

# **OPHA Plans**

## **Streamlined Annual Version**

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

OMB No. 2577-0226  
(exp. 05/31/2006)

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

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# **Streamlined Annual PHA Plan**

## **for Fiscal Year: 2004**

### **PHA Name: Ada City Housing Authority**

**NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.**

### Streamlined Annual PHA Plan Agency Identification

**PHA Name:** Boise City Housing Authority

**PHA Number:** ID021V01

**PHA Fiscal Year Beginning:** 10/1/04

**PHA Programs Administered:**

**Public Housing and Section 8**     **Section 8 Only**     **Public Housing Only**  
Number of public housing units: 10    Number of S8 units:    Number of public housing units:  
Number of S8 units: 742

**PHA Consortia: (check box if submitting a joint PHA Plan and complete table)**

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

**PHA Plan Contact Information:**

Name: Sandi Bernstrom

Phone: (208) 345-4907

TDD:

Email (if available): sbernstrom@bcacha.org

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

PHA's main administrative office     PHA's development management offices

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

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection.     Yes     No.

If yes, 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)

**Streamlined Annual PHA Plan**  
**Fiscal Year 2004**  
[24 CFR Part 903.12(c)]

**Table of Contents**  
[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

**A. PHA PLAN COMPONENTS**

- 1. Site-Based Waiting List Policies  
**903.7(b)(2) Policies on Eligibility, Selection, and Admissions**
- 2. Capital Improvement Needs  
**903.7(g) Statement of Capital Improvements Needed**
- 3. Section 8(y) Homeownership  
**903.7(k)(1)(i) Statement of Homeownership Programs**
- 4. Project-Based Voucher Programs
- 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
- 6. Supporting Documents Available for Review
- 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- 8. Capital Fund Program 5-Year Action Plan

**B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE**

**Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan** identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

**Form HUD-50070, Certification for a Drug-Free Workplace;**

**Form HUD-50071, Certification of Payments to Influence Federal Transactions; and**

**Form SF-LLL & SF-LLLa, Disclosure of Lobbying Activities.**

**1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)**

[24 CFR Part 903.12(c), 903.7(b)(2)]

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

**A. Site-Based Waiting Lists-Previous Year**

1. Has the PHA operated one or more site-based waiting lists in the previous year? **NO**
2. If yes, complete the following table; if not skip to B.

<b>Site-Based Waiting Lists</b>				
<b>Development Information:</b> (Name, number, location)	<b>Date Initiated</b>	<b>Initial mix of Racial, Ethnic or Disability Demographics</b>	<b>Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL</b>	<b>Percent change between initial and current mix of Racial, Ethnic, or Disability demographics</b>

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4.  Yes  No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

**B. Site-Based Waiting Lists – Coming Year**

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year? one
2.  Yes  No: Are any or all of the PHA’s site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?
3.  Yes  No: May families be on more than one list simultaneously

If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office  
 All PHA development management offices  
 Management offices at developments with site-based waiting lists  
 At the development to which they would like to apply  
 Other (list below)

## **2. Capital Improvement Needs**

[24 CFR Part 903.12 (c), 903.7 (g)]

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

### **A. Capital Fund Program**

1.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2.  Yes  No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

### **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1.  Yes  No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).

3. Status of HOPE VI revitalization grant(s):

<b>HOPE VI Revitalization Grant Status</b>	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
<input type="checkbox"/>	Revitalization Plan under development
<input type="checkbox"/>	Revitalization Plan submitted, pending approval
<input type="checkbox"/>	Revitalization Plan approved
<input type="checkbox"/>	Activities pursuant to an approved Revitalization Plan underway

3.  Yes  No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:

4.  Yes  No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:

5.  Yes  No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

**3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**  
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

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

2. Program Description:

a. Size of Program

Yes  No: Will the PHA limit the number of families participating in the Section 8 homeownership option? Yes

If the answer to the question above was yes, what is the maximum number of participants this fiscal year? Twenty-four (24)

b. PHA-established eligibility criteria

Yes  No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?  
If yes, list criteria:

- FSS participants must be in the rental assistance program for one year
- Participants with a disabled family member must be in the rental assistance program for one year

c. What actions will the PHA undertake to implement the program this year (list)?

