

**PHA 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: 2005**  
**PHA Name:**

***HOUSING AUTHORITY OF THE CITY OF  
MUSKOGEE (OK099)***

**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:** Muskogee Housing Authority

**PHA Number:** OK099

**PHA Fiscal Year Beginning:** (mm/yyyy) 01/2005

**PHA Programs Administered:**

- Public Housing and Section 8**     
  **Section 8 Only**     
  **Public Housing Only**  
 Number of public housing units: 400     
 Number of S8 units:     
 Number of public housing units:  
 Number of S8 units: 751

**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: JD Foster  
TDD:

Phone: 918-687-6301  
Email (if available): foster@mhastaff.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 2005**

[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-LLL a, *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?  
If yes, complete the following table; if not skip to B. *NO*

<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?
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).
  
2. 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? 5

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? Yes

If yes, list criteria:

- Current voucher holder
- Good rental history
- Good standing with all MHA programs in which participant is enrolled
- Minimum gross income of the minimum wage multiplied by 2000 hours, except in the case of an elderly or disabled person
- Have a credit history and FICA score sufficient to obtain a mortgage
- Complete an approved Homebuyer Education Course
- Be a first-time homebuyer
- Have at least one family member employed at least 30 hours per week for the past 12 months.

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

Program fully implemented in FY 2001

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 downpayment 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: STATE OF OKLAHOMA
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.
- Other: (list below)

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments:*Statement of Consistency with the Consolidated Plan provided.*

## **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>
<b>X</b>	<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
<b>X</b>	<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

<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>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
X	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input checked="" 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 <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance 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	Annual Plan: Capital

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	/Performance and Evaluation Report for any active grant year.	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
	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
X	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
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	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
X	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
X	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)
	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

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Muskogee		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P099501-02 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2004 <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	120,000	60,000	60,000	60,000
3	1408 Management Improvements	41,057	40,948.88	40,948.88	40,948.88
4	1410 Administration	62,436	50,851.07	50,851.07	44,796.43
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	10,000	10,000	10,000
8	1440 Site Acquisition				
9	1450 Site Improvement	115,000	11,574.46	11,574.46	11,574.46
10	1460 Dwelling Structures	90,124	276,500	276,500	29,533.53
11	1465.1 Dwelling Equipment—Nonexpendable	143,623	50,890.57	50,890.57	50,890.57
12	1470 Nondwelling Structures	20,000	105,409.84	105,409.84	105,409.84
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				

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

PHA Name: Housing Authority of the City of Muskogee	Grant Type and Number Capital Fund Program Grant No: OK56P099501-02 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 2)  
 Performance and Evaluation Report for Period Ending: 6/30/2004  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service				
20	1502 Contingency	8,901	4966.18	4966.18	4966.18
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>611,141</b>	<b>611,141</b>	<b>611,141</b>	<b>358,119.89</b>
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 Measures				

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

PHA Name: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program Grant No: OK56P099501-02 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>HA Wide</b>	Operations	1406		120,000	60,000	60,000	60,000	Complete
	Computer System Upgrade	1408		30,000	40,115.68	40,115.68	40,115.68	Complete
	Staff Training/Travel	1408		11,057	833.20	833.20	833.20	Complete
	Salary/Benefits	1410		62,436	50,851.07	50,851.07	44,796.43	In Progress
	Contingency	1502		8,901	4,966.18	4,966.18	4,966.18	Complete
<b>001 Port City Acres/002 Green Country Village</b>	Replace Bathtubs	1460	50	35,000	0			
	Replace Hot Water Tanks	1460	200	30,000	0			
	Replace Screen Doors/Vent Hoods	1465	400	30,000	1,770	1,770	1,770	Complete
	Replace Refrigerators/Stove	1465	16	1,725	3,750	3,750	3,750	Complete
	Construct Central Heat & Air Pads	1450	200	0	11,574.46	11,574.46	11,574.46	Complete
	Central Heat & Air Equipment	1465	2	0	2,128.98	2,128.98	2,128.98	Complete
	Central Heat & Air Installation	1460	10	0	7,500	7,500	7,500	Complete
<b>002 Honor Heights Towers</b>	Repair Heat Exchanger	1465	1	67,500	3,796	3,796	3,796	Complete
	Engineer Study – Boiler Replacement	1430	1	10,000	0			
	Replace Locks	1460	200	25,124	0			
	Replace Stoves/Refrigerators	1465	169	42,373	39,445.59	39,445.59	39,445.59	Complete

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Muskogee			Grant Type and Number Capital Fund Program Grant No: OK56P099501-02 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>002 Honor Heights Towers (Cont.)</b>	Replace Lobby Furniture	1475	16	20,000	0			
	Remodel Lobby	1470		115,000	105,409.84	105,409.84	105,409.84	Complete
	Architect Fees – Lobby Remodel	1430		2,025	2,025	2,025	2,025	Complete
	Replace Roof	1460	1	0	269,000	269,000	22,033.53	In Progress
	Architect Fees – Roof Replacement	1430		0	7,975	7,975	7,975	Complete

