OMB Approval No: 2577-0226
exp. (02/28/2006)

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

Small PHA Plan Update
Annual Plan for Fiscal Year: **2004**

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

PHA Plan
Agency Identification

PHA Name: Oxford Housing Authority

PHA Number: MS093

PHA Fiscal Year Beginning: (mm/yyyy) 01/2004

PHA Plan Contact Information:

Name: Phyllis S. Johnson, Executive Director
Phone: 662-234-7524
TDD: 662-236-3319
Email (if available): psjohnson@oxfordhousing .org

Public Access to Information

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

XX 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)

XX 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)

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

PHA Programs Administered:

☐ ~~Public Housing and Section 8~~ ☐ ~~Section 8 Only~~ **XX Public Housing Only**

Annual PHA Plan
Fiscal Year 20
[24 CFR 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.

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

N/A

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

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

There are no planned program changes that have not previously been noted.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. **XX** 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? $ 320,406

C. **XX** 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

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

1. ☐ Yes **XX** 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 **N/A**

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 ☐ Disposition ☐
3. Application status (select one) Approved ☐

Submitted, pending approval ☐ Planned application ☐
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) ☐ Part of the development ☐ Total development
7. Relocation resources (select all that apply) ☐ Section 8 for units ☐ Public housing for units ☐ Preference for admission to other public housing or section 8 ☐ 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

[24 CFR Part 903.7 9 (k)]

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

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

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

☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources

☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

A. ☐ Yes **XX** 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?

$ **N/A**

C. ☐ Yes **XX** 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 **XX** No: The PHDEP Plan is attached at Attachment ____

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

1. **XX** 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 (File name)

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

☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
☐ Yes ☐ No: below or
☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.

XX Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the 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: (provide name here)

State of Mississippi

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

☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

XX **Other: (list below)**

Base upon CHAS Table 1C(1990) for Lafayette County, MS.

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes **XX** 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)

None

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

Any change in statutory requirements for administration of Public Housing requiring public comment and/or public hearing

B. Significant Amendment or Modification to the Annual Plan:

A Significant Deviation or Modification of the Annual Plan shall be construed to mean:

- **Changes to rents or admissions policies or organization of the waiting list;**
- **Additions of non-emergency work items (items not included in the current Annual Statement of the 5-yar Plan) or change in use of replacement reserve funds under the Capital Fund;**
- **And any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.**

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**
XX	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
XX	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
XX	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
XX	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
XX	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
XX	Any policy governing occupancy of Police Officers in Public Housing **XX** 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
XX	Public housing rent determination policies, including the method for setting public housing flat rents **XX** check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
XX	Schedule of flat rents offered at each public housing development **XX** check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies ☐ 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**
XX	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
XX	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 ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
XX	Public housing grievance procedures **XX** check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
XX	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 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
XX	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
	Policies governing any Section 8 Homeownership program (section _____of the Section 8 Administrative Plan)	Annual Plan: Homeownership
XX	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
XX	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
XX	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs 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
XX	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) **XX** check here if included in the public housing A & O Policy	Pet Policy
XX	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Oxford Housing Authority	Capital Fund Program: **MS26P093090-2001** Capital Fund Program Replacement Housing Factor Grant No:	**2001**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**

☐ **Performance and Evaluation Report for Period Ending:** **XX 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	75,000	75,000	75,000	75,000
3	1408 Management Improvements	-0-	-0-	-0-	-0-
4	1410 Administration	22,500	3,000	3,000	3,132
5	1411 Audit	2,500	2,500	2,500	-0-
6	1415 liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	20,000	19,500	19,500	19,500
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	-0-	-0-	-0-	-0-
10	1460 Dwelling Structures	289,147	309,147	309,147	311,515
11	1465.1 Dwelling Equipment—Nonexpendable	-0-	-0-	-0-	-0-
12	1470 Nondwelling Structures	-0-	-0-	-0-	-0-
13	1475 Nondwelling Equipment	-0-	-0-	-0-	-0-
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1490 Replacement Reserve	-0-	-0-	-0-	-0-
16	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
17	1495.1 Relocation Costs	-0-	-0-	-0-	-0-
18	1498 Mod Used for Development	-0-	-0-	-0-	-0-
19	1502 Contingency	-0-	-0-	-0-	-0-
20	Amount of Annual Grant: (sum of lines 2-19)	409,147	409,147	409,147	409,147
21	Amount of line 20 Related to LBP Activities	-0-	-0-	-0-	-0-
22	Amount of line 20 Related to Section 504 Compliance	-0-	-0-	-0-	-0-
23	Amount of line 20 Related to Security	-0-	-0-	-0-	-0-
24	Amount of line 20 Related to Energy Conservation Measures	-0-	-0-	-0-	-0-

