

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)

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.

Streamlined Annual PHA Plan
for Fiscal Year: 2008
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) 01/2008

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. YES

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics
Port City Acres OK099P001	01/01/2007	White: 68% Black: 14% American Indian: 18% Disabled: 7% Non-Disabled: 93%	White: 70% Black: 10% American Indian: 20% Disabled: 5% Non-Disabled: 95%	White: +2% Black: -4% American Indian: +2% Disabled: -2% Non-Disabled: +2%
Honor Heights Towers OK099P002	01/01/2007	White: 8% Black: 1% American Indian: 5% Disabled: 79% Non-Disabled: 21%	White: 8% Black: 9% American Indian: 9% Disabled: 82% Non-Disabled: 18%	White: -2% Black: -2% American Indian: +4% Disabled: +3% Non-Disabled: -3%
Green Country Village OK099P003	01/01/2007	White: 4% Black: 4% American Indian: 1% Disabled: 15% Non-Disabled: 85%	White: 4% Black: 4% American Indian: 1% Disabled: 13% Non-Disabled: 87%	White: -3% Black: -2% American Indian: +5% Disabled: -2% Non-Disabled: +2%

2. What is the number of site based waiting list developments to which families may apply at one time? (3)

3. How many unit offers may an applicant turn down before being removed from the site-based waiting list? (2)
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? 3
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
3. Yes No: May families be on more than one list simultaneously
If yes, how many lists? 3
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):

HOPE VI Revitalization Grant Status	
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.*

VIOLENCE AGAINST WOMEN ACT

The following policies have been amended to comply with PIH Notice 2006-42 (Violence Against Women Act):

- Public Housing Admissions and Continued Occupancy Policy
- Public Housing Lease
- Housing Choice Voucher (Section 8) Administrative Plan

The sections of each policy that directly address the Violence Against Women Act are as listed below:

Public Housing Admissions and Continued Occupancy Policy:

Violence Against Women Act Provision (Section 2-e)

That an applicant or participant is or has been a victim of domestic violence, dating violence, or stalking is not an appropriate basis for denial or program assistance or for denial of admission of an otherwise qualified applicant. Nothing in this section supersedes a Federal, State, or local law that provides greater protection for victims.

Public Housing Lease

Violence Against Women Act Provision: (Section 16)

An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence and shall not be good cause for terminating the assistance, tenancy, or occupancy rights of the victim of such violence.

Criminal activity directly relating to domestic violence, dating violence, or stalking engaged in by a member of a tenant's household or any guest or other person under the tenant's control shall not be cause for termination of the tenancy or occupancy rights, if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that domestic violence, dating violence, or stalking.

Housing Choice Voucher (Section 8) Administrative Plan:

VIOLENCE AGAINST WOMEN ACT (VAWA)

On January 5, 2006 the "Violence Against Women and Department of Justice Reauthorization Act of 2005" (Pub. L 109-162) was signed into law. Title VI of the new law adds a new housing subtitle to the existing Act, which protect victims of domestic violence, dating violence, sexual assault, and stalking. Under this Act, voucher individuals who are victims of these crimes will not be denied access to housing programs by the Housing Authority; will not evict victims of domestic violence related to their being abused; and victim confidentiality will be protected.

Selection from the Waiting List

An applicant or participant who is or has been a victim of domestic violence, dating violence, or stalking is not an appropriate basis for denial of program assistance or for denial of admission of an otherwise qualified applicant.

Lease Terms Regarding Termination

An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence and shall not be good cause for terminating the assistance, tenancy, or occupancy rights of the victim of such violence.

Termination of Assistance/Eviction

In HAP Contract: Criminal activity directly relating to domestic violence, dating violence, or stalking engaged in by a member of a tenant's household or any guest or other person under the tenant's control shall not be cause for termination of tenancy occupancy rights or termination of assistance if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that domestic violence, dating

violence, or stalking. The lawful occupant or tenant who engages in criminal acts of violence to family members or others must be removed from the assisted household for the victimized lawful occupants to continue to receive housing assistance. Court orders regarding rights of access or control of the property will be honored by the Housing Authority.

Owners, managers, or the Housing Authority may evict or terminate assistance for other good cause unrelated to the incident or incidents of domestic violence, provided that the victim is not subject to a “more demanding standard” than non-victims. Nothing is to prohibit termination or eviction if the owner, manager, or Housing Authority can demonstrate an actual and imminent threat to other tenants or those employed at or providing services to the property or public housing agency if that tenant is not evicted or terminated from assistance. This guidance shall not be construed to supersede any provision of Federal, State, or local law that provides greater protection than this section for victims of domestic violence, dating violence, or stalking.

