

<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>Grayling Housing Commission</u> PHA Code: <u>MI 047</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>88</u> Number of HCV units: <u>130</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.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
<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:  N/A				
<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>	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <u>None</u> Summary of Policy and Program Changes</p> <p>The GHC has not made nor intends to make any major policy or program changes in 2009 except to increase its minimum rent from zero. Local preferences were established and will not change, rent policies remain the same, community service policy parameters were included in our lease and ACOP and our family development pet policy has been implemented.</p> <p>To respond to low safety scoring on previous RASS survey's the GHC has begun and will continue to utilize its monthly newsletter to constantly remind residents of safety, existing crime prevention program that is in place and available to each resident.</p> <p>The GHC will continue and strive to improve its PM program to address potential broken/damaged entry door locks.</p> <p>In addition, the GHC will hold quarterly resident meetings to insure that residents have the ability to air concerns and that staff explains current crime prevention program and new ones that may be implemented in the future.</p> <p>(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. PHA Plans are available for public inspection at the GHC main Administrative Offices.</p>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable. N/A				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<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.  2009 Annual Plan, 2008 Performance and Evaluation Report, 2007 Performance and Evaluation Report and 2006 Performance and Evaluation Report).				

8.2	<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. <b>2010-2013 Five-Year Action Plan</b>
8.3	<b>Capital Fund Financing Program (CFFP).</b> <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	<b>Housing Needs.</b> 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>(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).</b>

**Statement of Housing Needs** [24 CFR Part 903.12 (b), 903.7(a)]

**A. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists**

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

<b>Housing Needs of Families on the PHA's Waiting Lists</b>			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input checked="" 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	342		57
Extremely low income <=30% AMI	137	40	
Very low income (>30% but <=50% AMI)	103	30	
Low income (>50% but <80% AMI)	3	9	
Families with children	136	39	
Elderly families	26	7	
Families with Disabilities	55	16	
Race/ethnicity	335	97	
Race/ethnicity	7	3	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1 BR	64		
2 BR	32		
3 BR	36		
4 BR	16		
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes			

9.1	<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>
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**Strategy for Addressing Needs**

Provide a brief description of the PHA's strategy for addressing the housing needs of families on the PHA's public housing and Section 8 waiting lists **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

**(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below) Maintain current criteria for this type of assistance.

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below) Maintain current practices with regard to marketing.

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below) Maintain current practices that allow Section 8 clients the ability to choose to live where ever they can afford rent in the area within 30 miles of the City of Grayling.

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below) NONE

<b>10.0</b>	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested. <b>(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).</b></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>Progress in meeting the 5-Year Plan Mission and Goals</p> <p>The GHC has been able to maintain its mission to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination through the utilization of previous Capital funds and the proper application of our public housing policies.</p> <p>We are continuing to address public housing vacancies very aggressively and our PHAS scores indicate that other operational issues are being positively addressed.</p> <p>Capital funds have been utilized to provide modernization of our property and our FY 2009 application will continue that effort.</p> <p>GHC has implemented local preferences and increase the minimum rent to improve the living environment by deconcentration, promoting income mixing, and improving security throughout our developments.</p> <p>The GHC created and continues to facilitate self-sufficiency programs to improve resident employability as well as solicit support services for the elderly and families with disabilities.</p> <p>The implementation of a family pet policy has provided the opportunity for residents to enjoy pets within a regulated environment.</p> <p>We are confident that the GHC will be able to continue to meet and accommodate all our goals and objectives for FY 2009.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>
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## The Grayling Housing Commission's (GHC)

Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

#### A. Substantial Deviation from the 5-year Plan:

The Public Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification is as follows:

- changes to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not intended in the current 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and
- any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

#### B. Significant Amendment or Modification to the Annual Plan:

The Public Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification is as follows:

- changes to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not intended in the current Annual Statement) or change in use of replacement reserve funds under the Capital Fund; and
- any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

#### Memorandum of Agreement (MOA) statement

The GHC submitted its January 2009 monthly MOA status report (see attached) we have met those financial indicators as defined in the MOA.