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

PHA Name: **Oxford Housing Authority**	**Grant Type and Number** Capital Fund Program #: **MS26P093090-2001** 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	
MS26P093090-2001	Operations – staff enhancement	1406		75000		75000	75000	Completed
	Administration – accounting, consumables	1410		22500	3000	3000	3132	Completed
	Audit – self-explanatory	1411		2500		2500	0	Completed
	Fees and Costs – Architects fees (6%)	1430		20000	19500	19500	19500	Completed
	Dwelling structures Install A/C WJ Homes 210529 Reroof WJ Homes 79147 289676	1460		289147	309147	309147	311515	Completed
	Total Grant Funding			409147	409147	409147	409147	Completed

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

PHA Name: **Oxford Housing Authority**	**Grant Type and Number** Capital Fund Program #: **MS26P093090-2001** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2001**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date) 06/30/2003			All Funds Expended (Quarter Ending Date) 06/30/2003			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
1406	75000		75000	75000		75000	
1410	22500	3000	3132	22500	3000	3132	
1411	2500		2500	2500		-0-	
1430	20000	19500	19500	20000	19500	19500	
1460	289147	309147	309147	289147	309147	311515	

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Oxford Housing Authority	Capital Fund Program: **MS26P093090-2002** Capital Fund Program Replacement Housing Factor Grant No:	**2002**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**

XX Performance and Evaluation Report for Period Ending: 06/30/2003 ☐ **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	75,000	75,000	75,000	75,000
3	1408 Management Improvements	-0-	50,000	50,000	50,000
4	1410 Administration	22,500	5,000	100.68	100.68
5	1411 Audit	2,500		2,500	-0-
6	1415 liquidated Damages	-0-		-0-	-0-
7	1430 Fees and Costs	20,000		7,500	7,500
8	1440 Site Acquisition	-0-		-0-	-0-
9	1450 Site Improvement	14,598	-0-	-0-	-0-
10	1460 Dwelling Structures	268,000	201,553	167,597.45	167,597.45
11	1465.1 Dwelling Equipment—Nonexpendable	-0-		-0-	-0-
12	1470 Nondwelling Structures	-0-		-0-	-0-
13	1475 Nondwelling Equipment	-0-	35,360	35,360	35,360
14	1485 Demolition	-0-		-0-	-0-
15	1490 Replacement Reserve	-0-		-0-	-0-
16	1492 Moving to Work Demonstration	-0-		-0-	-0-
17	1495.1 Relocation Costs	-0-		-0-	-0-
18	1498 Mod Used for Development	-0-		-0-	-0-
19	1502 Contingency	-0-		-0-	-0-
20	Amount of Annual Grant: (sum of lines 2-19)	402,598	389,413	338,058.13	335,558.13
21	Amount of line 20 Related to LBP Activities	-0-	-0-	-0-	-0-
22	Amount of line 20 Related to Section 504 Compliance	-0-	-0-	-0-	-0-
23	Amount of line 20 Related to Security	-0-	-0-	-0-	-0-
24	Amount of line 20 Related to Energy Conservation Measures	160,000	-0-	-0-	-0-

form **HUD-50075-Small PHA** (03/2003)

Table Library

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

PHA Name: **Oxford Housing Authority**	**Grant Type and Number** Capital Fund Program #: **MS26P093090-2002** 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	
MS26P093090-2002	Operations – staff development	1406		75000		75000	75000	In process
	Management improvements	1408		-0-	50000	50000	50000	Completed
	Administration – accounting, consumables	1410		22500	5000	100.68	100.68	In process
	Audit – self-explanatory	1411		2500		2500	-0-	In process
	Fees & Costs – Architects fees (6%)	1430		20000		7500	7500	In process
	Site Improvement	1450		14598	-0-	-0-	-0-	-----
	Dwelling Structures Roofing at CB Webb 134033 Paint/Sheetrock Repair 52570 191553	1460		191553	201553	167597.45	167597.45	Completed
	Non-dwelling Equipment Vehicle purchase 35360	1475		-0-	35360	35360	35360	Completed
	Total Grant Funding			389413	38413	338058.13	335558.13	

