

PHA Plans

Streamlined Annual Version

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

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined Annual PHA Plan for Fiscal Year: 2009

PHA Name:

Manistee Housing Commission

MI 078

mi078v02.doc

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.

Streamlined Annual PHA Plan Agency Identification

PHA Name: Manistee Housing Commission

PHA Number: MI 078

PHA Fiscal Year Beginning: (mm/yyyy) 01/2009

PHA Programs Administered:

Public Housing and Section 8

Number of public housing units:
Number of S8 units:

Section 8 Only

Number of S8 units:

Public Housing Only

Number of public housing units: 220

PHA Consortia: (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

PHA Plan Contact Information:

Name: Clinton McKinven-Copus

Phone: 231-723-6201

TDD: 800-545-1833 ext 870

Email (if available): clintonmc@manisteehousing.com

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

PHA's main administrative office PHA's development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. Yes No.

If yes, select all that apply:

Main administrative office of the PHA

PHA development management offices

Main administrative office of the local, county or State government

Public library PHA website Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

Main business office of the PHA PHA development management offices

Other (list below)

**Streamlined Annual PHA Plan
Fiscal Year 2009**
[24 CFR Part 903.12(c)]

Table of Contents

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

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B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50076, *PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan* identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA’s principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

Form HUD-50070, *Certification for a Drug-Free Workplace:*

Form HUD-50071, *Certification of Payments to Influence Federal Transactions;* and

Form SF-LLL & SF-LLL a, *Disclosure of Lobbying Activities.*

1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Site-Based Waiting Lists-Previous Year

1. Yes No Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

2. What is the number of site based waiting list developments to which families may apply at one time? _____
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list? _____
4. Yes No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

B. Site-Based Waiting Lists – Coming Year

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year? None
2. Yes No: Are any or all of the PHA’s site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?
3. Yes No: May families be on more than one list simultaneously
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office
 All PHA development management offices
 Management offices at developments with site-based waiting lists
 At the development to which they would like to apply
 Other (list below)

2. Capital Improvement Needs

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Capital Fund Program

1. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2. Yes No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

We intend to enter into a CFFP arrangement, however we do not have one at this time. It is our understanding that we need to check yes when we are planning to use CFFP. We do not have a budget as of yet since we are just getting started.

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1. Yes No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s):

HOPE VI Revitalization Grant Status	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
<input type="checkbox"/> Revitalization Plan under development	
<input type="checkbox"/> Revitalization Plan submitted, pending approval	
<input type="checkbox"/> Revitalization Plan approved	
<input type="checkbox"/> Activities pursuant to an approved Revitalization Plan underway	

3. Yes No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name(s) below:
4. Yes No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:
5. Yes No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to the next component; if “yes”, complete each program description below (copy and complete questions for each program identified.)

2. Program Description:

a. Size of Program

- Yes No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year? _____

b. PHA-established eligibility criteria

- Yes No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?
If yes, list criteria:

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

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1. Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
- low utilization rate for vouchers due to lack of suitable rental units
- access to neighborhoods outside of high poverty areas
- other (describe below):
2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: (provide name here) State of Michigan

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
 - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
 - Other: (list below)

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The State of Michigan’s plan has established the following priorities to address housing needs, which are also the priorities of the Manistee Housing Commission:

- Maintain its supply of decent, safe and sanitary rental housing that is affordable for low, very low and moderate-income families.
- The modernization of MHC housing for occupancy by low very low-income families.

6. Supporting Documents Available for Review for Streamlined Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
X	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
X	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
X	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations
X	Policies on Violence Against Women and Justice Department Reauthorization Act 2005 <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Eligibility, Selection, and Admissions Policies

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Manistee Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P078501-09 Replacement Housing Factor Grant No:		Federal FY of Grant: 2009
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	40,000			
3	1408 Management Improvements	25,000			
4	1410 Administration	24,800			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	23,200			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	124,127			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	10,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	247,127			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Manistee Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P078501-09 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Housing Operations	1406	16%	40,000				
	Subtotal			40,000				
HA Wide Mgt Improvement	Staff training	1408	4	25,000				
	Subtotal			25,000				
HA Wide Admin Cost	Partial salary & benefits of staff involved in Cap Fund	1410	11%	24,800				
	Subtotal			24,800				
HA Wide Fees & Cost	Professional services	1430	100%	23,200				
	Subtotal			23,200				
MI 78-1 Family Site	Comp Mod	1460	6 Units	60,000				
	Subtotal			60,000				
MI 78-2 Century Terrace & Harborview	Comp Mod	1460	7 Units	64,127				
	Subtotal			64,127				
HA Wide Non-dwelling Equipment	Replace maintenance equipment	1475	LS	10,000				
	Subtotal			10,000				
Grand Total						247,127		