In addition the agency has enacted several other procedures that will assist in controlling cost. The items we are currently working on are:

1. Continue to reduce are TAR's.
2. Hired a part-time Section 8 employee to replace the previous full time employee.
3. The new Executive Director is in place with an annual salary less than the former Executive Director.
4. The Board has determined that there will be no raises for staff for fiscal year 2009.
5. GHC has begun to perform in-house many repairs that were formally contracted out.
6. Staff has improved its ability to track utility consumption of the property.

**11.0 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.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)
- (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. 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.
- (g) Challenged Elements
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only)
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

**11.0 (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.**

**(1) Resident Advisory Board Recommendations**

a.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?  
If yes, provide the comments below:

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

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments

**11.0 (g) Challenged Elements**

There were no elements within the GHC annual plan that were challenged by residents, staff, Board of Commissioners or the general public.

**Supplemental Information**

The FY 2009 operating budget is attached.

**U.S. Department of Housing and Urban Development**

Detroit Field Office  
Office of Public Housing  
Patrick V. McNamara Federal Building  
477 Michigan Avenue, Room 1710  
Detroit, MI 48226-2592  
Tel. (313) 226-7900 FAX (313) 226-6160

**FEB 24 2009**

Ms. Jennie Hatfield  
Executive Director  
Grayling Housing Commission  
308 Lawndale  
Grayling, MI 49738

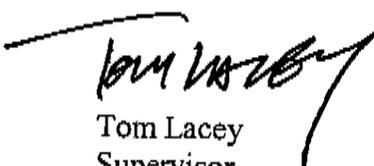
Dear Ms. Hatfield:

SUBJECT: MOA Progress Report – January 31, 2009

The Detroit Office of Public Housing received the Grayling Housing Commission's Memorandum of Agreement (MOA) progress report for the month of January 31, 2009 on February 17, 2009. Based on a review of the Commission's January 31, 2009 MOA progress report which included data or scores for Sub-Indicator No. 1 - *Current Ratio* of 9.00, Sub-Indicator No. 2 - *Expendable Fund Balance* of 7.48, and Sub-Indicator No. 3 - *Tenant Receivable Outstanding* of 4.50, the Commission is meeting its third quarter targets of 6.5 for Sub-Indicator No. 1, 6.0 for Sub-Indicator No. 2, and 4.0 for Sub-Indicator No. 3.

My staff will continue to monitor your progress throughout the remaining term of the MOA. If you have any questions concerning actions required to maintain or improve performance to ensure a passing score of 18 or more, please contact Chuck Cutting, Financial Analyst, at (313) 226-7900, Extension 8109, or Anne Fiskens, Public Housing Revitalization Specialist, at Extension 8101.

Sincerely,



Tom Lacey  
Supervisor  
Office of Public Housing

Progress Report

Public reporting and recordkeeping burden for the collection of information is estimated to average 30.13 hours depending on the size of Public Housing Agency (PHA). This includes the time for collecting, reviewing, and reporting the data. The information will be used for monitoring PHA progress in bringing performance up to standard levels. Response to this request for information is required in order to receive the benefits to be derived, including eligibility to apply for funding. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

PHA Name: **Grayling Housing Commission**  
MOA Term: **06/01/08 thru 5/31/09**

PHA FYE: **3/31/2007**

**Progress Report**  
for  
Reporting period ending  
**MM/DD/YY**

**I certify that all of the information in this report is true and accurate, to the best of my knowledge; this information has been/will be shared with the Board.**

Jennie M. Hatfield, Executive Director

02/17/09

Typed name/title:

Date







**Operating Budget**

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

OMB Approval No. 2577-0028 (exp. 10/31/07)

Public reporting burden for the collection of information is estimated to average 116 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Office, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0028), Washington, D.C. 20503. Do not send this completed form to either of the above addresses.