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

PHA Name: **Oxford Housing Authority**	**Grant Type and Number** Capital Fund Program #: **MS26P093090-2002** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2002**

Development Number Name/HA-Wide Activities	All Fund Obligated **06/30/2003**			All Funds Expended **06/30/2003**			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MS26P093090-2002							
1406	75000		75000	75000		75000	
1408	-0-	50000	50000	-0-	50000	50000	
1410	22500	5000	100.68	22500	5000	100.68	
1411	2500		2500	2500		-0-	
1430	20000		7500	20000		7500	
1450	14598	-0-	-0-	14598	-0-	-0-	
1460	268000	201553	167597.45	268000	201553	167597.45	
1475	-0-	35360	35360	-0-	35360	35360	

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Oxford Housing Authority	Capital Fund Program: **MS26P093090-2003** Capital Fund Program Replacement Housing Factor Grant No:	**2003**

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	100,000			
3	1408 Management Improvements	50,000			
4	1410 Administration	5,000			
5	1411 Audit	2,500			
6	1415 liquidated Damages	-0-			
7	1430 Fees and Costs	22,000	8,906		
8	1440 Site Acquisition	40,000			
9	1450 Site Improvement	7,000	2,000		
10	1460 Dwelling Structures	137,913	112,000		
11	1465.1 Dwelling Equipment—Nonexpendable	-0-			
12	1470 Nondwelling Structures	-0-			
13	1475 Nondwelling Equipment	25,000	-0-		
14	1485 Demolition	-0-			
15	1490 Replacement Reserve	-0-			
16	1492 Moving to Work Demonstration	-0-			
17	1495.1 Relocation Costs	-0-			
18	1498 Mod Used for Development	-0-			
19	1502 Contingency	-0-			
20	Amount of Annual Grant: (sum of lines 2-19)	389,413	320,406		
21	Amount of line 20 Related to LBP Activities	-0-	-0-		
22	Amount of line 20 Related to Section 504 Compliance	-0-	-0-		
23	Amount of line 20 Related to Security	64,000	64,000		
24	Amount of line 20 Related to Energy Conservation Measures	25,600	64,000		

Table Library

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

PHA Name: **Oxford Housing Authority**		**Grant Type and Number** Capital Fund Program #: **MS26P093090-2003** Capital Fund Program Replacement Housing Factor #:				**Federal FY 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	
MS26P093090-2003	Operations – staff enhancement	1406		100000				
	Management improvements	1408		50000				
	Administration – accounting, consumables	1410		5000				
	Audit – self-explanatory	1411		2500				
	Fees & Costs – Architects fees (6%)	1430		22000	8906			
	Site Acquisition	1440		40000				
	Site Improvement	1450		7000	2000			
	Dwelling Structures Back door units, CB Webb 64000 Interior lights, CB Webb 30720 Vent-a-Hoods, CB Webb 17280 112000	1460		137913	112000			
	Total anticipated grant funding			389413	320406			

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

PHA Name: **Oxford Housing Authority**	**Grant Type and Number** Capital Fund Program #: **MS26P093090-2003** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2003**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MS26P093090-2003	All funds will be obligated within 18 months of funding availability			All funds will be expended within 36 months of funding availability			

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Oxford Housing Authority	Capital Fund Program: **MS16P093090-2004** Capital Fund Program Replacement Housing Factor Grant No:	**2004**