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Manistee Housing Commission			Grant Type and Number Capital Fund Program No: MI33P078501-09 Replacement Housing Factor No:				Federal FY of Grant: 2009
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MI 78-1 Family Site	12/31/11			12/31/13			
MI 78-2 Century Terrace	12/31/11			12/31/13			
MI 78-3B Scattered Sites	12/31/11			12/31/13			
HA Wide	12/31/11			12/31/13			

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name Manistee Housing Commission		Manistee/Manistee County/Michigan		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY: 2010	Work Statement for Year 3 FFY Grant: PHA FY: 2011	Work Statement for Year 4 FFY Grant: PHA FY: 2012	Work Statement for Year 5 FFY Grant: PHA FY: 2013
	Annual Statement				
HA Wide Operations		40,000	40,000	40,000	40,000
HA Wide Other		92,368	92,368	92,368	92,368
MI 78-1		60,000	60,000	60,000	60,000
MI 78-2		54,759	54,759	54,759	54,759
MI 78-3		0	0	0	0
CFP Funds Listed for 5-year planning		247,127	247,127	247,127	247,127
Replacement Housing Factor Funds					

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year : <u> 2 </u> FFY Grant: PHA FY: 2010			Activities for Year: <u> 3 </u> FFY Grant: PHA FY: 2011		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	HA Wide Operations	Housing Operations	40,000	HA Wide Operations	Housing Operations	40,000
Annual Statement		Subtotal	40,000		Subtotal	40,000
	HA Wide Mgt Improvements	Staff training	25,000	HA Wide Mgt Improvements	Staff training	25,000
		Subtotal	25,000		Subtotal	25,000
	HA Wide Admin Cost	Partial salary & benefits of staff involved in Cap Fund	28,000	HA Wide Admin Cost	Partial salary & benefits of staff involved in Cap Fund	28,000
		Subtotal	28,000		Subtotal	28,000
	HA Wide Fees & Cost	Professional Services	20,000	HA Wide Fees & Cost	Professional Services	20,000
		Subtotal	20,000		Subtotal	20,000
	MI 78-1/2 Scattered Sites	Comp Mod units	60,000	MI 78-1/2 Scattered Sites	Comp Mod units	60,000
		Subtotal	60,000		Subtotal	60,000
	MI 78-2 Century Terrace & Harbor View	Comp Mod units	54,759	MI 78-2 Century Terrace & Harbor View	Comp Mod units	54,759
		Subtotal	54,759		Subtotal	54,759
	HA Wide Non-dwelling Equipment	Replace maintenance equipment	19,368	HA Wide Non-dwelling Equipment	Replace office equipment	19,368
		Subtotal	19,368		Subtotal	19,368
Total CFP Estimated Cost			\$247,127			

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part II: Supporting Pages—Work Activities					
Activities for Year : <u> 4 </u> FFY Grant: PHA FY: 2012			Activities for Year: <u> 5 </u> FFY Grant: PHA FY: 2013		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
HA Wide Operations	Housing Operations	40,000	HA Wide Operations	Housing Operations	40,000
	Subtotal	40,000		Subtotal	40,000
HA Wide Mgt Improvements	Staff training	25,000	HA Wide Mgt Improvements	Staff training	25,000
	Subtotal	25,000		Subtotal	25,000
HA Wide Admin Cost	Partial salary & benefits of staff involved in Cap Fund	28,000	HA Wide Admin Cost	Partial salary & benefits of staff involved in Cap Fund	28,000
	Subtotal	28,000		Subtotal	28,000
HA Wide Fees & Cost	Professional Services	20,000	HA Wide Fees & Cost	Professional Services	20,000
	Subtotal	20,000		Subtotal	20,000
MI 78-1/2 Scattered Sites	Comp Mod units	60,000	MI 78-1/2 Scattered Sites	Comp Mod units	60,000
	Subtotal	60,000		Subtotal	60,000
MI 78-2 Century Terrace & Harbor View	Comp Mod units	54,759	MI 78-2 Century Terrace & Harbor View	Comp Mod units	54,759
	Subtotal	54,759		Subtotal	54,759
HA Wide Non-dwelling Equipment	Replace maintenance equipment	19,368	HA Wide Non-dwelling Equipment	Replace office equipment	19,368
	Subtotal	19,368		Subtotal	19,368
Total CFP Estimated Cost		\$247,127			\$247,127

