

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Housing Authority of Newport, KY</u> PHA Code: <u>KY015-01</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2009</u>																														
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>449</u> Number of HCV units: <u>512</u>																														
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																														
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																														
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>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:									
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<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																														
<b>5.1</b>	<b>Mission.</b> 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:																														
<b>5.2</b>	<b>Goals and Objectives.</b> 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.																														
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (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.  Indicator #3, PHA Policies Governing Eligibility, Selection and Admissions: The PHA now has a working requirement for its mixed-finance developments.  Indicator #8, Demolition and Disposition: The PHA plans to submit a Disposition Application for the remaining 171 units in the Peter G Noll development during this fiscal year.																														

7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p><b>Demolition and/or Disposition:</b> The PHA intends to submit a Disposition Application for the remaining 171 units at the Peter G Noll development, #KY015-001. The units range in size from one to four bedrooms with no fully accessible units. This development was constructed in the early 1950's and is obsolete and isolated from the mainstream of the rest of the city. The PHA plans the disposition as a continuing effort to deconcentrate its public housing residents.</p> <p>The PHA plans to submit the Disposition Application sometime during the fiscal year, and it may be for either part of or the entire development. Planned disposition activities will begin upon approval of the disposition application. The PHA plans to enter into an agreement with the Campbell County Fiscal Court for possible future mixed-finance affordable housing developments outside the City of Newport.</p> <p><b>Homeownership:</b> The PHA currently administers a Section 8 Homeownership program, currently consisting of 21 homeowners. This program is ongoing and the PHA plans to continue these efforts.</p> <p>The PHA is also administering CDBG grant in partnership with Campbell County, to provide soft-second financing for 24 homebuyers of units constructed as part of the PHA's HOPE VI grant. Fifteen of these homes have sold. The PHA plans to continue partnerships with the City of Newport and Campbell County for future CDBG and Neighborhood Stabilization Funding to continue to provide homeownership and affordable housing opportunities for low to moderate income families.</p> <p>The PHA is also in the process of establishing a CHDO, as a means through which additional partnerships are possible to pursue a variety of affordable housing opportunities throughout Campbell County.</p> <p><b>Project-Based Vouchers:</b> The PHA currently administers 32 PBV at Saratoga Place Apartments, a low-income elderly development located in the City of Newport. The PHA also plans to pursue other PBV partnerships with transitional housing agencies, or other agencies providing quality affordable housing opportunities for homeless families.</p> <p><b><i>Violence Against Women Act:</i></b> In September 2006, the HAN circulated a notice to all residents via resident newsletters and general postings, outlining the Act and how it affects public housing and Section 8 residents. Since that time, all termination letters have the following required language so the resident knows their rights under the act:</p> <p><b><i>If you believe this eviction/termination action is a result of an instance of domestic violence, dating violence, sexual assault or stalking, you may qualify for protection against this termination under the Violence Against Women Act (VAWA). If you believe you qualify for this protection, contact our office immediately. You will be required to certify your claim and provide documentation to support it.</i></b></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> 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.</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> 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.</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><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.</p>

**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.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Location
Income <= 30% of AMI	3,855	N/A	N/A	N/A	N/A	N/A	N/A
Income >30% but <=50% of AMI	1,940	N/A	N/A	N/A	N/A	N/A	N/A
Income >50% but <80% of AMI	891	N/A	N/A	N/A	N/A	N/A	N/A
Elderly	5,138	N/A	N/A	N/A	N/A	N/A	N/A
Families with Disabilities	N/A						

9.0

### Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- Section 8 tenant-based assistance  
 Public Housing  
 Combined Section 8 and Public Housing  
 Public Housing Site-Based or sub-jurisdictional waiting list (optional)  
 If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	183		92
Extremely low income <=30% AMI	157	86	
Very low income (>30% but <=50% AMI)	12	13	
Low income (>50% but <80% AMI)	3	1	
Families with children	95	52	
Elderly families	9	4	
Families with Disabilities	9	4	
Race/ethnicity African American	73	40	
Race/ethnicity Asian	1	<1%	
Race/ethnicity			
Race/ethnicity			

Is the waiting list closed (select one)?  No  Yes

If yes:

**HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?**

Does the PHA expect to reopen the list in the PHA Plan year?  No  Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed?