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	100,000			
3	1408 Management Improvements	50,000			
4	1410 Administration	2,500	1,000		
5	1411 Audit	2,500			
6	1415 liquidated Damages	-0-			
7	1430 Fees and Costs	22,000	15,000		
8	1440 Site Acquisition	-0-			
9	1450 Site Improvement	2,500	1,000		
10	1460 Dwelling Structures	-0-			
11	1465.1 Dwelling Equipment—Nonexpendable	-0-			
12	1470 Nondwelling Structures	184,913	150,906		
13	1475 Nondwelling Equipment	25,000			
14	1485 Demolition	-0-			
15	1490 Replacement Reserve	-0-			
16	1492 Moving to Work Demonstration	-0-			
17	1495.1 Relocation Costs	-0-			
18	1498 Mod Used for Development	-0-			
19	1502 Contingency	-0-			
20	Amount of Annual Grant: (sum of lines 2-19)	389,413	320,406		
21	Amount of line 20 Related to LBP Activities	-0-			
22	Amount of line 20 Related to Section 504 Compliance	-0-			
23	Amount of line 20 Related to Security	-0-			
24	Amount of line 20 Related to Energy Conservation Measures	-0-			

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

PHA Name: **Oxford Housing Authority**	**Grant Type and Number** Capital Fund Program #: **MS26P093090-2004** Capital Fund Program Replacement Housing Factor #:	**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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MS26P093090-2004	Operations – staff enhancement	1406		100000				
	Management improvements	1408		50000				
	Administration – accounting, consumables	1410		2500	1000			
	Audit – self-explanatory	1411		2500				
	Fees & Costs – Architects fees (6%)	1430		22000	15000			
	Site Improvements Landscaping	1450		2500	1000			
	Non-Dwelling Structures Install Laundromat – WJ Homes 66000 Build Laundromat – CB Webb 84906 150906	1470		184913	150906			
	Non-Dwelling Equipment Purchase truck & tractor 25000	1475		25000	-0-			
	Total anticipated grant funding			389413	320406			

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

PHA Name: **Oxford Housing Authority**	**Grant Type and Number** Capital Fund Program #: **MS26P093090-2004** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2004**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MS26P093090-2004	All funds will be obligated within 18 months of funding availability			All funds will be expended within 36 months of funding availability			

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Oxford Housing Authority	Capital Fund Program: **MS26P093090-2005** Capital Fund Program Replacement Housing Factor Grant No:	**2005**

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	100,000			
3	1408 Management Improvements	50,000			
4	1410 Administration	5,000	1,000		
5	1411 Audit	2,500			
6	1415 liquidated Damages	-0-			
7	1430 Fees and Costs	22,000	4,200		
8	1440 Site Acquisition	-0-			
9	1450 Site Improvement	118,000	115,000		
10	1460 Dwelling Structures	-0-			
11	1465.1 Dwelling Equipment—Nonexpendable	-0-			
12	1470 Nondwelling Structures	66,913	47,706		
13	1475 Nondwelling Equipment	25,000	-0-		
14	1485 Demolition	-0-			
15	1490 Replacement Reserve	-0-			
16	1492 Moving to Work Demonstration	-0-			
17	1495.1 Relocation Costs	-0-			
18	1498 Mod Used for Development	-0-			
19	1502 Contingency	-0-			
20	Amount of Annual Grant: (sum of lines 2-19)	389,413	320,406		
21	Amount of line 20 Related to LBP Activities	-0-			
22	Amount of line 20 Related to Section 504 Compliance	-0-			
23	Amount of line 20 Related to Security	-0-			
24	Amount of line 20 Related to Energy Conservation Measures	-0-			

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

PHA Name: **Oxford Housing Authority**	**Grant Type and Number** Capital Fund Program #: **MS26P093090-2005** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2005**

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	
MS26P093090-2005	Operations – staff enhancement	1406		100000				
	Management improvements	1408		50000				
	Administration – accounting, consumables	1410		5000	1000			
	Audit – self-explanatory	1411		2500				
	Fees & Costs – Architect's fees (6%)	1430		22000	4200			
	Site Improvements Resurface 8 parking areas 115,000	1460		118,000	115,000			
	Non-dwelling Structures Office space expansion	1470		47706				
	Total Anticipated Grant Funding			389413	320406			

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

PHA Name: **Oxford Housing Authority**	**Grant Type and Number** Capital Fund Program #: **MS26P093090-2005** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2005**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MS26P093090-2005	All funds will be obligated within 18 months of funding availability			All funds will be expended within 36 months of funding availability			