Denial of Portability

The Housing Authority may not deny portable voucher assistance to a tenant who violated previous assisted lease terms solely in order to move out quickly because of the fear of domestic violence. The Housing Authority may not terminate or deny portable voucher assistance to a tenant who is otherwise in compliance with program rules moved out of a previous assisted unit in order to “protect the health and safety of an individual who is or has been the victim of domestic violence, dating violence, or staling and who reasonably believed he or she was imminently threatened by harm from further violence if he or she remained in the assisted unit.”

Certification and Confidentiality

In order to qualify for the protections implemented in this Act and provide for the confidentiality of that certification, the individual must certify of his or her status as a victim of domestic violence, dating violence, or stalking.

Certification

An owner, manager, or Housing Authority may request that an individual certify via a HUD-approved certification form (when available) that the individual is a victim of domestic violence, dating violence, or stalking, and that the incident or incidents in question are bona fide incidents of such actual or threatened abuse and meet the requirements set forth in the aforementioned paragraphs. Such certification shall include the name of the perpetrator.

The individual shall provide such certification within 14 business days after the owner, manager, or Housing Authority requests such certification in writing. If the

certification is not received within 14 business days of the administrator's written request, nothing would limit the administrator's ability to evict or terminate assistance.

Where no HUD-approved certification form is available, the individual may provide the owner, manager, or Housing Authority with documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of the abuse, in which the professional attests under penalty of perjury (28 USC 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation; OR by producing a Federal, State, tribal, or local police or court record.

Compliance with the certification requirements of this section shall not alone be sufficient to constitute evidence of an unreasonable act or omission by an owner, manager, Housing Authority, or assisted housing provider, or employee thereof.

Confidentiality

Information provided by the victim pursuant to the certification shall be retained in confidence and not entered into any shared database nor provided to any related entity except when the disclosure is consented to by the individual in writing, required for use in eviction proceedings, or otherwise required by law.

Notification of Rights and Obligations

Tenants under Section 8, owners, and managers will be notified of these rights and obligations via written notice sent via the U.S. Postal Service, and will also be posted in the public viewing area of the Section 8 office of the local housing authority.

Family Obligations [24 CFR 982.551]

All obligations of the family are explicitly stated on the Housing Choice Voucher form which serves as the contractual document between MHA and program participants. These obligations are discussed in detail with program participants at the mandatory briefing sessions prior to admission to the program. Violation of any of these family obligations will be grounds for termination of assistance.

Notice of Termination of Assistance

MHA will provide a written notice of intent to terminate housing assistance, which will include the following information:

- The family obligation that has been violated;
- The specific action(s) which occurred in violation of the family obligation;
- The effective date of the proposed termination;
- The family's right, if they disagree, to request an Informal Hearing to be held prior to termination of assistance; and
- The date by which a request for an informal hearing must be received by the MHA.

The Muskogee Housing Authority will simultaneously provide written notice of the contract termination to the owner so that it will coincide with the Termination of Assistance. The Notice to the owner will not include any details regarding the reason for termination of assistance.

Required Evidence

MHA will pursue fact-finding efforts as needed to obtain evidence for termination of assistance. Pending termination actions will be based on the following rules of evidence:

- *Preponderance of evidence* is defined as evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not. The intent is not to prove criminal liability, but to establish that the act(s) occurred. Preponderance of evidence may not be determined by the number of witnesses, but by the greater weight of all evidence.
- Credible evidence may be obtained from police and/or court records, DHS verifications, and employer verifications. Testimony from neighbors, when combined with other factual evidence, can be considered credible evidence. Other credible evidence includes documentation of drug raids or arrest warrants.