No  Yes

### Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- Section 8 tenant-based assistance  
 Public Housing Peter G. Noll  
 Combined Section 8 and Public Housing  
 Public Housing Site-Based or sub-jurisdictional waiting list (optional)  
 If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	213		66
Extremely low income <=30% AMI	197	92	
Very low income (>30% but <=50% AMI)	14	7	
Low income			

Housing Needs of Families on the Waiting List			
(>50% but <80% AMI)	2	1	
Families with children	114	54	
Elderly families	1	<1%	
Families with Disabilities	2	1%	
Race/ethnicity African American	109	51	
Race/ethnicity Asian	1	<1%	
Race/ethnicity Pacific Islander	2	1%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	81	38	10
2 BR	58	27	30
3 BR	60	28	18
4 BR	14	6	8
5 BR			
5+ BR			
Is the waiting list closed (select one)? X No <input type="checkbox"/> Yes			
If yes:			
<b>HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?</b>			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
X No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
X Public Housing Grand Towers			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	35		22
Extremely low income <=30% AMI	30	86	
Very low income (>30% but <=50% AMI)	5	14	
Low income (>50% but <80% AMI)	0	0	
Families with children	0		
Elderly families	35	100	
Families with Disabilities	4	11	
Race/ethnicity African			

Housing Needs of Families on the Waiting List			
American	2	5	
Race/ethnicity Pacific Islander	1	<1%	
Race/ethnicity Asian			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	35	100	22
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? X No <input type="checkbox"/> Yes			
If yes:			
<b>HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?</b>			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
X No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
X Public Housing Liberty Housing, Central Housing, City-Wide Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	270		N/A New Developments, No data
Extremely low income <=30% AMI	229	85	
Very low income (>30% but <=50% AMI)	30	11	
Low income (>50% but <80% AMI)	10	3	
Families with children	163	60	
Elderly families	12	4	
Families with Disabilities	14	5	
Race/ethnicity African American	122	45	
Race/ethnicity Asian	3	1	
Race/ethnicity Pacific Islander	2	1	
Race/ethnicity			

Housing Needs of Families on the Waiting List			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	90	33	N/A
2 BR	82	30	N/A
3 BR	86	31	N/A
4 BR	14	5	N/A
5 BR			
5+ BR			
Is the waiting list closed (select one)? X No <input type="checkbox"/> Yes			
If yes:			
<b>HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?</b>			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
X No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
X Public Housing Corpus Christi			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	14		2
Extremely low income <=30% AMI	13	92	
Very low income (>30% but <=50% AMI)	0	0	
Low income (>50% but <80% AMI)	1	7	
Families with children	0		
Elderly families	14	100	
Families with Disabilities	1	7	
Race/ethnicity African American	1	7	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	14	100	2
Is the waiting list closed (select one)? X No <input type="checkbox"/> Yes			
If yes:			
<b>HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?</b>			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
X No <input type="checkbox"/> Yes			

<p>9.1</p>	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p>The PHA will maximize the number of affordable units in its inventory by reducing the turnover time for vacated units. The PHA also plans to apply for additional Section 8 Vouchers in the fiscal year, and plans a partnership with Campbell County for a mixed-finance elderly development outside the City of Newport. The PHA also plans to apply for funding through the Neighborhood Stabilization Program for the purchase and rehabilitation of foreclosure properties to be used in affordable rental and homeownership programs. The PHA will partner with the City of Newport for Community Development Block Grant funding for the continuation of affordable homeownership programs. The PHA will also continue to pursue other partnerships to address the housing needs within its jurisdiction, such as The Interfaith Hospitality Network which provides transitional housing to homeless families.</p>
<p>10.0</p>	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</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>The HAN is in the process of completing its HOPE VI replacement housing developments. To date, fifty one (51) replacement rental units are complete and on-line. The Liberty Housing Development is complete and the Central Housing and City-Wide developments are expected to be completed within the next nine (9) months, completing the HOPE VI replacement construction.</p> <p>The HAN plans to submit a disposition plan for the remaining Peter G. Noll Site within the Plan year. The disposition of this property is necessary due to the obsolescence of the buildings and will allow HAN to continue its efforts of deconcentration of public housing. The HAN plans to partner with the Campbell County Fiscal Court for the development of affordable housing outside the City of Newport. The HAN will also apply for additional Section 8 Housing Choice Voucher funding in conjunction with the disposition plan.</p> <p>The Agency continues to provide homeownership opportunities to the low-income residents of Newport, also part of the HOPE VI program. The Community Investment Partnership Program (CIPP) was closed at the end of October 2007. Through this program, The HAN assisted 65 homebuyers, with incomes at 80% of AMI or below, with existing home purchases, using HOPE VI funds to provide soft-second funding. In addition, construction is almost complete on the second and third phase of new homes (Liberty and Saratoga Homeownership), consisting of 23 newly constructed three (3) and four (4) bedroom homes. In a partnership with the Campbell County Fiscal Court, the Authority is administering a \$1 million CDBG Grant to assist low to moderate income homebuyers with the purchase of these homes. The HAN has sold 15 homes to date and has signed purchase contracts on all but two of the remaining homes in these developments.</p> <p>The Section 8 Department has also increased its homeownership participation over the past twelve months, and continues to work closely with the areas homeownership counselors to ensure continued success with this program.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>The Housing Authority defines “Significant Amendment” as an amendment that would be submitted should a substantial deviation or modification to the plan occur. A substantial deviation or modification would be one in which the Housing Authority no longer intends to implement an activity or program as outlined in the Plan (excluding programs and activities that have been postponed until the following plan year), or one in which the goals or objectives of the Authority change.</p>