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Oxford Housing Authority	Capital Fund Program: **MS26P093090-2006** Capital Fund Program Replacement Housing Factor Grant No:	**2006**

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	100,000			
3	1408 Management Improvements	50,000			
4	1410 Administration	2,000	1,000		
5	1411 Audit	2,500			
6	1415 liquidated Damages	-0-			
7	1430 Fees and Costs	22,000	14,000		
8	1440 Site Acquisition	-0-			
9	1450 Site Improvement	2,913	-0-		
10	1460 Dwelling Structures	-0-			
11	1465.1 Dwelling Equipment—Nonexpendable	-0-			
12	1470 Nondwelling Structures	185,000	152,906		
13	1475 Nondwelling Equipment	25,000	-0-		
14	1485 Demolition	-0-			
15	1490 Replacement Reserve	-0-			
16	1492 Moving to Work Demonstration	-0-			
17	1495.1 Relocation Costs	-0-			
18	1498 Mod Used for Development	-0-			
19	1502 Contingency	-0-			
20	Amount of Annual Grant: (sum of lines 2-19)	389,413	320,406		
21	Amount of line 20 Related to LBP Activities	-0-			
22	Amount of line 20 Related to Section 504 Compliance	-0-			
23	Amount of line 20 Related to Security	-0-			
24	Amount of line 20 Related to Energy Conservation Measures	-0-			

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

PHA Name: **Oxford Housing Authority**	**Grant Type and Number** Capital Fund Program #: **MS26P093090-2006** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2006**

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	
MS26P093090-2006	Operations – staff enhancements	1406		100000				
	Management Improvements	1408		50000				
	Administration – accounting, consumables	1410		2000	1000			
	Audit – self-explanatory	1411		2500	2500			
	Fees & Costs – Architect's fees (6%)	1430		22000	14000			
	Site Improvement Landscaping	1450		2913	-0-			
	Non-dwelling Structures Build Maintenance Facility	1470		185000	152906			
	Non-dwelling Equipment Purchase vehicle	1475		25000	-0-			

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

PHA Name: **Oxford Housing Authority**	**Grant Type and Number** Capital Fund Program #: **MS26P093090-2006** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2006**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MS26P093090-2006	All funds will be obligated within 18 months of funding availability			All funds will be expended within 36 months of funding availability			

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Oxford Housing Authority	Capital Fund Program: **MS26P093090-2007** Capital Fund Program Replacement Housing Factor Grant No:	**2007**

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	100,000			
3	1408 Management Improvements	50,000			
4	1410 Administration	5,000	1,000		
5	1411 Audit	2,500			
6	1415 liquidated Damages	-0-			
7	1430 Fees and Costs	20,000	12,000		
8	1440 Site Acquisition	-0-			
9	1450 Site Improvement	17,000			
10	1460 Dwelling Structures	142,913	99,906		
11	1465.1 Dwelling Equipment—Nonexpendable	-0-			
12	1470 Nondwelling Structures	-0-	38,000		
13	1475 Nondwelling Equipment	52,000	-0-		
14	1485 Demolition	-0-			
15	1490 Replacement Reserve	-0-			
16	1492 Moving to Work Demonstration	-0-			
17	1495.1 Relocation Costs	-0-			
18	1498 Mod Used for Development	-0-			
19	1502 Contingency	-0-			
20	Amount of Annual Grant: (sum of lines 2-19)	389,413	320,406		
21	Amount of line 20 Related to LBP Activities	-0-			
22	Amount of line 20 Related to Section 504 Compliance	-0-			
23	Amount of line 20 Related to Security	52,000	-0-		
24	Amount of line 20 Related to Energy Conservation Measures	92,971	30,000		

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

PHA Name: **Oxford Housing Authority**	**Grant Type and Number** Capital Fund Program #: **MS26P093090-2007** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2007**