2008 Capital Fund Program Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Manistee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P078501-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008
<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: 6/30/08 <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	40,000		0	0
3	1408 Management Improvements	25,000		0	0
4	1410 Administration	20,000		0	0
5	1411 Audit	8,000		0	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	114,759		0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	24,368		0	0
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)	247,127		0	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

2008 Capital Fund Program Performance and Evaluation Report

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

PHA Name: Manistee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P078501-08 Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Housing Operations	1406	16%	40,000		0	0	0% Completed
	Subtotal			40,000		0	0	
HA Wide Mgt Improvement	Staff training	1408	5	25,000		0	0	0% Completed
	Subtotal			25,000		0	0	
HA Wide Admin Cost	Partial salary & benefits of staff involved in Cap Fund	1410	8%	20,000		0	0	0% Completed
	Subtotal			20,000		0	0	
HA Wide Audit	CFP Audit fees	1411	LS	8,000		0	0	0% Completed
	Subtotal			8,000		0	0	
HA Wide Fees & Cost	A/E services	1430	100%	15,000		0	0	0% Completed
	Subtotal			15,000		0	0	
MI 78-1 Family Site	Comp Mod	1460	3 Units	57,380		0	0	0% Completed
	Subtotal			57,380		0	0	
MI 78-3B Scattered Sites	Comp Mod	1460	5 Units	57,379		0	0	0% Completed
	Subtotal			57,379		0	0	

2008 Capital Fund Program Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Manistee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P078501-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Non-dwelling Equipment	Replace maintenance equipment	1475	LS	24,368		0	0	0% Completed
	Subtotal			24,368		0	0	
	Grand Total			247,127		0	0	

2008 Capital Fund Program Performance and Evaluation Report

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

PHA Name: Manistee Housing Commission		Grant Type and Number Capital Fund Program No: MI33P078501-08 Replacement Housing Factor No:					Federal FY of Grant: 2008
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MI 78-1 Family Site	12/31/10	6/12/10		12/31/12	6/12/12		
MI 78-3B Scattered Sites	12/31/10	6/12/10		12/31/12	6/12/12		
HA Wide	12/31/10	6/12/10		12/31/12	6/12/12		

2007 Capital Fund Program Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Manistee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P078501-07 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/08 <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	40,000		0	0
3	1408 Management Improvements	25,000		0	0
4	1410 Administration	20,000		0	0
5	1411 Audit	9,479		9,479	9,479
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	102,759		0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	10,000		0	0
14	1485 Demolition	24,000		0	0
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)	251,238		9,479	9,479
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

2007 Capital Fund Program Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Manistee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P078501-07 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Housing operations	1406	14%	40,000		0	0	0% Complete
Subtotal				40,000		0	0	
HA Wide Management Improvements	Management Improvements	1408		25,000		0	0	0% Complete
Subtotal				25,000		0	0	
HA Wide Admin Cost	Partial salary & benefits of staff involved in CFP	1410	10%	20,000		0	0	0% Complete
Subtotal				20,000		0	0	
HA Wide Audit	Audit	1411		9,479		9,479	9,479	Completed
Subtotal				9,479		9,479	9,479	
HA Wide Fees & Cost	A/E Services	1430	100%	20,000		0	0	0% Complete
Subtotal				20,000		0	0	
MI 78-1 Family Sites	Demolition	1485	2 Bldg	24,000		0	0	0% Complete
Subtotal				24,000		0	0	
MI 78-1 Family Site & MI78-3B Scattered Sites	Modernization & Repair	1460	4 units	40,000		0	0	0% Complete
Subtotal				40,000		0	0	

2007 Capital Fund Program Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Manistee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P078501-07 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MI 78-2 Century Terrace	Remodel community/dining room	1460		57,759		0	0	0% Complete
	Subtotal			57,759		0	0	
MI 78-3A Harbor View	Modernization & Repair	1460		5,000		0	0	0% Complete
	Subtotal			5,000		0	0	
HA Wide Non- dwelling equipment	Maintenance equipment	1475		10,000		0	0	0% Complete
	Subtotal			10,000		0	0	
	Grand Total			251,238		9,479	9,479	