a. Type of Submission <input type="checkbox"/> Original <input checked="" type="checkbox"/> Revision No. 1		b. Fiscal Year Ending March 31, 2009	c. No. of months (check one) <input checked="" type="checkbox"/> 12 mo. <input type="checkbox"/> Other (specify)	d. Type of HUD assisted project(s) 01 <input checked="" type="checkbox"/> PHA/IHA-Owned Rental Housing 02 <input type="checkbox"/> IHA-Owned Mutual Help Homeownership 03 <input type="checkbox"/> PHA/IHA-Leased Rental Housing 04 <input type="checkbox"/> PHA/IHA-Owned Turnkey III Homeownership 05 <input type="checkbox"/> PHA/IHA Leased Homeownership	
e. Name of Public Housing Agency / Indian Housing Authority (PHA/IHA) <b>Grayling Housing Commission</b>				i. HUD Field Office <b>Detroit Michigan</b>	
f. Address (city, state, zip code) <b>P O Box 460 Grayling Michigan 49738</b>				h. PAS / LOCCS Project No. <b>MI04700197M</b>	
g. ACC Number <b>C-3008</b>					
j. No. of Dwelling Units <b>88</b>	k. No. of Unit Months Available <b>1,056</b>	m. No. of Projects <b>2</b>			

Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. PUM (2)	<input type="checkbox"/> Estimates or Actual Current Budget PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)
<b>Homebuyers Monthly Payments For:</b>								
010	7710	Operating Expenses						
020	7712	Earned Home Payments						
030	7714	Nonroutine Maintenance Reserve						
040	Total	Break-Even Amount (sum of lines 010, 020, and 030)	-	-	-	-	-	-
050	7716	Excess/Deficit in Break-Even Amount						
060	7780	Homebuyers Monthly Payments (Gross)						
<b>Operating Receipts</b>								
070	3110	Dwelling Rentals	-	-	242.90	266,600		
080	3120	Excess Utilities	-	-	0.80	650		
090	3190	Nondwelling Rentals	-	-	11.36	12,000		
100	Total Rental Income (sum of lines 070, 080, and 090)		-	-	255.07	269,360		
110	3610	Interest on Gen Fund Investments	-	-	0.80	650		
120	3690	Other Operating Receipts	-	-	23.67	25,000		
130	Total Operating Income (sum of lines 100, 110, and 120)		-	-	279.55	295,200		
<b>Operating Expenditures - Administration:</b>								
140	4110	Administrative Salaries	-	-	57.59	60,819		
150	4130	Legal Expense	-	-	1.42	1,600		
160	4140	Staff Training	-	-	1.42	1,500		
170	4150	Travel	-	-	1.42	1,500		
180	4170	Accounting Fees	-	-	4.31	4,650		
190	4171	Auditing Fees	-	-	2.84	3,000		
200	4190	Other Administrative Expenses	-	-	21.69	22,900		
210	Total Administrative Expense (sum of line 140 thru line 200)		-	-	90.69	95,769		
<b>Tenant Services:</b>								
220	4210	Salaries	-	-	-	-		
230	4220	Recreation, Publications and Other services	-	-	-	-		
240	4230	Conceded Costs, Training and Other	-	-	-	-		
250	Total Tenant Services Expense (sum of lines 220, 230, and 240)		-	-	-	-		
<b>Utilities:</b>								
260	4310	Water	-	-	14.14	14,930		
270	4320	Electricity	-	-	23.79	25,126		
280	4330	Gas	-	-	62.84	65,800		
290	4340	Fuel	-	-	-	-		
300	4350	Labor	-	-	-	-		
310	4380	Other utilities expense	-	-	-	-		
320	Total Utilities Expense (sum of line 260 thru line 310)		-	-	90.77	95,856		