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	
MS26P093090-2007	Operations – staff enhancement	1406		100000				
	Management Improvements	1408		50000				
	Administration – accounting, consumables	1410		5000	1000			
	Audit – self-explanatory	1411		2500				
	Fees & Costs – Architect's fees (6%)	1430		22000	12000			
	Site Improvements Repair Sidewalks & Clotheslines CB. Webb 17000	1450		17000				
	Dwelling Structures New Bath Floor tiles, CB Webb 41806 Replace Kitchen Counters, CB Webb 25600 Replace ceiling fixtures, WJ Homes 2500 Replace Dryvit at WK/LG 30000 99906	1460		142913	99906			
	Non-dwelling Structures Complete Maintenance Facility 38,000	1470		-0-	38000			
	Non-dwelling Equipment Security Camera System -0-	1475		52000	-0-			
	Total Anticipated Grant Funding			389413	320406			

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

PHA Name: **Oxford Housing Authority**	**Grant Type and Number** Capital Fund Program #: **MS26P093090-2007** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2007**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MS26P093090-2007	All funds will be obligated within 18 months of funding availability			All funds will be expended within 36 months of funding availability			

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Oxford Housing Authority	Capital Fund Program: **MS26P093090-2008** Capital Fund Program Replacement Housing Factor Grant No:	**2008**

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	100,000			
3	1408 Management Improvements	50,000			
4	1410 Administration	1,000			
5	1411 Audit	2,500			
6	1415 liquidated Damages	-0-			
7	1430 Fees and Costs	6,200			
8	1440 Site Acquisition	-0-			
9	1450 Site Improvement	28,706			
10	1460 Dwelling Structures	67,000			
11	1465.1 Dwelling Equipment—Nonexpendable	-0-			
12	1470 Nondwelling Structures	-0-			
13	1475 Nondwelling Equipment	65,000			
14	1485 Demolition	-0-			
15	1490 Replacement Reserve	-0-			
16	1492 Moving to Work Demonstration	-0-			
17	1495.1 Relocation Costs	-0-			
18	1498 Mod Used for Development	-0-			
19	1502 Contingency	-0-			
20	Amount of Annual Grant: (sum of lines 2-19)	389,413			
21	Amount of line 20 Related to LBP Activities	-0-			
22	Amount of line 20 Related to Section 504 Compliance	-0-			
23	Amount of line 20 Related to Security	28,706			
24	Amount of line 20 Related to Energy Conservation Measures	67,000			

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

PHA Name: **Oxford Housing Authority**	**Grant Type and Number** Capital Fund Program #: **MS26P093090-2008** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2008**

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	
MS26P093090-2008	Operations – staff enhancement	1406		100000				
	Management Improvements	1408		50000				
	Administration – accounting, consumables	1410		1000				
	Audit – self-explanatory	1411		2500				
	Fees & Costs – Architect's fees (6%)	1430		6200				
	Site Improvements Install fencing, replace retaining walls at WJ Homes 28706	1450		28706				
	Dwelling Structures Replace siding at WJ Homes 40000 Replace Soffitts at WJ Homes 27000 67000	1460		67000				
	Non-dwelling Equipment 2 Mowers @ $7000 ea 14000 2 Vehicles @ 25500 ea 51000	1475		65000				
	Total Anticipated Grant Funding			320406				

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

PHA Name: **Oxford Housing Authority**	**Grant Type and Number** Capital Fund Program #: **MS26P093090-2008** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2008**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MS26P093090-2008	All funds will be obligated within 18 months of funding availability			All funds will be expended within 36 months of funding availability			

ATTACHMENT C Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name **Oxford Housing Authority**				**XX Original 5-Year Plan** **☐Revision No:**	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: **2005** PHA FY: **2005**	Work Statement for Year 3 FFY Grant: **2006** PHA FY: **2006**	Work Statement for Year 4 FFY Grant: **2007** PHA FY: **2007**	Work Statement for Year 5 FFY Grant: **2008** PHA FY: **2008**
	Annual Statement				
MS093-001		115,000		17,000	
MS093-001				25,600	
MS093-001				41,806	
MS093-003				2,500	28,706
MS093-003					67,000
MS093-007				30,000	
HA-Wide		47,706	152,906	38,000	65,000
CFP Funds Listed for 5-year planning		162,706	152,906	154,906	160,706
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : 2 FFY Grant: **2005** PHA FY: **2005**			Activities for Year: 3 FFY Grant: **2006** PHA FY: **2006**		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	***MS093-001***	***Resurface Parking Coves***	115,000	***HA-Wide***	***Build Maintenance Facility***	152,906
Annual				***Subtotal***		152,906
Statement	***HA-Wide***	Expand Office Space	47,706			
	Subtotal		162,706			
Total CFP Estimated Cost			$162,706			$152,906