- Send information to participants with a a disabled family member to attend an informational meeting
- Announce Homeownership options twice a year in the FSS Newsletter

### 3. 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 of purchase price and requiring that at least 1 percent of the purchase price 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.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):

## **4. Use of the Project-Based Voucher Program**

### **Intent to Use Project-Based Assistance**

Yes  No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1.  Yes  No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:

- low utilization rate for vouchers due to lack of suitable rental units
- access to neighborhoods outside of high poverty areas
- other (describe below:)

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

## **5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: **Ada County**

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 on its waiting lists 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 the initiatives contained in the Consolidated Plan. (list below)
- Other: (list below)

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

**Provide decent housing which includes: assisting homeless persons obtain affordable housing; assisting persons at risk of becoming homeless; retention of affordable housing stock; increase the availability of affordable permanent housing in standard condition to low income and moderate income families; increase the supply of affordable housing; provide affordable housing that is accessible to job opportunities.**

**ACHA supports this strategy through:**

- Ongoing efforts to pursue additional funding opportunities for the Section 8 rental assistance program;
- Effectively and efficiently managing Public Housing programs by minimizing vacancies and reducing turn over time;
- Analysis of Section 8 payment standards on an annual basis (or as needed) to ensure maximum utilization of the Section 8 program by participating families;
- Ensuring the supply of Section 8 and Public Housing units are decent safe and sanitary through enforcement of HQS and UPCS;
- Continuing to market the Section 8 program to community landlords through the use of landlord workshops, information brochures and newsletters and other forms of outreach;

- Apply for special-purpose targeted vouchers such as Mainstream, Shelter Plus Care, Section 811 and others that might become available;
- Working to enhance coordination with area Service Providers. Administer Shelter Plus Care, Housing Opportunities for persons with AIDS (HOWPA), Supportive Housing Programs, PATHS, Section 8 Family Unification, and the Homeless Voucher Program; Mainstream Vouchers
- Apply for funds through the City of Boise for the Continuum of Care to expand housing opportunities for persons experiencing chronic Homelessness;
- Provide special need housing consultation services for community based groups interested in developing housing.

To establish and maintain a suitable living environment which includes: improving the safety and livability of neighborhoods; increasing access to quality public and private facilities and services; reducing the isolation of income groups; restoring and preserving properties of special historic, architectural or aesthetic value; and conservation of energy resources.

**ACHA supports this strategy through:**

- Promote equal opportunity for all residents within the City of Boise to residents in housing and neighborhoods of their choice through the Section 8 rental assistance program;
- Implement public housing security improvements: *Address health and safety needs (ie; improved lighting, security monitors and working closely with the police department)*
- The utilization of Capitol Fund dollars in an efficient and responsible manner to continually modernize Public Housing Units.

To expand economic opportunities for all residents; particularly for persons of low and moderate income which includes; job retention and creation; access to capital and credit for development activities that promote the long term economic and social viability of the community; and empowerment and self-sufficiency for low-income persons to reduce generational poverty in federally assisted and public housing;

**ACHA supports this strategy through:**

- Its commitment to expanding the FSS program in the Section 8 rental assistance program and coordinating with other service providers to identify available resources and programs;
- Collaborative projects with partnering agencies to develop a centralized location with conveniently located child care facilities to provide workshops to deal with the issues outlined above.

## **6. Supporting Documents Available for Review for Streamlined Annual PHA Plans**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
X	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any policies governing any Section 8 special housing types <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures	Annual Plan: Grievance

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	<input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Procedures
X	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
N/A	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
X	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative 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
X	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
N/A	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Ada County Housing Authority			Grant Type and Number Capital Fund Program Grant No: ID16P02150102 Replacement Housing Factor Grant No:		Federal FY of Grant: 2004
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$12,400			
3	1408 Management Improvements				
4	1410 Administration	\$2,180			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$500			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$4,621			
10	1460 Dwelling Structures	\$2,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$21,801			
22	Amount of line 21 Related to LBP Activities				
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				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Ada County Housing Authority			Grant Type and Number Capital Fund Program Grant No: ID16P02150102 Replacement Housing Factor Grant No:		Federal FY of Grant: 2004
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Measures				

