

1.0	PHA Information PHA Name: <u>Mishawaka Housing Authority</u> PHA Code: <u>IN020</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>7/1/09</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>299</u> Number of HCV units: <u>307</u>																										
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:35%;">Participating PHAs</th> <th rowspan="2" style="width:10%;">PHA Code</th> <th rowspan="2" style="width:20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width:20%;">Programs Not in the Consortia</th> <th colspan="2" style="width:15%;">No. of Units in Each Program</th> </tr> <tr> <th style="width:5%;">PH</th> <th style="width:10%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:																										
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: No revisions have been made in the Annual Plan. (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <u>601 E. 11th Street, Mishawaka, IN 46544</u>																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																										
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.																										
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.																										
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.																										
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. N/A for high performer's annual plan.																										

9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. N/A for high performer's annual plan.
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested. N/A for high performer's annual plan.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Mishawaka Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Obligated	Total Actual Cost ¹ Expended
			Original	Revised ²		
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³		70,000			
3	1408 Management Improvements		20,000			
4	1410 Administration (may not exceed 10% of line 21)		43,490			
5	1411 Audit		6,000			
6	1415 Liquidated Damages					
7	1430 Fees and Costs		25,000			
8	1440 Site Acquisition					
9	1450 Site Improvement		175,410			
10	1460 Dwelling Structures		15,000			
11	1465.1 Dwelling Equipment—Nonexpendable		5,000			
12	1470 Non-dwelling Structures		30,000			
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name:	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant: FFY of Grant Approval:
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Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: Revised Annual Statement (revision no:)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost ¹	Expended
		Original	Revised ²		
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	434,900			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date
<i>[Signature]</i>		4/14/09			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFPP Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages

PHA Name: Mishawaka Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFPP (Yes/No): Replacement Housing Factor Grant No:		Federal FY of Grant: 2009		Status of Work	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised ¹	Total Actual Cost Funds Obligated ²	Funds Expended ²
IN-020-001	Dwelling Structures	1460		89,435			
	Plumbing						
	Electrical						
	Site Improvements	1450		15,000			
	Appliances	1465.1		5,000			
	Non-Dwelling Structures	1470		5,000			
HA-WIDE	Operations	1406		70,000			
	Mgt./Maintenance Improvements	1408		20,000			
	Administration	1410		43,490			
	Audit	1411		6,000			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

art I: Summary

HA Name/Number Mishawaka Housing Authority-IN020		Locality (City/County & State) Mishawaka, St. Joseph, Indiana			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013	
Physical Improvements Subtotal	Annual Statement 976,000	976,000	976,000	976,000	976,000	
Management Improvements	84,000	84,000	84,000	84,000	84,000	
PHA-Wide Non-dwelling Structures and Equipment	84,000	84,000	84,000	84,000	84,000	
Administration	172,000	172,000	172,000	172,000	172,000	
Other	60,000	60,000	60,000	60,000	60,000	
Operations	344,000	344,000	344,000	344,000	344,000	
Demolition						
Development						
Capital Fund Financing - Debt Service						
Total CFP Funds						
Total Non-CFP Funds						
Grand Total	1,720,000	1,720,000	1,720,000	1,720,000	1,720,000	

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2009	Work Statement for Year 2010			Work Statement for Year 2011		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	IN-020-001			IN-020-001		
	1430		5,000	1430		5,000
	1450		50,000	1450		50,000
	1460		67,200	1460		67,200
	1465.1		5,000	1465.1		5,000
	1470		5,000	1470		5,000
	1475		5,000	1475		5,000
	IN-020-002			IN-020-002		
	1430		5,000	1430		5,000
	1450		50,000	1450		50,000
	1460		40,400	1460		40,400
	1465.1		5,000	1465.1		5,000
	1470		2,000	1470		2,000
	1475		4,000	1475		4,000
	IN-020-003			IN-020-003		
	1430		3,000	1430		3,000
	1450		10,000	1450		10,000
	1460		13,400	1460		13,400
	1465.1 & 1475		7,000	1465.1 & 1475		7,000
	1470		3,000	1470		3,000
	Subtotal of Estimated Cost		\$280,000	Subtotal of Estimated Cost		\$280,000

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

art II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2009	Work Statement for Year 4			Work Statement for Year 5		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	IN-020-001			IN-020-001		
	1430		5,000	1430		5,000
	1450		50,000	1450		50,000
	1460		67,200	1460		67,200
	1465.1		5,000	1465.1		5,000
	1470		5,000	1470		5,000
	1475		5,000	1475		5,000
	IN-020-002			IN-020-002		
	1430		5,000	1430		5,000
	1450		50,000	1450		50,000
	1460		40,400	1460		40,400
	1465.1		5,000	1465.1		5,000
	1470		2,000	1470		2,000
	1475		4,000	1475		4,000
	IN-020-003			IN-020-003		
	1430		3,000	1430		3,000
	1450		10,000	1450		10,000
	1460		13,400	1460		13,400
	1465.1 & 1475		7,000	1465.1 & 1475		7,000
			3,000			3,000
	Subtotal of Estimated Cost		\$280,000	Subtotal of Estimated Cost		\$280,000