Name of PHA / IHA Grayling Housing Commission			Fiscal Year Ending March 31, 2009					
Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. PUM (2)	<input type="checkbox"/> Estimates <input type="checkbox"/> or Actual Current Budget PUM (3)	Requested Budget Estimates			
					PHA/HA Estimates		HUD Modifications	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)
<b>Ordinary Maintenance and Operation</b>								
330	4410	Labor						
340	4420	Materials			35	36969		
350	4430	Contract Costs	145.68		33.64	35,625		
360	Total Ordinary Maintenance & Operation Expense (sum of lines 330 to 350)		145.68		32.06	33,860		
<b>Protective Services</b>								
370	4460	Labor						
380	4470	Materials						
390	4480	Contract Costs						
400	Total Protective Services Expense (sum of lines 370 to 390)				100.69	106,334		
<b>General Expense:</b>								
410	4510	Insurance						
420	4520	Payments in Lieu of Taxes			16.24	17,150		
430	4530	Terminal Leave Payments			16.43	17,350		
440	4540	Employee Benefit Contributions						
450	4570	Collection Losses			63.84	66,650		
460	4690	Other General Expense			3.64	3,848		
470	Total General Expense (sum of lines 410 to 460)							
480	Total Routine Expense (sum of lines 310, 320, 330, 340, 400, and 470)		145.68		90.15	95,188		
<b>Rent for Leased Dwellings:</b>								
490	4710	Rents to Owners of Leased Dwellings			372.31	393,155		
500	Total Operating Expense (sum of lines 480 and 490)		145.68		372.31	393,155		
<b>Nonroutine Expenditures:</b>								
510	4810	Extraordinary Maintenance						
520	7520	Replacement of Nonexpendable Equipment						
530	7540	Property Betterments and Additions						
540	Total Nonroutine Expenditures (sum of lines 510, 520, and 530)							
550	Total Operating Expenditures (sum of lines 500 and 540)		145.68		372.31	393,155		
<b>Prior Year Adjustments:</b>								
560	6010	Prior Year Adjustments Affecting Residual Receipts						
<b>Other Expenditures:</b>								
570		Deficiency in Residual Receipts at End of Preceding Fiscal Yr.						
580	Total Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 560 plus line 570)		145.68		372.31	393,155		
590	Residual Receipts (or Deficit) before HUD Contributions and provision for operating reserve (line 130 minus line 580)		(145.68)		(92.76)	(97,955)		
<b>HUD Contributions:</b>								
600	8010	Basic Annual Contribution Earned - Leased Projects - Current Year						
610	8011	Prior Year Adjustments - (Debit) Credit						
620	Total Basic Annual Contribution (line 600 plus or minus line 610)							
630	8020	Contributions Earned - Op. Sub. - Cur. Yr. (before year-end adj)			136.88	144,525		
640		Mandatory PFS Adjustments (net):						
650		Other (specify):						
660		Other (specify):						
670	Total Year-end Adjustments/Other (plus or minus lines 640 thru 660)							
680	8020	Total Operating Subsidy-current year (line 630 plus or minus line 670)			136.88	144,525		
690	Total HUD Contributions (sum of lines 620 and 680)				136.88	144,525		
700	Residual Receipts (or Deficit) (sum of line 590 plus line 690) Enter here and on line 810		(145.68)		44.1	46,571		

Name of PHA / IHA <b>Grayling Housing Commission</b>		Fiscal Year Ending <b>March 31, 2009</b>	
<b>Operating Reserve</b>			
<b>Part I - Maximum Operating Reserve - End of Current Budget Year</b>			
740	2821	PHA/HA Estimate	HUD Modifications
PHA/HA - Leased Housing - Section 23 or 10(c) 50% of Line 480, column 5, form HUD-62564			

<b>Part II - Provision for and Estimated or Actual Operating Reserve at Fiscal Year End</b>			
780	Operating Reserve at End of Previous Fiscal Year - Actual for FYE (date):		
790	Provision for Operating Reserve - Current Budget Year (check one)		259,260
	<input type="checkbox"/> Estimated for FYE		
	<input checked="" type="checkbox"/> Actual for FYE 03/31/2008		
800	Operating Reserve at end of Current Budget Year (check one)		76,827
	<input checked="" type="checkbox"/> Estimated for FYE 03/31/2009		
	<input type="checkbox"/> Actual for FYE		
810	Provision for Operating Reserve - Requested Budget Year Estimated for FYE		338,095
	Enter Amount from line 700		
820	Operating Reserve at End of Requested Budget Year Estimated for FYE		48,571
	(Sum of lines 800 and 810)		
830	Cash Reserve Requirement - % of line 480		382,642