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year : 4 FFY Grant: 2007 PHA FY: 2007			Activities for Year: 5 FFY Grant: 2008 PHA FY: 2008		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
MS093-001	***Repair sidewalks / replace clotheslines***	17,000	***MS093-003***	***Install Fencing / replace Retaining Walls***	28,706
MS093-001	***Replace Kitchen Countertops***	25,600	***MS093-003***	***Replace siding & soffitts***	67,000
MS093-001	***Install new Bathroom Tile Floors***	41,806			
			HA-Wide	***Purchase 2 mowers***	14,000
MS093-003	***Replace ceiling fixtures in small bedrooms***	2,500	***HA-Wide***	***Purchase 2 vechicles***	51,000
MS093-007	***Replace Dryvit***	30,000		***Subtotal***	160,706
HA-Wide	***Complete Maintenance Facility***	38,000			
Subtotal					
Total CFP Estimated Cost		$154,906			$160,706

form **HUD-50075-Small PHA** (03/2003)

Table Library

PHA Public Housing Drug Elimination Program Plan - *Not Applicable*

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

**A. Amount of PHDEP Grant $_____**$-0-____

B. Eligibility type (Indicate with an "x") **N1_____ N2_____ R_____**

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

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

F. Duration of Program

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

12 Months_____ 18 Months_____ 24 Months_____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

Not Applicable

B. PHDEP Budget Summary

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

FFY _____ PHDEP Budget Summary **Original statement** **Revised statement dated:**	
Budget Line Item	**Total Funding**
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	

9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

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

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

9115 - Special Initiative						**Total PHDEP Funding: $**	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					**Total PHDEP Funding: $**		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

9130 – Employment of Investigators	**Total PHDEP Funding: $**
Goal(s)	

Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol	**Total PHDEP Funding: $**

Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements	**Total PHDEP Funding: $**

Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention							Total PHDEP Funding: $
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9170 - Drug Intervention							Total PHDEP Funding: $
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment							Total PHDEP Funding: $
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs							**Total PHDEP Funds: $**
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment D: Resident Member on the PHA Governing Board

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

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

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

☐ Elected
☐ Appointed

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

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

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

XX Other (explain):

Mississippi has a state ethics law AND state constitutional provision which do not permit any person who directly benefits monetarily from the operations of any publicly supported or funded program from being put in a position to decide operational or fiscal policy for that program. At this time, the Attorney General of the State of Mississippi and the Ethics Commission of the state have issued diametrically opposing opinions on the matter of whether or not federal law can supercede state law regarding the placement of a recipient of federal subsidy managed by a state constituted authority on the governing Board which sets fiscal and/or operational policy for the authority that manages the distribution of said subsidy. The Ethics Commission has issued a ruling stating that any political entity engaged in breaking the conflict of interest provisions in question will be sanctioned to the fullest extent of the law. Therefore, the local political leadership who are in charge of making appointments to the Board of Commissioners of Oxford Housing Authority are unable and unwilling to make such an appointment contrary to state law and constitution until such time as the Attorney General and the Ethics Commission arrive at an agreement on this matter. Further, at the time of this writing, the Authority is still operating under a congressional exemption from compliance with this requirement.

B. Date of next term expiration of a governing board member: April 2004

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **The Honorable Richard Howorth, Mayor of the City of Oxford, Mississippi**

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.)

LeShaun McWright
Margaret Malone
Elaine Lovejoy
Arthur Cathey
Ella Boyd
Terry Vaughn

Attachment F: Comments of Resident Advisory Board & PHA Response

The Resident Advisory Board met July 17, 2003, and reviewed items of the annual plan. The Board concurred with the work items proposed in the 2008 Capital Fund, with the added suggestion that OHA consider rewiring each apartment to enhance phone and cable TV capabilities. All other aspects of the Annual Plan were met with Board approval and positive remarks about the direction the Authority is taking in all aspects of planning. There were complimentary remarks on the capital improvements made thus far with CFP monies, especially central air conditioning.