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Mishawaka HA

Grant Type and Number

Capital Fund Program Grant No: IN36P020501-06

Replacement Housing Factor Grant No:

Date of CFFP:

FFY of Grant: 2006
 FFY of Grant Approval: 2008

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-2008	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:)		Final Performance and Evaluation Report	
			Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	65,000.00		65,000.00	65,000.00	
3	1408 Management Improvements	22,598.38		22,598.38	22,598.38	
4	1410 Administration (may not exceed 10% of line 21)	45,290.00		45,290.00	45,290.00	
5	1411 Audit	6,000.00		6,000.00	6,000.00	
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	148,393.83		148,393.83	148,393.83	
10	1460 Dwelling Structures	118,486.30		118,486.30	118,486.30	
11	1465.1 Dwelling Equipment—Nonexpendable	25,673.00		25,673.00	25,673.00	
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition	21,543.49		21,543.49	21,543.49	
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2006	
PHA Name: Mishawaka HA		FFY of Grant Approval: 2008	
Grant Type and Number Capital Fund Program Grant No: IN36P020501-06			
Replacement Housing Factor Grant No:			
Date of CFFP:			

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-2008	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/>	Final Performance and Evaluation Report <input type="checkbox"/>	Total Estimated Cost		Total Actual Cost ¹	
					Original	Revised ²	Obligated	Expended
18a	Summary by Development Account							
18a	1501 Collateralization or Debt Service paid by the PHA							
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment							
19	1502 Contingency (may not exceed 8% of line 20)							
20	Amount of Annual Grant:: (sum of lines 2 - 19)				452,985.00		452,985.00	452,985.00
21	Amount of line 20 Related to LBP Activities							
22	Amount of line 20 Related to Section 504 Activities							
23	Amount of line 20 Related to Security - Soft Costs							
24	Amount of line 20 Related to Security - Hard Costs							
25	Amount of line 20 Related to Energy Conservation Measures							

Signature of Executive Director Colleen Olund 4/9/09 	Date	Signature of Public Housing Director	Date
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 Office of Public and Indian Housing
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 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Mishawaka Housing Authority	Grant Type and Number Capital Fund Program Grant No: IN36P020501-06 CFPP (Yes/No): Replacement Housing Factor Grant No:	Federal FFY of Grant: 2006
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Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
IN202-001	Non-dwelling Equipment	1475		1,776.29		1,776.29	1,776.29	Complete
Barbee Creek Village	Management/Maint Improvements	1408		9,947.12		9,947.12	9,947.12	Complete
	Dwelling Structures	1460		54,596.35		54,596.35	54,596.35	Complete
	Site Improvements	1450		116,783.14		116,783.14	116,783.14	Complete
	Appliances	1465.1		1,503.00		1,503.00	1,503.00	Complete
IN020-002	Non-dwelling Equipment	1475		11,323.54		11,323.54	11,323.54	Complete
River View 500	Dwelling Structures	1460		27,886.98		27,886.98	27,886.98	Complete
	Site Improvement	1450		26,438.48		26,438.48	26,438.48	Complete
	Dwelling Equipment	1465.1		3,234.00		3,234.00	3,234.00	Complete
	Operations	1406		65,000.00		65,000.00	65,000.00	Complete
	Management/Maintenance Improvements	1408		9,382.65		9,382.65	9,382.65	Complete

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
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Part III: Implementation Schedule for Capital Fund Financing Program
 PHA Name: Mishawaka Housing Authority

Federal FFY of Grant: 2006

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
IN020-001	9/08	9/08	9/10	9/08	
IN020-002	9/08	9/08	9/10	9/08	
IN020-003	9/08	9/08	9/10	9/08	
HA Wide	9/08	9/08	9/10	9/08	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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U.S. Department of Housing and Urban Development
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 Expires 4/30/2011