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.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
X	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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 /Performance and Evaluation Report 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
	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
	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
		Operations

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

PHA Name: MUSKOGEE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK056P09950106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/2007 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	106,000	106,000	106,000	106,000
3	1408 Management Improvements	55,000	30,000	5,382.92	5,382.92
4	1410 Administration	50,000	47,946.46	29,591.62	26,706.89
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	15,000	14,783.34	14,783.34
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000	852	852	852
10	1460 Dwelling Structures	210,249	289,808.60	289,808.60	131,128.60
11	1465.1 Dwelling Equipment—Nonexpendable	0	5,140	5,140	5,140
12	1470 Nondwelling Structures	69,500	76,638.38	74,638.38	74,638.38
13	1475 Nondwelling Equipment	29,319	8,682.56	8,682.56	8,682.56
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	580,068	580,068	534,879.42	373,314.69
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: MUSKOGEE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK056P09950106 Replacement Housing Factor Grant No:				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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	1	106,000	106,000	106,000	106,000	Complete
	Staff Training / Training Related Travel	1408	10 Employees	10,000	10,000	2,498.19	2,498.19	In Progress
	Capital Fund Salaries / Fringe	1410	1 Coordinator	50,000	47,946.46	29,591.62	26,706.89	In Progress
	A&E Fees	1430	1	10,000	15,000	14,783.34	14,783.34	In Progress
	Replace Sidewalks	1450	500 sq. ft.	0	852	852	852	Complete
	Upgrade Software	1408	Upgrade Housing Management Software (Tenmast – Winten2) / 22 End Users Plus Server	0	20,000	2,884.73	2,884.73	In Progress
Administration Building	Replace HVAC System	1470	(2) five-ton units (1) 3 ton unit Installation/lab or/removal of old equipment	5,000	15,878.73	15,878.73	15,878.73	Complete / Actual expenditure greater than estimate due to necessity of replacing all three units instead of the one

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

PHA Name: MUSKOGEE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK056P09950106 Replacement Housing Factor Grant No:				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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	Install Tile Flooring	1470	500 sq. ft.	2,500	2,581.76	2,581.76	2,581.76	Complete
	Install Electrical Outlets	1470	25 Outlets	2,000	2,000	0	0	Planning
	Install Entrance Canopy	1470	100 sq. ft.	0	3,181	3,181	3,181	Complete
	Replace Copier	1475	1 Black & White Copier	0	6,300	6,300	6,300	Complete
001 – Port City Acres	Reconfigure Existing Property Office Interior Space to Accommodate Additional Staff	1470	1000 sq. ft.	30,000	22,632	22,632	22,632	Complete
	Replace Unit Windows	1460	1000 Windows	47,624.50	0	0	0	Deferred
	Add Parking Spaces	1450	1000 sq. ft.	10,000	0	0	0	Deferred
	Replace Playground Equipment	1475	10 Pieces of Equipment	14,659.50	0	0	0	Deferred
	Security Services	1408	1000 hours	15,000	0	0	0	Deferred
002 – Honor Height Towers	Install Security Gates	1450	2 Gate Systems plus installation	30,000	0	0	0	Deferred
	Replace A/C Piping	1460	5000 linear feet	70,000	0	0	0	Deferred
	Clean Air Ducts	1460	200 Units	5,000	0	0	0	Deferred
	Retube Boiler	1460	1 Boiler	20,000	0	0	0	Deferred
	Replace Pumps	1460	2 Pumps	20,000	0	0	0	Deferred
	Security Services	1408	1000 hours	15,000	0	0	0	Deferred
	Remodel Hallways	1460	6000 sq. ft.	0	129,612.82	129,612.82	129,612.82	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: MUSKOGEE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK056P09950106 Replacement Housing Factor Grant No:				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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	Replace Ranges	1465	15 Ranges	0	5,140	5,140	5,140	Complete
	Purchase Lawn Equipment	1475	1 Backpack Blower	0	507.56	507.56	507.56	Complete
	Replace Unit Doors	1460	200 Doors plus installation	0	158,680	158,680	0	In Progress
003 – Green Country Village	Reconfigure Existing Property Office Interior Space to Accommodate Additional Staff	1470	1000 sq. ft.	30,000	22,633.51	22,633.51	22,633.51	Complete
	Replace Hot Water Tanks	1460	6 Hot Water Tanks	0	1,515.78	1,515.78	1,515.78	Complete
	Replace Windows	1460	1000 Windows	47,624.50	0	0	0	Deferred
	Add Parking	1450	1000 sq. ft.	10,000	0	0	0	Deferred
	Replace Playground Equipment	1475	10 Pieces of Equipment	14659.50	0	0	0	Deferred
	Construct Laundry Facilities	1470	800 sq. ft.	0	7,731.38	7,731.38	7,731.38	Complete
	Replace Refrigerators	1475	3 Refrigerators	0	1,875	1,875	1,875	Complete
	Security Services	1408	1000 hours	15,000	0	0	0	Deferred