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages</b>								
PHA Name: Ada County Housing Authority			Grant Type and Number Capital Fund Program Grant No: ID16P02150102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
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	
Scattered Sites ID021-002								
PHA Wide	Operations Funding	1406		\$12,500				
PHA Wide	Administration	1410		\$ 2,180				
PHA Wide	Fees & Cost	1430		\$ 500				
Streamside	Tub/Shower Replacement	1460		\$ 2,000				
PHA Wide	Concrete repair/replacement	1450		\$4,621				





## 8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA: Ada County Housing Authority				<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
		FFY Grant: 2005 PHA FY: 2006	FFY Grant:2006 PHA FY: 2007	FFY Grant:2007 PHA FY: 2008	FFY Grant: 2008 PHA FY: 2009
	Annual Statement				
PHA Wide		\$4,080	\$4,080	\$4,080	\$4,080
021-002 Victory, Ethan, Marigold		\$17,721			
021-002 Streamside/Victory			\$17,721	\$17,721	\$17,721
CFP Funds Listed for 5-year planning		\$21,801	\$21,801	\$21,801	\$21,801
Replacement Housing Factor Funds					





## **8. Capital Fund Program Five-Year Action Plan**

NAHRO  
Capital Fund Manager ©

I n s t r u c t i o n s

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

NAHRO  
Capital Fund Manager ©

I n s t r u c t i o n s ( c o n t ' d . )

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DO NOT CHANGE THE RED CELLS

# Annual Statement /Performance and Evaluation Report

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

PHA Name:  <p style="text-align: center; color: blue;"><b>Ada County Housing Authority</b></p>	Grant Type and Number Capital Fund Program Grant No. <span style="float: right; color: blue;"><b>ID16P021501-03</b></span> Replacement Housing Factor Grant No:	Federal FY of Grant:  <p style="text-align: center; color: blue;"><b>2003</b></p>
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- |   |  |   |
|---|--|---|
| <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: 03/31/04 | <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	\$2,175.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$1,741.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$0.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$13,500.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	<b>Amount of Annual Grant: (sum of lines 2-20)</b>	\$17,416.00	\$0.00	\$0.00	\$0.00
22	Amount of line 21 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 21 Related to Section 504 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 21 Related to Security -- Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 21 Related to Security -- Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
26	Amount of line 21 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Ada County Housing Authority</b>		Capital Fund Program Grant No. <b>ID16P021501-03</b> Replacement Housing Factor Grant No:			<b>2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide Operations	Agency operations	1406	<b>Total 1406</b>	\$2,175.00	\$0.00	\$0.00	\$0.00	
		"		\$0.00	\$0.00	\$0.00	\$0.00	
		"		\$0.00	\$0.00	\$0.00	\$0.00	
				<b>\$2,175.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	1410		\$1,741.00	\$0.00	\$0.00	\$0.00	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$0.00	\$0.00	\$0.00	\$0.00	
"	Vehicle replacement	1475		\$0.00	\$0.00	\$0.00	\$0.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name: <b>Ada County Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No.: <b>ID16P021501-03</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2003</b>			
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	
XX Y-19	Anywhere							
XX Y-20	Anywhere							
XX Y-21	Anywhere							
XX Y-22	Anywhere							
XX Y-23	Anywhere							
XX Y-24	Anywhere							
XX Y-25	Anywhere							
XX Y-26	Anywhere							
XX Y-27	Anywhere							
XX Y-28	Anywhere							
XX Y-29	Anywhere							
XX Y-30	Anywhere							