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program No: OK56P099501-02 Replacement Housing Factor No:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
<b>HA Wide</b>	12/31/04	5/04	5/04	12/06	5/06		Projects Not Completed By Original Target Dates
<b>001 Port City Acres</b>	12/31/04	5/04	5/04	12/06	5/06		Projects Not Completed By Original Target Dates





# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name Housing Authority of the City of Muskogee		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1 2005	Work Statement for Year 2 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 3 FFY Grant: 2007 PHA FY: 2007	Work Statement for Year 4 FFY Grant: 2008 PHA FY: 2008	Work Statement for Year 5 FFY Grant: 2009 PHA FY: 2009
	Annual Statement				
HA Wide		188,222	135,222	169,000	180,000
001		97,000	85,000	35,000	50,000
002		150,000	250,000	316,222	275,222
003		120,000	85,000	35,000	50,000
CFP Funds Listed for 5-year planning		\$555,222	\$555,222	\$555,222	\$555,222
Replacement Housing Factor Funds					



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

Activities for Year : 4 FFY Grant: 2008 PHA FY: 2008			Activities for Year: 5 FFY Grant: 2009 PHA FY: 2009		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
HA Wide	Operations	60,000	HA Wide	Operations	60,000
	Management Improv.	40,000		Management Improv.	40,000
	Administration	60,000		Administration	60,000
	2-Way Radio System	6,000		Purchase Vehicle	20,000
	Replace Carpet	3,000			
001	Property Signs	5,000	001	Refrigerators/Stoves	10,000
	Security System/Cameras	30,000		Upgrade Electrical Panel	30,000
				Replace Playground Equip.	10,000
002	Property Signs	5,000			
	Seal/Stripe Parking	5,000	002	Renovate Units	255,222
	Tree Removal	5,000		Secure Balcony Rails	20,000
	Sidewalks	10,000			
	Security System	30,000	003	Refrigerators/Stove	10,000
	Renovate Units	261,222		Upgrade Electrical Panel	30,000
				Replace Playground Equip.	10,000
003	Property Signs	5,000			

	Security System/Cameras	30,000			
	<b>Total CFP Estimated Cost</b>	\$555,222			\$555,222

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

PHA Name: Housing Authority of the City of Muskogee	Grant Type and Number Capital Fund Program Grant No: OK56P099501-03 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 2)  
 Performance and Evaluation Report for Period Ending: 6/30/2004  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	40,000		
3	1408 Management Improvements	51,600	45,000	4,697.18	4,697.18
4	1410 Administration	60,000	60,000	60,000	1,043.88
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,000	4,000		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	121,463	296,555.98	146,579.80	0
11	1465.1 Dwelling Equipment—Nonexpendable	115,774	33,225	8,225	8,225
12	1470 Nondwelling Structures	50,000	9,204.78	9,204.78	9,204.78
13	1475 Nondwelling Equipment	0	14,851.24	14,851.24	14,851.24
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	502,837	502,837	243,558	38,022.08
22	Amount of line 21 Related to LBP Activities				

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

PHA Name: Housing Authority of the City of Muskogee	Grant Type and Number Capital Fund Program Grant No: OK56P099501-03 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 2)  
 Performance and Evaluation Report for Period Ending: 6/30/2004  Final Performance and Evaluation Report

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

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

PHA Name: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program Grant No: OK56P099501-03 Replacement Housing Factor Grant No:				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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406		100,000	40,000	0	0	Pending
	Training/Travel/Security	1408		51,600	45,000	4,697.18	4,697.18	In Progress
	Salary/Benefits	1410		60,000	60,000	60,000	1,043.88	In Progress
	Fees/Costs	1430		4,000	4,000	0	0	Pending
001 – Port City	Replace Tubs/Shower	1460	50	11862.50	50,000	0	0	Pending
	Replace Breaker Boxes	1465	40	40,000	0	0	0	
	Construct Laundry Facilities	1470	1	25,000	0			
	Replace Refrigerators	1465	25	8,200	4,355	4,355	4,355	Complete
	Replace Stoves	1465	25	5208	0			
	Purchase Maintenance Vehicle	1475	1	0	7,425.62	7,425.62	7,425.62	Complete
002 – Honor Heights	Repair Plumbing Fixtures	1460	50	97,738	42,729.98	0	0	Pending
	Replace Stoves	1465	18	3,750	0			
	Replace Refrigerators	1465	16	5,208	0			
	Replace Heat Sensors	1465	45	0	3,870	3,870	3,870	Complete
	Replace Sump Pump	1470	1	0	9,204.78	9,204.78	9,204.78	Complete

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

PHA Name: <b>Housing Authority of the City of Muskogee</b>		Grant Type and Number Capital Fund Program Grant No: <b>OK56P099501-03</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2003</b>		
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	
003 – Green Country	Replace Tubs/Shower	1460	50	11,862.50	25,000	0	0	Pending
	Replace Breaker Boxes	1465	40	40,000	25,000	0	0	Pending
	Construct Laundry Facilities	1470	1	25,000	0			
	Replace Refrigerators	1465	25	8,200	0			
	Replace Stoves	1465	25	5,208	0			
	Replace Roofs	1460	52	0	178,826	146,579.80	0	In Progress
	Purchase Maintenance Vehicle	1475	1	0	7425.62	7,425.62	7,425.62	Complete