Comments

PHA / IHA Approval

Name

**JENNIE HATFIELD**

Title

**Executive Director**

Signature

Date

**02/09/2009**

Field Office Approval

Name

Title

Signature

Date

Previous editions are obsolete

**Operating Budget  
Schedule of Administration  
Expense Other Than Salary**

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

OMB Approval No. 2577-0026 (Exp. 10/31/07)

Public Reporting Burden for this collection of information is estimated to average 1.0 hour 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), Washington, D.C. 20503. Do not send this completed form to either of the above addresses.

Name of Local Authority		Locality:			Fiscal Year End:	
Grayling Housing Commission		P O Box 450 Grayling Michigan 49738			March 31, 2009	
(1) Description	(2) Total	(3) Management	(4) Development	(5) Section 8	(6) Other	
1 Legal Expense (See Special Note in Instructions)	\$ 2,500	\$ 1,500		\$ 1,000		
2 Training (list and provide justification)	4,000	1,500		2,500		
3 Travel						
Trips To Conventions and Meetings (list and provide justification)	3,000	1,500		1,500		
4 Other LHA Travel:						
Outside Area of LHA Jurisdiction						
5 Within Area of LHA Jurisdiction						
6 Total Travel	3,000	1,500		1,500		
7 Accounting	5,600	4,550		1,050		
8 Auditing	7,000	3,000		4,000		
Sundry						
9 Rental of Office Space						
10 Publications	1,200	600		600		
11 Membership Dues and Fees (list organization and amount)	1,200	600		600		
12 Telephone, Fax, Electronic Communications	12,750	7,000		5,750		
13 Collection Agent Fees and Court Costs	1,200	1,200				
14 Administrative Services Contract						
15 Forms, Stationary and Office Supplies	10,000	5,500		4,500		
16 Other Sundry Expense (provide breakdown)	13,000	8,000		5,000		
17 Total Sundry	39,350	22,800		16,450		
18 Total Administration Expense Other Than Salaries	\$ 61,480	\$ 34,850		\$ 28,500		

To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of authorized representative & Date:

x  
JENNIE HATFIELD

Executive Director 02/09/2009

form HUD-52671 (3/95)

ref Handbook 7475.1

Operating Budget  
Schedule of All Positions and Salaries

P.12

9893440944

Grayling Housing

15:25

MAR-03-2009

TOTAL P.12

Name of Local Housing Authority Grayling Housing Commission		Locality P O Box 450				Grayling Michigan 49738			Fiscal Year End March	
Position Title and Name By Organizational Unit and Function		Present Salary Rate As of (date)	Requested Budget Year			Allocation of Salaries by Program				
			Salary Rate FY 2006	Estimated Payment		Management	Modernization	Development	Section 8 Programs	Other Programs
				No. Months	Amount					
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
EXECUTIVE DIRECTOR			62,525	12	49,000	44,100	2,450		2,450	
CLERK			31,250	12	33,437	16,719			16,719	
SECTION 8 ASSISTANT				12	18,850				18,850	
ADMINISTRATION TOTAL					101,287	60,819	2,450		38,019	
MAINTENANCE SUPERVISOR			34,250	12	36,237	18,119			18,119	
MAINTENANCE WORKER				12	17,680	8,840			8,840	
MAINTENANCE OVER-TIME					10,000	10,000				
MAINTENANCE TOTAL					63,917	36,959			26,959	
COMPANY TOTAL					165,204	97,777	2,450		64,977	

To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate  
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3)

Executive Director or Designated Official

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**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Grayling Housing Commission		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: <u>MI33P047501-09</u>		<b>FFY of Grant:</b> <u>2009</u> <b>FFY of Grant Approval:</b> _____	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Final Performance and Evaluation Report <input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	41,359			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	64,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
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)	105,359			
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				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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

<b>Part I: Summary</b>					
PHA Name: Grayling Housing Commission		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>MI33P047501-09</u>		Replacement Housing Factor Grant No:	FFY of Grant: <u>2009</u> FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised	Obligated	Expended
Signature of Executive Director <i>Jennie M. Hatfield</i>		Date <u>12-30-08</u>	Signature of Public Housing Director Date		



Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Grayling Housing Commission					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	3/31/11		3/31/13		
MI 047-2	3/31/11		3/31/13		

<sup>1</sup>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.