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

PHA Name: MUSKOGEE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: OK056P09950106 Replacement Housing Factor No:				Federal FY of Grant: 2006	
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	7/18/08	07/17/2008		7/18/2010	07/17/2010		Revised to Correct Original Obligation & Expenditure Dates Which Exceeded Program Deadlines
001	7/18/08	07/17/2008		7/18/2010	07/17/2010		Revised to Correct Original Obligation & Expenditure Dates Which Exceeded Program Deadlines
002	7/18/08	07/17/2008		7/18/2010	07/17/2010		Revised to Correct Original Obligation & Expenditure Dates Which Exceeded Program Deadlines
003	7/18/08	07/17/2008		7/18/2010	07/17/2010		Revised to Correct Original Obligation & Expenditure Dates Which Exceeded Program Deadlines

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

PHA Name: MUSKOGEE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK056P09950107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
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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
1	Total non-CFP Funds				
2	1406 Operations	106,000			
3	1408 Management Improvements	10,000			
4	1410 Administration	50,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	169,907			
10	1460 Dwelling Structures	208,819			
11	1465.1 Dwelling Equipment—Nonexpendable	20,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	564,726			
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				

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

PHA Name: MUSKOGEE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK056P09950107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
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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
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: MUSKOGEE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK056P09950107 Replacement Housing Factor Grant No:				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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	1	106,000				
	Staff Training / Training Related Travel	1408	10 Employees	10,000				
	Replace Computer Systems	1475	1 Server Including Network Installation	10,000				
	Capital Fund Salaries / Fringe	1410	1 Coordinator	50,000				
	A&E Fees	1430	1	10,000				
001 – Port City Acres	Repair Brick (Unit Exteriors)	1460	51 Buildings 2000 sq. ft.	50,000				
	Replace Bathroom Sinks	1460	100 Sinks	10,000				
002 – Honor Heights Towers	Renovate Hallways – Remove carpet, install tile, install lighting, refinish walls, replace windows & doors	1450	6,000 sq. ft.	169,907				Completed with 2006 CFP – Will Revise to \$0 on Next Revision

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

PHA Name: MUSKOGEE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK056P09950107 Replacement Housing Factor Grant No:			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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	Replace Unit Plumbing Fixtures	1460	400 Units Kitchen & Bathroom Faucets (sink and shower)	88,819				
003 – Green Country Village	Repair Brick (Unit Exteriors)	1460	51 Buildings 2000 sq. ft.	50,000				
	Replace Bathroom Sinks	1460	100 Sinks	10,000				

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

PHA Name: MUSKOGEE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: OK056P09950107 Replacement Housing Factor No:			Federal FY of Grant: 2007		
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	09/12/2009			09/12/2011			
001	09/12/2009			09/12/2011			

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

PHA Name: MUSKOGEE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: OK056P09950107 Replacement Housing Factor Grant No:				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 Work
						Original	Revised	Funds Obligated	Funds Expended	
02	09/12/2009			09/12/2011						
003	09/12/2009			09/12/2011						

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

PHA Name: MUSKOGEE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK056P09950108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
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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
1	Total non-CFP Funds				
2	1406 Operations	60,726			
3	1408 Management Improvements	5,000			
4	1410 Administration	50,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	21,000			
10	1460 Dwelling Structures	278,000			
11	1465.1 Dwelling Equipment—Nonexpendable	50,000			
12	1470 Nondwelling Structures	40,000			
13	1475 Nondwelling Equipment	50,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	564,726			
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				

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

PHA Name: MUSKOGEE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK056P09950108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
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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
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: MUSKOGEE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK056P09950108 Replacement Housing Factor Grant No:				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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	1	60,726				
	Staff Training / Training Related Travel	1408	10 Employees	5,000				
	Capital Fund Salaries / Fringe	1410	1 Coordinator	50,000				
	A&E Fees	1430	1	10,000				
Administration Building	Replace Computer Systems (Hardware)	1475	(25) Desktop Computers (CPU & Monitor)	12,000				
	Purchase Management Vehicle	1475	1 Passenger Car	15,000				
	Landscaping	1450	500 sq. ft.	1,000				
	Replace Telephone System (Hardware)	1475	18 Telephone Sets / Controller System / Internal Voice Mail System	7,500				
001 – Port City Acres	Replace Unit Breaker Boxes	1465	25 Breaker Boxes	25,000				
	Replace Windows	1460	500 Windows	84,000				