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

PHA Name: <b>Housing Authority of the City of Muskogee</b>		Grant Type and Number Capital Fund Program No: <b>OK56P099501-03</b> Replacement Housing Factor No:				Federal FY of Grant: <b>2003</b>		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
HA Wide	12/05	12/05		12/07	9/07		Expend Deadline Expires Before Original Date	



**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Housing Authority of the City of Muskogee</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P099502-03 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2003 Bonus
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2004 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	10,000	0	0	0
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	70,214	0	0	0
10	1460 Dwelling Structures		100,214	0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	20,000	0	0	0
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				

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

PHA Name: Housing Authority of the City of Muskogee	Grant Type and Number Capital Fund Program Grant No: OK56P099502-03 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003 Bonus
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Original Annual Statement  
 Reserve for Disasters/ Emergencies  
 Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending: 6/30/2004  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	100,214	100,214	0	0
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 Measures				

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

PHA Name: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program Grant No: OK56P099502-03 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003 Bonus		
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	
HA Wide	Training	1408		10,000	0	0	0	
001 Port City	Unit Renovations	1450		25,000	0	0	0	
002 Honor Heights	Maintenance Building	1470	1	20,000	0	0	0	
	Unit Renovations	1450		20,214	0	0	0	
	Renovate Hallways	1460	10	0	100,214	0	0	Pending
003 Green Country	Unit Renovations	1450		25,000	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: Housing Authority of the City of Muskogee			Grant Type and Number Capital Fund Program Grant No: OK56P099502-03 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003 Bonus		
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	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program No: OK56P099502-03 Replacement Housing Factor No:				Federal FY of Grant: 2003 Bonus	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
002 Honor Heights Towers	2/13/2006	2/13/2006		2/13/2008	2/13/2008		



**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program Grant No: OK56P099501-04 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	100,000			
3	1408 Management Improvements	12,829			
4	1410 Administration	61,141			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	129,047			
10	1460 Dwelling Structures	204,205			
11	1465.1 Dwelling Equipment—Nonexpendable	30,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	1000			
14	1485 Demolition	7000			
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				

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

PHA Name: Housing Authority of the City of Muskogee	Grant Type and Number Capital Fund Program Grant No: OK56P099501-04 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004
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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
20	1502 Contingency	0			
21	Amount of Annual Grant: (sum of lines 2 – 20)	555,222			
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 Measures				

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

PHA Name: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program Grant No: OK56P099501-04 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	
001 – Port City	Replace Clothes Lines	1450	250	2500				
	Add Parking Spaces	1450	10	20,000				
	Replace Stoves	1465	10	6,250				
	Replace Refrigerators	1465	10	8,750				
	Replace Windows	1460	260	26,047				
	Remark Parking	1450		10,000				
	Replace Benches	1475	25	500				
	Replace Roofs	1460	16	32,000				
002- Honor Heights Towers	Remodel Hallways	1450	10	55,000				
	Replace Benches	1475	5	500				
	Remodel Unit Interiors	1460	42	146,158				
	Add Parking	1450	25	19,047				
	Remove Holding Tank	1485	1	5,000				
	Remove Trash Compactor	1485	1	2,000				
003 – Green Country	Replace Clothes Lines	1450	250	2500				
	Add Parking Spaces	1450	10	20,000				

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

PHA Name: Housing Authority of the City of Muskogee		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P099501-04 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	
	Replace Stoves Replace Refrigerators	1465 1465	10 10	6,250 8,750				
HA Wide	Operations Administration Fees & Costs Staff Training	1406 1410 1430 1408		100,000 61,141 10,000 12,829				

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

PHA Name: Housing Authority of the City of Muskogee	<b>Grant Type and Number</b> Capital Fund Program No: OK56P099501-04 Replacement Housing Factor No:	Federal FY of Grant: 2004
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**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program Grant No: OK56P099501-05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005
<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	60,000			
3	1408 Management Improvements	37,222			
4	1410 Administration	60,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	323,000			
11	1465.1 Dwelling Equipment—Nonexpendable	45,000			
12	1470 Nondwelling Structures	30,000			
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 Collaterization or Debt Service				

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

PHA Name: Housing Authority of the City of Muskogee	Grant Type and Number Capital Fund Program Grant No: OK56P099501-05 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
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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
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	555,222			
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 Measures				

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

PHA Name: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program Grant No: OK56P099501-05 Replacement Housing Factor Grant No:				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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406		60,000				
	Management Improvements	1408		37,222				
	Administration	1410		60,000				
001	Replace Countertops	1460	100	70,000				
	Repair Brick	1460	50	80,000				
	Replace Doors	1460	100	23,000				
002	Replace Locks	1465	200	45,000				
	Construct Warehouse	1470	1	30,000				
003	Replace Countertops	1460	100	70,000				
	Repair Brick	1460	50	80,000				