Part I: Summary

PHA Name: Mishawaka HA	Grant Type and Number Capital Fund Program Grant No: IN36F020501-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval: 2008
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-2008	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
				Original	Revised ²	Obligated	Expended
1	Total non-CFFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³			65,000.00		65,000.00	
3	1408 Management Improvements			22,500.00		2,093.95	
4	1410 Administration (may not exceed 10% of line 21)			40,000.00		40,000.00	
5	1411 Audit			6,000.00		6,000.00	
6	1415 Liquidated Damages						
7	1430 Fees and Costs			26,000.00			
8	1440 Site Acquisition						
9	1450 Site Improvement			53,080.00		21,082.36	
10	1460 Dwelling Structures			159,400.00		54,035.62	
11	1465.1 Dwelling Equipment—Nonependable			38,000.00		4,308.94	
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment			25,000.00		1,079.92	
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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 Office of Public and Indian Housing
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Part I: Summary		FFY of Grant: 2007	
PHA Name: Mishawaka HA	Grant Type and Number Capital Fund Program Grant No: IN36P020501-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2008	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	434,980.00		193,600.79	193,600.79
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-2008 <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Signature of Executive Director Colleen Olund 4/9/09		Signature of Public Housing Director	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Mishawaka Housing Authority		Grant Type and Number Capital Fund Program Grant No: IN36P020501-07 CFPP (Yes/No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2007		Status of Work	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Total Actual Cost Funds Obligated ²	Funds Expended ²	Status of Work
IN202-001	Non-dwelling Equipment	1475		25,000.00	1,079.92	1,079.92	Incomplete
Barbee Creek Village	ADA/Code/Safety	1450 & 1460		5,000.00			Incomplete
	Dwelling Structures	1460		75,200.00	42,785.34	42,785.34	Incomplete
	Site Improvements	1450		16,290.00	2,652.00	2,652.00	Incomplete
	Appliances	1465.1		15,000.00			Incomplete
	A&E	1430		5,000.00			Incomplete
IN020-002	ADA/Code/Safety	1450 & 1460		3,000.00			Incomplete
River View 500	Dwelling Structures	1460		63,200.00	6,683.52	6,683.52	Incomplete
	Site Improvement	1450		16,750.00	3,847.61	3,847.61	Incomplete
	Appliances	1465.1		20,000.00	2,843.60	2,843.60	Incomplete
	A&E	1430		18,000.00			Incomplete
IN020-003	ADA/Code/Safety	1450 & 1460		3,000.00			Incomplete
Battell School Apts	Dwelling Structures	1460		20,040.00	4,566.76	4,566.76	Incomplete
	Site Improvements	1450		10,000.00	14,582.75	14,582.75	Incomplete
	Appliances	1465.1		3,000.00	1,465.34	1,465.34	Incomplete
	A&E	1430		3,000.00			Incomplete

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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Part I: Summary

PHA Name: Mishwaka HIA	Grant Type and Number Capital Fund Program Grant No: IN36P020501-08 Replacement Housing Factor Grant No: Date of CFFP:	FY of Grant: 2008 FY of Grant Approval: 2008
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-2008	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
				Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³			65,000.00		65,000.00	65,000.00
3	1408 Management Improvements			22,500.00			
4	1410 Administration (may not exceed 10% of line 21)			47,300.00		47,300.00	47,300.00
5	1411 Audit			7,000.00		7,000.00	7,000.00
6	1415 Liquidated Damages						
7	1430 Fees and Costs			26,000.00			
8	1440 Site Acquisition						
9	1450 Site Improvement			53,000.00			
10	1460 Dwelling Structures			194,438.00			
11	1465.1 Dwelling Equipment—Nonexpendable			38,000.00			
12	1470 Non-dwelling Structures			5,000.00			
13	1475 Non-dwelling Equipment			15,000.00			
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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Part I: Summary

PHA Name: Mishawaka HA	Grant Type and Number Capital Fund Program Grant No: IN36P020501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2008 FFY of Grant Approval: 2008
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Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	473,238.00		119,300.00	119,300.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	20,000.00			
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	38,000.00			
Signature of Executive Director Colleen Omand 4/9/09 		Date	Signature of Public Housing Director		Date

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Part II: Supporting Pages

PHA Name: Mishawaka Housing Authority

Grant Type and Number
 Capital Fund Program Grant No: IN36P020501-08
 CFPP (Yes/No):
 Replacement Housing Factor Grant No:

Federal FFY of Grant: 2008

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
IN202-001	Non-dwelling Equipment	1475		15,000.00				Incomplete
Barbee Creek Village	ADA/Code/Safety							Incomplete
	Dwelling Structures	1460		81,308.00				Incomplete
	Site Improvements	1450		26,250.00				Incomplete
	Appliances	1465.1		15,000.00				Incomplete
	A&E	1430		5,000.00				Incomplete
	Nondwelling Structures	1470		5,000.00				Incomplete
IN020-002	ADA/Code/Safety							Incomplete
River View 500	Dwelling Structures	1460		90,050.00				Incomplete
	Site Improvement	1450		16,750.00				Incomplete
	Appliances	1465.1		20,000.00				Incomplete
	A&E	1430		18,000.00				Incomplete
IN020-003	ADA/Code/Safety							Incomplete
Battell School Apts	Dwelling Structures	1460		23,080.00				Incomplete
	Site Improvements	1450		10,000.00				Incomplete
	Appliances	1465.1		3,000.00				Incomplete
	A&E	1430		3,000.00				Incomplete

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