**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 Grayling Housing Commission/MI 047		Locality (City/County & State) Grayling/Crawford County/Michigan			<input checked="" type="checkbox"/> Original 5-Year Plan <input 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.	Physical Improvements Subtotal	Annual Statement	70,400	48,000	23,200	22,800
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations		34,959	57,359	82,159	82,559
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		105,359	105,359	105,359	105,359
L.	Total Non-CFP Funds					
M.	Grand Total		105,359	105,359	105,359	105,359

**Part I: Summary (Continuation)**

PHA Name/Number Grayling Housing Commission/MI 047		Locality (City/County & State) Grayling/Crawford County/Michigan			<input checked="" type="checkbox"/> Original 5-Year Plan <input 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 FFY2012	Work Statement for Year 5 FFY 2013
		Annual Statement				
	MI 47-1		70,400	48,000		
	MI 47-2				23,200	22,800

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010			Work Statement for Year: 3 FFY 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	<b>MI 47-1</b>			<b>MI 47-1</b>		
Annual	Replace range hoods	32 EA	6,400	Replace shower units	12 Units	48,000
Statement	Replace shower units	16 units	64,000			
	Subtotal of Estimated Cost		\$70,400	Subtotal of Estimated Cost		\$48,000

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2009	Work Statement for Year 4 FFY 2012			Work Statement for Year: 5 FFY 2013		
	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	<b>MI 47-2</b>			<b>MI 47-2</b>		
Annual Statement	Replace interior doors & hardware	18 Units	23,200	Replace interior doors & hardware	17 Units	22,800
	Subtotal of Estimated Cost		\$23,200	Subtotal of Estimated Cost		\$22,800





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**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Grayling Housing Commission		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: MI33P047501-08		<b>FFY of Grant:</b> <u>2008</u> <b>FFY of Grant Approval:</b> <u>2008</u>	
Replacement Housing Factor Grant No:					
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/08 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	71,359		71,359	14,270
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	34,000		34,000	34,000
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
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)	105,359		105,359	48,270
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				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> 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

<b>Part I: Summary</b>			
PIIA Name: Grayling Housing Commission		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>MI33P047501-08</u>	
		Replacement Housing Factor Grant No:	FFY of Grant: <u>2008</u> FFY of Grant Approval: <u>2008</u>
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/08 <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	
		Original	Revised
Signature of Executive Director <i>Jennie M. Hatfield</i>		Date <u>12-30-08</u>	Signature of Public Housing Director
		Total Actual Cost <sup>1</sup>	
		Obligated	Expended
		Date	







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**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Grayling Housing Commission		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: <u>MI33P047501-07</u>		<b>FFY of Grant:</b> <u>2007</u> <b>FFY of Grant Approval:</b> <u>2007</u>	
Replacement Housing Factor Grant No:					
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/08 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	47,614	37,719.63	37,719.63	37,719.63
3	1408 Management Improvements	10,000	30,667.39	30,667.39	30,667.39
4	1410 Administration (may not exceed 10% of line 21)	10,000	0.00	0.00	0.00
5	1411 Audit	5,000	0.00	0.00	0.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	30,000	32,031.20	32,031.20	32,031.20
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	5,000	7,195.78	7,195.78	7,195.78
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
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)	107,614	107,614.00	107,614.00	107,614.00
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				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> 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

<b>Part I: Summary</b>			
PHIA Name: Grayling Housing Commission		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>MI33P047501-07</u>	
		Replacement Housing Factor Grant No:	
		FFY of Grant: <u>2007</u>	
		FFY of Grant Approval: <u>2007</u>	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/08 <input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	
		Original	Revised
		Total Actual Cost <sup>1</sup>	
		Obligated	Expended
Signature of Executive Director <i>Jennie M. Hutzfeld</i>		Date <u>12-30-08</u>	Signature of Public Housing Director
			Date