2007 Capital Fund Program Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part III: Implementation Schedule								
PHA Name: Manistee Housing Commission			Grant Type and Number Capital Fund Program No: MI33P078501-07 Replacement Housing Factor No:				Federal FY of Grant: 2007	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
MI 78-1 Family Site	12/31/09	9/12/09		12/31/11	9/12/09			
MI 78-2 Century Terrace	12/31/09	9/12/09		12/31/11	9/12/09			
MI 78-3A Harbor View	12/31/09	9/12/09		12/31/11	9/12/09			
MI 78-3B Scattered Sites	12/31/09	9/12/09		12/31/11	9/12/09			
HA Wide	12/31/09	9/12/09		12/31/11	9/12/09			

2006 Capital Fund Program Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Manistee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P078501-06 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/08 <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	40,000		40,000	40,000.00
3	1408 Management Improvements	22,500		22,500	22,500.00
4	1410 Administration	27,836		27,836	12,993.15
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000		20,000	20,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	131,423		131,423	2,988.40
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	7,143		7,143	3,691.90
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)	248,902		248,902	102,173.45
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

2006 Capital Fund Program Performance and Evaluation Report

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

PHA Name: Manistee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P078501-06 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Housing Operations	1406	11%	40,000		40,000	40,000.00	Completed
	Subtotal			40,000		40,000	40,000.00	
HA Wide Mgt Improvement	Management Improvements	1408	12%	22,500		22,500	22,500.00	Completed
	Subtotal			22,500		22,500	22,500.00	
HA Wide Admin Cost	Partial salary & benefits of staff involved in CFP	1410	5%	27,836		27,836	12,993.15	47% Complete
	Subtotal			27,836		27,836	12,993.15	
HA Wide Fees & Cost	A/E services	1430	100%	20,000		20,000	20,000.00	Completed
	Subtotal			20,000		20,000	20,000.00	
MI 78-1 Family Site & MI78-3B Scattered Sites	Comp Mod	1460	6 units	60,000		60,000	2,988.40	5% Complete
	Subtotal			60,000		60,000	2,988.40	
MI 78-2 Century Terrace	ADA and 504 Apartment Improvements	1460	6 Units	60,000		60,000	0	0% Complete
	Subtotal			60,000		60,000	0.00	

2006 Capital Fund Program Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Manistee Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P078501-06 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MI 78-3A Harbor View	Improve corridor lighting	1460	48 units	11,423		11,423	0.00	0% Complete
	Subtotal			11,423		11,423	0.00	
HA Wide Non-dwelling Equipment	Equipment	1475	LS	7,143		7,143	3,691.90	52% Complete
	Subtotal			7,143		7,143	3,691.90	
	Grand Total			248,902		248,902	102,173.45	

2006 Capital Fund Program Performance and Evaluation Report

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

PHA Name: Manistee Housing Commission		Grant Type and Number Capital Fund Program No: MI33P078501-06 Replacement Housing Factor No:					Federal FY of Grant: 2006
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MI 78-2 Century Terrace	7/17/08	6/30/08		7/17/10			
MI 78-3B Scattered Sites	7/17/08	6/30/08		7/17/10			
HA Wide	7/17/08	6/30/08		7/17/10			

2005 Capital Fund Program Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Manistee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P078501-05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005
<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: 6/30/08 <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	40,000		40,000	40,000.00
3	1408 Management Improvements	30,000		30,000	30,000.00
4	1410 Administration	27,836		27,836	27,836.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,000		30,000	22,288.33
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	130,531		130,531	124,438.28
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	20,000		20,000	20,000.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	278,367		278,367	264,562.61
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

2005 Capital Fund Program Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Manistee Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P078501-05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Housing operations	1406	11%	40,000		40,000	40,000.00	Completed
	Subtotal			40,000		40,000	40,000.00	
HA Wide Management Improvements	Management training	1408	5%	30,000		30,000	30,000.00	Completed
	Subtotal			30,000		30,000	30,000.00	
HA Wide Admin Cost	A. partial salary & benefits of staff involved in CFP	1410	5%	27,836		27,836	27,836.00	Completed
	Subtotal			27,836		27,836	27,836.00	
HA Wide Fees & Cost	A/E Services	1430	100%	30,000		30,000	22,288.33	74% Complete
	Subtotal			30,000		30,000	22,288.33	
MI 78-1 Family Site & MI 78-3B Scattered Sites	Comp MOD	1460	6 Units	60,000		60,000	60,000.00	Completed
	Subtotal			60,000		60,000	60,000.00	