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

PHA Name: <b>Ada County Housing Authority</b>					<input checked="" type="checkbox"/> <input type="checkbox"/>
Development Number/Name/HA-Wide	Year 1 <b>2003</b>	Work Statement for Year 2 FFY Grant: <b>2004</b> PHA FY:	Work Statement for Year 3 FFY Grant: <b>2005</b> PHA FY:	Work Statement for Year 4 FFY Grant: <b>2006</b> PHA FY:	Woi
XX Y-01, Anywhere Homes	Annual Statement	\$0	\$0	\$0	
XX Y-02, Anywhere Homes		\$0	\$0	\$0	
XX Y-03, Anywhere Homes		\$0	\$0	\$0	
XX Y-04, Anywhere Homes		\$0	\$0	\$0	
XX Y-05, Anywhere Homes		\$0	\$0	\$0	
XX Y-06, Anywhere Homes		\$0	\$0	\$0	
XX Y-07, Anywhere Homes		\$0	\$0	\$0	
XX Y-08, Anywhere Homes		\$0	\$0	\$0	
HA-Wide Physical Activities		\$0	\$0	\$0	
HA-Wide Non-Physical Activities		\$0	\$0	\$0	
HA-Wide Contingency @ X%		\$0	\$0	\$0	
CFP Funds Listed for 5-year planning		\$0	\$0	\$0	
Replacement Housing					
Factor Funds		\$0	\$0	\$0	

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

HA Name: <b>Ada County Housing Authority</b>					<input checked="" type="checkbox"/> <input type="checkbox"/>
Development Number/Name/HA-Wide	Year 1 <b>2003</b>	Work Statement for Year 2 FFY Grant: <b>2004</b> PHA FY:	Work Statement for Year 3 FFY Grant: <b>2005</b> PHA FY:	Work Statement for Year 4 FFY Grant: <b>2006</b> PHA FY:	Woi
XX Y-09, Anywhere Homes		\$0	\$0	\$0	
XX Y-10, Anywhere Homes		\$0	\$0	\$0	
XX Y-11, Anywhere Homes		\$0	\$0	\$0	
XX Y-12, Anywhere Homes		\$0	\$0	\$0	
XX Y-13, Anywhere Homes		\$0	\$0	\$0	
XX Y-14, Anywhere Homes		\$0	\$0	\$0	
XX Y-15, Anywhere Homes		\$0	\$0	\$0	
XX Y-16, Anywhere Homes		\$0	\$0	\$0	
XX Y-17, Anywhere Homes		\$0	\$0	\$0	
XX Y-18, Anywhere Homes		\$0	\$0	\$0	
XX Y-19, Anywhere Homes		\$0	\$0	\$0	
XX Y-20, Anywhere Homes		\$0	\$0	\$0	
XX Y-21, Anywhere Homes		\$0	\$0	\$0	
XX Y-22, Anywhere Homes		\$0	\$0	\$0	
XX Y-23, Anywhere Homes		\$0	\$0	\$0	
XX Y-24, Anywhere Homes		\$0	\$0	\$0	
XX Y-25, Anywhere Homes		\$0	\$0	\$0	
XX Y-26, Anywhere Homes		\$0	\$0	\$0	
XX Y-27, Anywhere Homes		\$0	\$0	\$0	
XX Y-28, Anywhere Homes		\$0	\$0	\$0	

XX Y-29, Anywhere Homes		\$0	\$0	\$0
XX Y-30, Anywhere Homes		\$0	\$0	\$0

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Original 5-Year Plan

Revision No: \_\_\_\_

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Work Statement for Year 5

FFY Grant: **2007**  
PHA FY:

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Original 5-Year Plan

Revision No: \_\_\_\_

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Work Statement for Year 5

FFY Grant: **2007**  
PHA FY:

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

Activities for Year 1  <b>2003</b>	Activities for Year 2 FFY Grant: <b>2004</b> PHA FY:			Activities for Year 3 FFY Grant: <b>2005</b> PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	<b>XX Y-01, Anywhere Homes</b>	<b>Site:</b>		<b>XX Y-01, Anywhere Homes</b>	<b>Site:</b>	
		None	\$0	None	None	\$0
		<b>Total Site:</b>	\$0	<b>Total Site:</b>	<b>Total Site:</b>	\$0
		<b>Mechanical and Electrical:</b>		<b>Mechanical and Electrical:</b>	<b>Mechanical and Electrical:</b>	
		None	\$0	None	None	\$0
		<b>Total M&amp;E:</b>	\$0	<b>Total M&amp;E:</b>	<b>Total M&amp;E:</b>	\$0
		<b>Building Exterior:</b>		<b>Building Exterior:</b>	<b>Building Exterior:</b>	
		None	\$0	None	None	\$0
		<b>Total B.E.:</b>	\$0	<b>Total B.E.:</b>	<b>Total B.E.:</b>	\$0
		<b>Dwelling Units:</b>		<b>Dwelling Units:</b>	<b>Dwelling Units:</b>	
		None	\$0	None	None	\$0
		<b>Total DUs:</b>	\$0	<b>Total DUs:</b>	<b>Total DUs:</b>	\$0
		<b>Dwelling Equipment:</b>		<b>Dwelling Equipment:</b>	<b>Dwelling Equipment:</b>	
		None	\$0	None	None	\$0
		<b>Total D.E.:</b>	\$0	<b>Total D.E.:</b>	<b>Total D.E.:</b>	\$0
		<b>Interior Common Areas:</b>		<b>Interior Common Areas:</b>	<b>Interior Common Areas:</b>	
		None	\$0	None	None	\$0
		<b>Total ICAs:</b>	\$0	<b>Total ICAs:</b>	<b>Total ICAs:</b>	\$0
		<b>Site-Wide Facilities:</b>		<b>Site-Wide Facilities:</b>	<b>Site-Wide Facilities:</b>	
		None	\$0	None	None	\$0
<b>Total SWFs:</b>	\$0	<b>Total SWFs:</b>	<b>Total SWFs:</b>	\$0		
<b>Nondwelling Equipment:</b>		<b>Nondwelling Equipment:</b>	<b>Nondwelling Equipment:</b>			
None	\$0	None	None	\$0		
<b>Total NDE:</b>	\$0	<b>Total NDE:</b>	<b>Total NDE:</b>	\$0		
	<b>Total CFP Estimated Cost</b>	<b>\$0</b>		<b>Total CFP Estimated Cost</b>	<b>\$0</b>	

# Actual Modernization Cost Certificate

U.S. Dep  
and Urban  
Office of P

Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)

Public Reporting burden for this collection of information is estimated to average 2 data sources, gathering and maintaining the data needed, and completing and reviewing any other aspect of this collection of information, including suggestions for reducing the burden (2577-0044), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, DC 20472-4302, and a person is not required to respond to, a collection of information unless it displays a unique identification number. Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information which will be used by HUD to determine whether the modernization grant is ready to be audited at fiscal close out. Responses to the collection are required by regulation. The information is not to be used for any other purpose.

---

HA Name:

**Anytown Housing Authority**

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The HA hereby certifies to the Department of Housing and Urban Development that:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") is:

---

A. Original Funds Approved

---

B. Funds Disbursed

---

C. Funds Expended (Actual Modernization Cost)

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D. Amount to be Recaptured (A-C)

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E. Excess of Funds Disbursed (B-C)

- 
2. That all modernization work in connection with the Modernization Grant ha
  3. That the entire Actual Modernization Cost or liabilities therefor incurred by
  4. That there are no undischarged mechanics', laborers', contractors', or mat work on file in any public office where the same should be filed in order to
  5. That the time in which such liens could be filed has expired.

---

I hereby certify that all the information stated herein, as well as any info  
**Warning:** HUD will prosecute false claims and statements. Conviction may result in crim  
Signature of Executive Director & Date:

**X**

---

**For HUD Use Only**

---

**The Cost Certificate is approved for audit:**

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

**X**

---

**The audited costs agree with the costs shown above:**

Verified: (Designated HUD Official)

**X**

---

Approved: (Director, Office of Public Housing / ONAP Administrator)

**X**

---

**Department of Housing  
 and Urban Development  
 Public and Indian Housing**

OMB No. 2577-0044 (exp. 4/30/2004)

OMB No. 2577-0157 (exp. 12/31/99)

hours per response, including the time for reviewing instructions, searching existing data sources, gathering the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044), Washington, D.C. 20410-3600. This agency may not conduct or sponsor a collection of information unless that collection displays a currently valid OMB control number.

information to enable HUD to initiate the fiscal closeout process. The information provided is not to be disclosed and closed out. The information is essential for audit verification and the information requested does not lend itself to confidentiality.

