant: 2004 PHAFY: 2004	Work Statement for Year 4 FFY Grant: 2005 PHAFY: 2005	Work Statement for Year 5 FFY Grant: 2006 PHAFY: 20 06
OK113001	Annual Statement	38,123	38,123	38,123	
CFP Funds Listed for 5-year planning		38,123	38,123	38,123	
Replacement Housing Factor Funds					

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

Activities for Year 1	Activities for Year: <u>2</u> FFY Grant: 2004 PHAFY: 2004			Activities for Year: <u>3</u> FFY Grant: 2005 PHAFY: 2005		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	OK113001	REPLACE WINDOWS IN 20 UNITS	0	OK113001	REPLACE ROOFS 12 BUILDINGS	28,800
Annual	OK113001	REPLACE STORM DOORS 10 UNITS	2,123	OK113001	REPLACE KITCHEN SINKS & FIXTURES 7 UNITS	7,000
Statement	OK113001	TRSF TO OPERATION	0	PHAWIDE	REPLACE STORM DOORS 10 UNITS	2,000
	OK113001	REPLACE BATHROOM SINKS, TUBS & STOOLS 20 UNITS	18,000	PHAWIDE	TRANSFER TO OPERATIONS	323
	OK113001	REPLACE CABINET S & VANITIES 20 UNITS	8,000			
	OK113001	REPLACE BATHROOM LIGHT FIXTURES 20 UNITS	4,000			
	OK113001	REPLACE HW HEATERS 20 UNITS	6,000			
Total CFPE Estimated Cost			\$38,123			\$38,123

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:
THEA WILSON

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

C. The term of appointment is (include the date term expires): 3 YEARS - 01/01/2003

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:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

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.)

THEA WILSON
RUBY CATO
LORIE WATTS
NANCIE MCKENZIE

REQUIRED ATTACHMENT F: Resident Advisory Board comments and/or Recommendations and how the Housing Authority addressed these:

RECOMMENDATION#1 - The RAB proposed to move window replacement to top priority status for 2003

RESPONSE#1 - The Board of Commissioners approved the proposal to move window replacement to top priority status for 2003