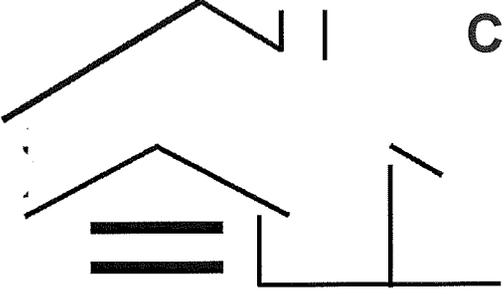
2005 Capital Fund Program Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Manistee Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P078501-05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MI 78-2 Century Terrace	Upgrade corridor lighting	1460	1 Bldg	60,000		60,000	53,907.28	90% Complete
	Subtotal			60,000		60,000	53,907.28	
MI 78-3A Harborview	Install GFI in kitchen	1460	48 Unit	10,531		10,531	10,531.00	Completed
	Subtotal			10,531		10,531	10,531.00	
HA Wide non-dwelling equipment	Office equipment	1475	LS	20,000		20,000	20,000.00	Completed
	Subtotal			20,000		20,000	20,000.00	
	Grand Total			278,367		278,367	264,562.61	

2005 Capital Fund Program Performance and Evaluation Report

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

PHA Name: Manistee Housing Commission		Grant Type and Number Capital Fund Program No: MI33P078501-05 Replacement Housing Factor No:					Federal FY of Grant: 2005
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MI 78-1 Family Site	8/17/07	7/31/07	7/31/07	8/17/09			
MI 78-2 Century Terrace	8/17/07	7/31/07	7/31/07	8/17/09			
MI 78-3A Harbor View	8/17/07	7/31/07	7/31/07	8/17/09			
MI 78-3B Scattered Sites	8/17/07	7/31/07	7/31/07	8/17/09			
HA Wide	8/17/07	7/31/07	7/31/07	8/17/09			



City of Manistee Housing Commission

273 Sixth Avenue
Manistee, MI 49660

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TDD/TTY: (800) 545-1833, ext. 870

Email: manisteehousing@sbcglobal.net

Resolution 2007-9

Certification Form for Victims of Domestic Violence

WHEREAS, the City of Manistee Housing Commission (the "CMHC") provides subsidized housing to individuals who may be the victim of violence or stalking;

WHEREAS, the Violence Against Women and Justice Department Reauthorization Act of 2005 (the "Act") protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

WHEREAS, the Board of Commissioners has been submitted a document, which is attached to this Resolution, implementing the provisions of the Act and certifies by the victim of violence or stalking the applicability of the Act to their circumstances;

NOW, THEREFORE, on the motion of Doug Parkes, supported by Donna Korzeniewski, and voted upon as follows, **BE IT RESOLVED**, that the CMHC adopts the following resolution:

IT IS HEREBY RESOLVED that the CMHC adopt the Certification form attached hereto to be used in instances where a tenant may be the victim of domestic violence, dating violence or stalking.

BE IT FURTHER RESOLVED that the Certification form as approved shall be made part of the records of the CMHC and shall be followed by the staff and employees of the CMHC.

Those voting in favor: Dale Priester, Doug Parkes, Donna Korzeniewski, Harvey Good

Those voting against: None

Those absent or abstaining: None

RESOLUTION DECLARED PASSED.

CERTIFICATION

I, Clinton McKinven-Copus of the City of Manistee Housing Commission, do hereby **CERTIFY** that the foregoing is a true and correct copy of the Resolution adopted by the City of Manistee Housing Commission at a regular meeting held on the 20th day of August, 2007.



**CERTIFICATION OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
OR STALKING**

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

OMB Approval No. 2577-0249

Exp. (05/31/2007)

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. 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.

Purpose of Form: The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

Use of Form: A family member must complete and submit this certification, or the information that may be provided in lieu of the certification, within 14 business days of receiving the written request for this certification by the PHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification or the information that may be provided in lieu of the certification by the 14th business day or any extension of the date provided by the PHA, manager and owner, none of the protections afforded to victims of domestic violence, dating violence or stalking (collectively "domestic violence") under the Section 8 or public housing programs apply.

Note that a family member may provide, in lieu of this certification (or in addition to it):

(1) A Federal, State, tribal, territorial, or local police or court record; or

(2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE:

Date Written Request Received By Family Member: _____

Name of the Victim of Domestic Violence: _____

Name(s) of other family members listed on the lease _____

Name of the abuser: _____

Relationship to Victim: _____

Date the incident of domestic violence occurred: _____

Time: _____

Location of Incident: _____

Name of victim:

Description of Incident:

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information relating to program eligibility is a basis for termination of assistance or eviction.

Signature _____ Executed on (Date) _____

All information provided to a PHA, owner or manager relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence shall be retained in confidence by an owner and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.