	Modernization Project Number: <b>US001P0019XX</b>
--	--

presented as follows:

Modernization Cost") of the Modernization Grant, is as shown below:

	<b>\$0.00</b>

\$0.00

is been completed;

the HA have been fully paid;

erial-mens' liens against such modernization  
be valid against such modernization work; and

rmation provided in the accompaniment herewith, is true and accurate  
inal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

	Date:
	Date:
	Date:

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Capital Fund Manager ©

I n s t r u c t i o n s

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

NAHRO  
Capital Fund Manager ©

I n s t r u c t i o n s ( c o n t ' d . )

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

# Annual Statement /Performance and Evaluation Report

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

PHA Name:  <p style="text-align: center; color: blue;"><b>Ada County Housing Authority</b></p>	Grant Type and Number Capital Fund Program Grant No. <span style="float: right; color: blue;"><b>ID16P021502-03</b></span> Replacement Housing Factor Grant No:	Federal FY of Grant:  <p style="text-align: center; color: blue;"><b>2003</b></p>
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- |   |  |   |
|---|--|---|
| <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: 03/31/04 |  | <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	\$3,124.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$347.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$0.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	<b>Amount of Annual Grant: (sum of lines 2-20)</b>	\$3,471.00	\$0.00	\$0.00	\$0.00
22	Amount of line 21 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 21 Related to Section 504 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 21 Related to Security -- Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 21 Related to Security -- Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
26	Amount of line 21 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Ada County Housing Authority</b>		Capital Fund Program Grant No. <b>ID16P021502-03</b> Replacement Housing Factor Grant No:			<b>2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide Operations	Agency operations	1406	<b>Total 1406</b>	\$3,124.00	\$0.00	\$0.00	\$0.00	
		"		\$0.00	\$0.00	\$0.00	\$0.00	
		"		\$0.00	\$0.00	\$0.00	\$0.00	
				<b>\$3,124.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
HA-Wide Administration	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	1410		\$347.00	\$0.00	\$0.00	\$0.00	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$0.00	\$0.00	\$0.00	\$0.00	
"	Vehicle replacement	1475		\$0.00	\$0.00	\$0.00	\$0.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name: <b>Ada County Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No.: <b>ID16P021502-03</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2003</b>			
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	
XX Y-19	Anywhere							
XX Y-20	Anywhere							
XX Y-21	Anywhere							
XX Y-22	Anywhere							
XX Y-23	Anywhere							
XX Y-24	Anywhere							
XX Y-25	Anywhere							
XX Y-26	Anywhere							
XX Y-27	Anywhere							
XX Y-28	Anywhere							
XX Y-29	Anywhere							
XX Y-30	Anywhere							

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

PHA Name:						<input checked="" type="checkbox"/>
<b>Ada County Housing Authority</b>						<input type="checkbox"/>
Development Number/Name/HA-Wide	Year 1 <b>2003</b>	Work Statement for Year 2 FFY Grant: <b>2004</b> PHA FY:	Work Statement for Year 3 FFY Grant: <b>2005</b> PHA FY:	Work Statement for Year 4 FFY Grant: <b>2006</b> PHA FY:	Woi	
XX Y-01, Anywhere Homes	Annual Statement	\$0	\$0	\$0		
XX Y-02, Anywhere Homes		\$0	\$0	\$0		
XX Y-03, Anywhere Homes		\$0	\$0	\$0		
XX Y-04, Anywhere Homes		\$0	\$0	\$0		
XX Y-05, Anywhere Homes		\$0	\$0	\$0		
XX Y-06, Anywhere Homes		\$0	\$0	\$0		
XX Y-07, Anywhere Homes		\$0	\$0	\$0		
XX Y-08, Anywhere Homes		\$0	\$0	\$0		
HA-Wide Physical Activities		\$0	\$0	\$0		
HA-Wide Non-Physical Activities		\$0	\$0	\$0		
HA-Wide Contingency @ X%	\$0	\$0	\$0			
CFP Funds Listed for						
5-year planning		\$0	\$0	\$0		
Replacement Housing						
Factor Funds		\$0	\$0	\$0		