<b>11.0</b>	<p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(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)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(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.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>
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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, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide 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 is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 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 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. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

## **Instructions form HUD-50075**

**Applicability.** This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

### **1.0 PHA Information**

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

### **2.0 Inventory**

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

### **3.0 Submission Type**

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

### **4.0 PHA Consortia**

Check box if submitting a Joint PHA Plan and complete the table.

### **5.0 Five-Year Plan**

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

**5.1 Mission.** A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

**5.2 Goals and Objectives.** Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

**6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

#### **PHA Plan Elements.** (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. (**Note: applies to only public housing.**)
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: **(i)** A description of the need for measures to ensure the safety of public housing residents; **(ii)** A description of any crime prevention activities conducted or to be conducted by the PHA; and **(iii)** A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

#### 7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: [http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)  
**Note:** This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert;

2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 **Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 **Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

#### 8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 **Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-

year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

**9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**9.1 Strategy for Addressing Housing Needs.** Provide a 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: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

**11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

**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

<b>Part I: Summary</b>						
PHA Name/Number <b>HOUSING AUTHORITY OF NEWPORT</b>		Locality (City/County & State) <b>NEWPORT, KENTUCKY</b>			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No:	
A.	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____
B.	HA-Wide	Annual Statement	\$271,268	\$271,268	\$271,268	\$231,268
C.	Equipment		\$20,000	\$20,000	\$0	\$40,000
D.	Various AMPs		\$323,078	\$323,078	\$323,078	\$323,078
E.	Future Development		\$245,244	\$245,244	\$265,244	\$265,244
F.	Total CFP Funds estimated		\$859,590	\$859,590	\$859,590	\$859,590











<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 NEWPORT		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY 36P01550107 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2007
<b>Original Annual Statement</b> <input type="checkbox"/> Reserve for Disasters/ Emergencies		<b>Revised Annual Statement (revision no: 3 )</b>			
<b>Performance and Evaluation Report for Period Ending 9/30/08</b>		<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	44,135	43,044	25,253	25,253
3	1408 Management Improvements	141,274	141,274	69,564	69,563
4	1410 Administration	85,959	85,959		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		1,091	1,091	1,091
8	1440 Site Acquisition	300,000			
9	1450 Site Improvement	14,500	14,500	6,000	6,000
10	1460 Dwelling Structures	194,796	494,796	12,890	12,890
11	1465.1 Dwelling Equipment—Nonexpendable	6,150	6,150	770	770
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	72,776	72,776	2,618	2,618
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)	<b>859,590</b>	<b>859,590</b>	<b>118,185</b>	<b>118,185</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				

**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 NEWPORT</b>		Grant Type and Number Capital Fund Program Grant No: <b>KY 36P01550107</b>			Federal FY of Grant: <b>2007</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	
Peter G. Noll KY36P015-001	• Defer increasing costs of operations	1406		44,135	32,629	14,838	14,838	
	• Improvements to community center, continue to provide Newport Police foot patrols	1408		141,274	118,028	46,317	46,317	
	• Lease garage for maintenance	1430		0	1,091	1,091	1,091	
	• Repair sidewalks	1450		14,500	14,500	6,000	6,000	
	• Provide funds for emergency repairs as well as scheduled repairs on roof and gutters	1460		194,796	182,639	733	733	
	• Provide equipment and large appliances for dwelling units	1465.1		6,150	6,150	770	770	
	• Update camera system, purchase ladder/lift, purchase computers for a lab, and replace exercise equipment in the community center	1475		72,776	72,776	2,618	2,618	
Grand Towers KY36P015-004	Defer increasing costs of operations	1406		0	2,555	2,555	2,555	





**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 NEWPORT	Grant Type and Number Capital Fund Program Grant No: KY 36R01550108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
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XX Original Annual Statement  Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )  
Performance and Evaluation Report for Period Ending 9/30/08  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				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition	58,311	58,311		
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>58,311</b>	<b>58,311</b>		
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 NEWPORT	Grant Type and Number Capital Fund Program Grant No: KY 36R01550108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
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XX Original Annual Statement  Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending 9/30/08  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				