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

PHA Name: MUSKOGEE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK056P09950108 Replacement Housing Factor Grant No:				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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	Replace Computer Systems (Hardware)	1475	(3) Desktop Computers (CPU & Monitor)	2,000				
	Install Guttering	1460	51 Buildings 4000 Linear Feet	50,000				
	Replace Power Tools	1475	10 Pieces of Equipment (Drills, Power Saws, Sanders, Router, Electrical Testing Equipment)	2,000				
	Construct Warehouse	1470	2000 sq. ft. Metal Building with Concrete Floor and Roll-Up Garage Door / Water, Electric Utility Service	20,000				
	Repair Porches/Sidewalks to Prevent Flooding	1450	1000 sq. ft.	10,000				

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

PHA Name: MUSKOGEE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK056P09950108 Replacement Housing Factor Grant No:				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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	Replace Telephone System (Hardware)	1475	5 Telephone Sets	1,500				
002 – Honor Heights Towers	Replace Boiler Water Tank	1460	1 Tank	10,000				
	Replace Computer Systems	1475	(4) Desktop Computers (CPU & Monitor)	3,000				
	Replace Telephone System (Hardware)	1475	5 Telephone Sets	1,500				
003 – Green Country Village	Replace Unit Breaker Boxes	1465	25 Breaker Boxes	25,000				
	Replace Windows	1460	500 Windows	84,000				
	Replace Computer Systems (Hardware)	1475	(3) Desktop Computers (CPU & Monitor)	2,000				
	Install Guttering	1460	51 Buildings 4000 Linear Feet	50,000				
	Replace Telephone System (Hardware)	1475	5 Telephone Sets	1,500				

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

PHA Name: MUSKOGEE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK056P09950108 Replacement Housing Factor Grant No:				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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	Repair Porches/Sidewalks to Prevent Flooding	1450	1000 sq. ft.	10,000				
	Replace Power Tools	1475	10 Pieces of Equipment (Drills, Power Saws, Sanders, Router, Electrical Testing Equipment)	2,000				
	Construct Warehouse	1470	2000 sq. ft. Metal Building with Concrete Floor and Roll-Up Garage Door / Water, Electric Utility Service	20,000				

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

PHA Name: MUSKOGEE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: OK056P09950108 Replacement Housing Factor No:				Federal FY of Grant: 2008	
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	08/01/2010			08/01/2012			
001	08/01/2010			08/01/2012			
002	08/01/2010			08/01/2012			
003	08/01/2010			08/01/2012			

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name : MUSKOGEE HOUSING AUTHORITY		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 2009 PHA FY: 2009	Work Statement for Year 3 FFY Grant: 2010 PHA FY: 2010	Work Statement for Year 4 FFY Grant: 2011 PHA FY: 2011	Work Statement for Year 5 FFY Grant: 2012 PHA FY: 2012
	Annual Statement				
HA Wide		114,226	99,658	99,658	99,658
001 – Port City Acres		102,500	0	0	32,534
002 – Honor Heights Towers		245,500	465,068	465,068	400,000
003 – Green Country Village		102,500	0	0	32,534
CFP Funds Listed for 5-year planning		564,726	564,726	564,726	564,726
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: 2009 PHA FY: 2009			Activities for Year: 3 FFY Grant: 2010 PHA FY: 2010		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See Annual Statement	HA Wide	Operations	49,226	HA Wide	Operations	34,658
		Staff Training / Training Related Travel	5,000		Staff Training / Training Related Travel	5,000
		Capital Fund Salaries / Fringe	50,000		Capital Fund Salaries / Fringe	50,000
		A&E Fees	10,000		A&E Fees	10,000
	001 – Port City Acres	Replace Playground Equipment / Surface	10,000	002 – Honor Heights Towers	Replace / Upgrade Fire Alarm System	465,068
		Replace Stoves / Refrigerators	7,500			
		Replace Lawn Equipment	10,000			
		Replace Fencing	75,000			
	002 – Honor Heights Towers	Replace A/C Drain Lines	200,000			
		Replace Benches / Picnic Tables	5,000			
		Replace Commercial Dishwasher	5,000			
		Replace Stoves / Refrigerators	7,500			
		Replace Warehouse Door	3,000			
		Replace Lighting (changeover to fluorescent)	25,000			