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

HA Name:						<input checked="" type="checkbox"/>
<b>Ada County Housing Authority</b>						<input type="checkbox"/>
Development Number/Name/HA-Wide	Year 1 <b>2003</b>	Work Statement for Year 2 FFY Grant: <b>2004</b> PHA FY:	Work Statement for Year 3 FFY Grant: <b>2005</b> PHA FY:	Work Statement for Year 4 FFY Grant: <b>2006</b> PHA FY:	Woi	
XX Y-09, Anywhere Homes		\$0	\$0	\$0		
XX Y-10, Anywhere Homes		\$0	\$0	\$0		
XX Y-11, Anywhere Homes		\$0	\$0	\$0		
XX Y-12, Anywhere Homes		\$0	\$0	\$0		
XX Y-13, Anywhere Homes		\$0	\$0	\$0		
XX Y-14, Anywhere Homes		\$0	\$0	\$0		
XX Y-15, Anywhere Homes		\$0	\$0	\$0		
XX Y-16, Anywhere Homes		\$0	\$0	\$0		
XX Y-17, Anywhere Homes		\$0	\$0	\$0		
XX Y-18, Anywhere Homes		\$0	\$0	\$0		
XX Y-19, Anywhere Homes		\$0	\$0	\$0		
XX Y-20, Anywhere Homes		\$0	\$0	\$0		
XX Y-21, Anywhere Homes		\$0	\$0	\$0		
XX Y-22, Anywhere Homes		\$0	\$0	\$0		
XX Y-23, Anywhere Homes		\$0	\$0	\$0		
XX Y-24, Anywhere Homes		\$0	\$0	\$0		
XX Y-25, Anywhere Homes		\$0	\$0	\$0		
XX Y-26, Anywhere Homes		\$0	\$0	\$0		
XX Y-27, Anywhere Homes		\$0	\$0	\$0		
XX Y-28, Anywhere Homes		\$0	\$0	\$0		

XX Y-29, Anywhere Homes		\$0	\$0	\$0
XX Y-30, Anywhere Homes		\$0	\$0	\$0

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Original 5-Year Plan

Revision No: \_\_\_\_

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Work Statement for Year 5

FFY Grant: **2007**  
PHA FY:

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Original 5-Year Plan

Revision No: \_\_\_\_

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Work Statement for Year 5

FFY Grant: **2007**  
PHA FY:

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

Activities for Year 1  <b>2003</b>	Activities for Year 2 FFY Grant: <b>2004</b> PHA FY:			Activities for Year 3 FFY Grant: <b>2005</b> PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	<b>XX Y-01, Anywhere Homes</b>	<b>Site:</b>		<b>XX Y-01, Anywhere Homes</b>	<b>Site:</b>	
		None	\$0	None	None	\$0
		<b>Total Site:</b>	\$0	<b>Total Site:</b>	<b>Total Site:</b>	\$0
		<b>Mechanical and Electrical:</b>		<b>Mechanical and Electrical:</b>	<b>Mechanical and Electrical:</b>	
		None	\$0	None	None	\$0
		<b>Total M&amp;E:</b>	\$0	<b>Total M&amp;E:</b>	<b>Total M&amp;E:</b>	\$0
		<b>Building Exterior:</b>		<b>Building Exterior:</b>	<b>Building Exterior:</b>	
		None	\$0	None	None	\$0
		<b>Total B.E.:</b>	\$0	<b>Total B.E.:</b>	<b>Total B.E.:</b>	\$0
		<b>Dwelling Units:</b>		<b>Dwelling Units:</b>	<b>Dwelling Units:</b>	
		None	\$0	None	None	\$0
		<b>Total DUs:</b>	\$0	<b>Total DUs:</b>	<b>Total DUs:</b>	\$0
		<b>Dwelling Equipment:</b>		<b>Dwelling Equipment:</b>	<b>Dwelling Equipment:</b>	
		None	\$0	None	None	\$0
		<b>Total D.E.:</b>	\$0	<b>Total D.E.:</b>	<b>Total D.E.:</b>	\$0
		<b>Interior Common Areas:</b>		<b>Interior Common Areas:</b>	<b>Interior Common Areas:</b>	
		None	\$0	None	None	\$0
		<b>Total ICAs:</b>	\$0	<b>Total ICAs:</b>	<b>Total ICAs:</b>	\$0
		<b>Site-Wide Facilities:</b>		<b>Site-Wide Facilities:</b>	<b>Site-Wide Facilities:</b>	
		None	\$0	None	None	\$0
<b>Total SWFs:</b>	\$0	<b>Total SWFs:</b>	<b>Total SWFs:</b>	\$0		
<b>Nondwelling Equipment:</b>		<b>Nondwelling Equipment:</b>	<b>Nondwelling Equipment:</b>			
None	\$0	None	None	\$0		
<b>Total NDE:</b>	\$0	<b>Total NDE:</b>	<b>Total NDE:</b>	\$0		
	<b>Total CFP Estimated Cost</b>	<b>\$0</b>		<b>Total CFP Estimated Cost</b>	<b>\$0</b>	