<b>Part II: Supporting Pages</b>								
PHA Name: Grayling Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P047501-07 Replacement Housing Factor Grant No:			CFPP (Yes/ <u>No</u> ):		Federal FFY of Grant: <b>2007</b>	
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 <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sub>2</sub>	
HA Wide Operations	Housing Operations	1406	33%	47,614	37,719.63	37,719.63	37,719.63	Completed
	<b>Sub total</b>			<b>47,614</b>	<b>37,719.63</b>	<b>37,719.63</b>	<b>37,719.63</b>	
HA Wide Consulting Fee	Consulting fees	1408	100%	10,000	30,667.39	30,667.39	30,667.39	Completed
	<b>Sub total</b>			<b>10,000</b>	<b>30,667.39</b>	<b>30,667.39</b>	<b>30,667.39</b>	
HA Wide Management Improvements	Partial salaries of staff involved in CFP	1410	9%	10,000	0.00	0.00	0.00	Delete
	<b>Sub total</b>			<b>10,000</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
HA Wide Audit	CFP Audit fees	1411	100%	5,000	0.00	0.00	0.00	Delete
	<b>Sub total</b>			<b>5,000</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
MI 47-1	A. Replace kitchen cabinets	1460	16 Units	30,000	0.00	0.00	0.00	Delete
	B. Upgrade heating system	1460	1 Bldg	0	19,911.20	19,911.20	19,911.20	
	C. Replace flooring	1460	4 Units	0	4,362	4,362	4,362	
	D. Elevator upgrade	1460	1 Car	0	7,758	7,758	7,758	
	<b>Sub total</b>			<b>30,000</b>	<b>32,031.20</b>	<b>32,031.20</b>	<b>32,031.20</b>	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>									
PHA Name: Grayling Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P047501-07 Replacement Housing Factor Grant No:				<b>Federal FFY of Grant:</b> <b>2007</b>			
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 <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sup>2</sup>	
HA Wide		Replace maintenance tools & equipment	1475	LS	5,000	7,195.78	7,195.78	7,195.78	Completed
Non-dwelling Equipment		<b>Sub total</b>			<b>5,000</b>	<b>7,195.78</b>	<b>7,195.78</b>	<b>7,195.78</b>	
		<b>Grand Total</b>			<b>107,614</b>	<b>107,614</b>	<b>107,614</b>	<b>107,614</b>	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Grayling Housing Commission					Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	9/12/09	3/30/07	9/12/11	4/30/08	
MI 047-1	9/12/09	3/30/07	9/12/11	4/30/08	

<sup>1</sup>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.



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**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Grayling Housing Commission		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: MI33P047501-06		<b>FFY of Grant:</b> <u>2006</u> <b>FFY of Grant Approval:</b> <u>2006</u>	
Replacement Housing Factor Grant No:					
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/08 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	105,133		105,133	105,133
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
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)	105,133		105,133.00	105,133.00
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				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> 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

<b>Part I: Summary</b>					
PHA Name: Grayling Housing Commission		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>MI33P047501-06</u>		Replacement Housing Factor Grant No: FFY of Grant: <u>2006</u> FFY of Grant Approval: <u>2006</u>	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/08 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised	Obligated	Expended
Signature of Executive Director <i>Jenni M. Hatfield</i>		Date <i>12-30-08</i>		Signature of Public Housing Director Date	

<b>Part II: Supporting Pages</b>								
PHA Name: Grayling Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P047501-07 Replacement Housing Factor Grant No:			CFFP (Yes/ <u>No</u> ):		Federal FFY of Grant: <b>2007</b>	
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 <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sup>2</sup>	
HA Wide Operations	Housing Operations	1406	100%	105,133		105,133	105,133	Completed
	<b>Sub total</b>			<b>105,133</b>		<b>105,133</b>	<b>105,133</b>	
	<b>Grand Total</b>			<b>105,133</b>		<b>105,133</b>	<b>105,133</b>	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.