## 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 NEWPORT		Grant Type and Number Capital Fund Program Grant No: KY 36P01550108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008	
XX Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies		Revised Annual Statement (revision no: )				
Performance and Evaluation Report for Period Ending 9/30/08		<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	52,049	52,049			
3	1408 Management Improvements	99,450	99,450			
4	1410 Administration	56,469	56,469			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	89,500	89,500	1,818	1,818	
10	1460 Dwelling Structures	265,222	265,222			
11	1465.1 Dwelling Equipment—Nonexpendable	2,000	2,000			
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)	<b>564,690</b>	<b>564,690</b>	<b>1,818</b>	<b>1,818</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					

**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 NEWPORT	Grant Type and Number Capital Fund Program Grant No: KY 36P01550108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
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**XX Original Annual Statement**  **Reserve for Disasters/ Emergencies**  **Revised Annual Statement (revision no: )**  
**Performance and Evaluation Report for Period Ending 9/30/08**  **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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 II: Supporting Pages**

PHA Name: <b>HOUSING AUTHORITY OF NEWPORT</b>		Grant Type and Number Capital Fund Program Grant No: <b>KY 36P01550108</b>			Federal FY of Grant: <b>2008</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	
PHA-WIDE OPERATIONS	• Defer increasing costs of operations of PHA to sites	1406		52,049	52,049			
	• Pro-rate salaries for grant administration	1410		56,469	56,469			
	• Construction of new PHA units	1460		200,000	200,000			

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

PHA Name: <b>HOUSING AUTHORITY OF NEWPORT</b>		Grant Type and Number Capital Fund Program Grant No: <b>KY 36P01550108</b>			Federal FY of Grant: <b>2008</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	
KY 15-1 PETER G. NOLL	Costs of utilities, maintenance & staffing at the Housing Authority Community Center	1408		43,850	43,850			
	Continue to provide Newport Police foot patrol during evening hrs for security	1408		35,800	35,800			
	Lease warehouse for Maintenance operations	1408		19,800	19,800			
	Costs of repairs to sidewalks and to reseal parking lots	1450		81,000	81,000	1,818	1,818	
	Emergency Repairs and replacement of roofs and gutters	1460		20,222	20,222			
	Purchase of large appliances for dwelling units	1465		2,000	2,000			





## 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 NEWPORT		Grant Type and Number Capital Fund Program Grant No: KY 36P01550109 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009	
XX Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies      Revised Annual Statement (revision no: ) 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	40,849				
3	1408 Management Improvements	83,850				
4	1410 Administration	56,469				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	28,722				
10	1460 Dwelling Structures	235,800				
11	1465.1 Dwelling Equipment—Nonexpendable	17,000				
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment	17,000				
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs	85,000				
18	1499 Development Activities					
19	1501 Collateralization or Debt Service					
20	1502 Contingency					
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>564,690</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					

**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 NEWPORT	Grant Type and Number Capital Fund Program Grant No: KY 36P01550109 Replacement Housing Factor Grant No:	Federal FY of Grant: 2009
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XX Original Annual Statement  Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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 II: Supporting Pages**

PHA Name: <b>HOUSING AUTHORITY OF NEWPORT</b>		Grant Type and Number Capital Fund Program Grant No: <b>KY 36P01550109</b>			Federal FY of Grant: <b>2009</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	
PHA-WIDE OPERATIONS	• Defer increasing costs of operations of PHA to sites	1406		30,849				
	• Marketing for PHA and new units	1406		10,000				
	• Upgrade software and replace obsolete computers	1408		40,000				
	• Pro-rate salaries for grant administration	1410		56,469				
	• Construction of new PHA units	1460		114,800				

**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 NEWPORT</b>		Grant Type and Number Capital Fund Program Grant No: <b>KY 36P01550109</b>			Federal FY of Grant: <b>2009</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	
KY 15-1 PETER G. NOLL	Costs of utilities, maintenance & staffing at the Housing Authority Community Center	1408		43,850				
	Costs of repairs to sidewalks and to reseal parking lots	1450		20,222				
	Emergency Repairs and replacement of roofs and gutters	1460		81,000				
	Purchase of large appliances for dwelling units	1465		2,000				
	Purchase of new vehicle for maintenance Staff	1475		17,000				
	Relocation costs for displaced residents	1495.1		85,000				
KY 15-4 GRAND TOWERS	Replace 26 air conditioner units	1465		15,000				
	Floor replacement in 5 apartments	1460		10,000				
	Exterior window washing	1460		10,000				
	Seal parking lot	1450		6,000				
	Keyless Entry system for security of Grand Towers residents	1460		20,000				