# Actual Modernization Cost Certificate

U.S. Dep  
and Urban  
Office of P

Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)

Public Reporting burden for this collection of information is estimated to average 2 data sources, gathering and maintaining the data needed, and completing and reviewing any other aspect of this collection of information, including suggestions for reducing the burden, send comments to Washington, DC 20543-0044, Office of Information Technology, U.S. Department of Housing and Urban Development. If you do not send this form to the above address, your information will not be used by HUD to determine whether the modernization grant is ready to be authorized for fiscal close out. Responses to the collection are required by regulation. The information is not to be disclosed to the public.

This collection of information requires that each Housing Authority (HA) submit information which will be used by HUD to determine whether the modernization grant is ready to be authorized for fiscal close out. Responses to the collection are required by regulation. The information is not to be disclosed to the public.

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HA Name:

**Anytown Housing Authority**

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The HA hereby certifies to the Department of Housing and Urban Development that:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") is:

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A. Original Funds Approved

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B. Funds Disbursed

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C. Funds Expended (Actual Modernization Cost)

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D. Amount to be Recaptured (A-C)

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E. Excess of Funds Disbursed (B-C)

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2. That all modernization work in connection with the Modernization Grant ha
  3. That the entire Actual Modernization Cost or liabilities therefor incurred by
  4. That there are no undischarged mechanics', laborers', contractors', or mat  
work on file in any public office where the same should be filed in order to
  5. That the time in which such liens could be filed has expired.

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I hereby certify that all the information stated herein, as well as any info  
**Warning:** HUD will prosecute false claims and statements. Conviction may result in crim  
Signature of Executive Director & Date:

**X**

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**For HUD Use Only**

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**The Cost Certificate is approved for audit:**

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

**X**

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**The audited costs agree with the costs shown above:**

Verified: (Designated HUD Official)

**X**

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Approved: (Director, Office of Public Housing / ONAP Administrator)

**X**

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**Department of Housing  
 and Urban Development  
 Public and Indian Housing**

OMB No. 2577-0044 (exp. 4/30/2004)

OMB No. 2577-0157 (exp. 12/31/99)

hours per response, including the time for reviewing instructions, searching existing data sources, gathering the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including this burden estimate, to the Reports Management Officer, Paperwork Reduction Project (2577-0044), Washington, D.C. 20410-3600. This agency may not conduct or sponsor a collection of information unless that collection displays a currently valid OMB control number.

information to enable HUD to initiate the fiscal closeout process. The information provided is not to be edited and closed out. The information is essential for audit verification and the information requested does not lend itself to confidentiality.

	Modernization Project Number: <b>US001P0019XX</b>
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presented as follows:

Modernization Cost") of the Modernization Grant, is as shown below:

	<b>\$0.00</b>

\$0.00

is been completed;

the HA have been fully paid;

erial-mens' liens against such modernization  
be valid against such modernization work; and

rmation provided in the accompaniment herewith, is true and accurate  
inal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

	Date:
	Date:
	Date:

Existing  
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