

**Streamlined Annual PHA Plan
for Fiscal Year: 2009
PHA Name: HOUSING AUTHORITY OF
MALHEUR COUNTY OR027
Or027v03**



Prepared by the Housing Authority of Malheur County
Tim Lopez, Executive Director
959 Fortner Street
Ontario, Oregon 97914
(541) 889-9661/Fax: (541)889-6487

PHA 5-Year and Annual Plan

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

OMB No. 2577-0226
Expires 4/30/2011

1.0	PHA Information PHA Name: <u>Housing Authority of Malheur County</u> PHA Code: <u>OR027</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2009</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>40</u> Number of HCV units: <u>349</u>				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	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:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update. N/A until FY 2010				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: N/A until FY 2010				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. N/A until FY 2010				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Capital Improvement Needs successfully completed to Low Rent Public Housing Units and ACOP and Section 8 Administrative Plan updates. All documents are available for public review and inspection. (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. Main administrative office – Housing Authority of Malheur County, 959 Fortner Street, Ontario, Oregon 97914; Malheur and Harney County Courthouse.				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. N/A				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. See Exhibits 1				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. See Exhibits 1				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. See Exhibits 1				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. N/A				

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. N/A until FY 2010</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. N/A until FY 2010</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" N/A until FY 2010</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Civil Rights Certification

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

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Housing Authority of Malheur County

OR027

PHA Name

PHA Number/HA Code

I hereby certify that 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)

Name of Authorized Official

Dan Ramirez

Title

Chairman, HAMC Board

Signature



Date

7/15/2009

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of Malheur County

Program/Activity Receiving Federal Grant Funding

Low Rent Public Housing and Section 8 Voucher Rental Assistance

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Housing Authority of Malheur County
959 Fortner Street
Ontario, Oregon 97914

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that 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)

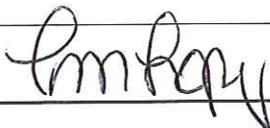
Name of Authorized Official

Tim Lopez

Title

Executive Director

Signature



Date

6/18/09

X

**Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan**

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

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Victor Merced the Director certify that the Five Year and
Annual PHA Plan of the Housing Authority of Malheur County is consistent with the Consolidated Plan of
State of Oregon prepared pursuant to 24 CFR Part 91.

 6/24/09

Signed / Dated by Appropriate State or Local Official

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of Malheur County

Program/Activity Receiving Federal Grant Funding

Low Rent Public Housing and Section 8 Voucher Rental Assistance

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that 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)

Name of Authorized Official

Tim Lopez

Title

Executive Director

Signature



Date (mm/dd/yyyy)

6/18/09

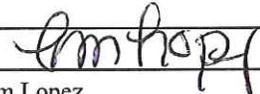
DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: ^{4c}	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: U.S. Department of Housing and Urban Development	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> Housing Authority of Malheur County 959 Fortner Street Ontario, Oregon 97914	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>Tim Lopez</u> Title: <u>Executive Director</u> Telephone No.: <u>(541)889-9661 ext. 3011</u> Date: <u>6/18/09</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

MINUTES FROM THE RESIDENT ADVISORY BOARD MEETING
PHA PLAN UPDATE FOR FISCAL YEAR 2009
OF THE HOUSING AUTHORITY OF MALHUER COUNTY HELD
June 2, 2009

The Resident Advisory Board (RAB) met to review and discuss the Housing Authority of Malheur County's PHA Plan update for Fiscal Year 2009. The meeting was held at 6:00 p.m. June 2, 2009 at the Parkview Apartment Complex Conference Room, Ontario, Oregon.

PRESENT:

The meeting was called to order with the following Resident Advisory Board members in attendance:

Penny Kennison – Public Housing Participant and Tenant Commissioner
Barbara Ann Hart – Section 8 Voucher Program
Alberta Savala – Section 8 Voucher Program

Housing Authority Staff in attendance:
Merlene Bourasa, Director of Internal Operations

Guests Present: None

Director of Internal Operations Review of PHA Plan for Fiscal Year 2009.

Though the PHA Plan for Fiscal Year 2009, had no significant changes Mrs. Bourasa highlighted the PHA Plan mission and goals, our financial resources, highlighted the several programs the agency is involved with, plans to expand homeownership opportunities for low income families and attachments along with supporting documents.

RAB Comments and Suggestions – Both Section 8 Voucher Participants indicated physical disabilities can cause limited rental choices for available ADA units. The cost to private landlords to make modifications to their units to allow disabled occupancy can be cost prohibitive. Suggested more disabled/elderly housing availability be considered.

Plans to conduct quarterly meetings will be scheduled beginning with our new fiscal year in October.

Adjournment:

Mrs. Bourasa adjourned the meeting at 7:00 pm., June 2, 2009 at the Parkview Apartment Conference Room.

Exhibits 1

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

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

Part I: Summary		FFY of Grant: 2009	
PHA Name: Housing Authority of Malheur County		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: OR16P027501-09 Replacement Housing Factor Grant No: Date of CFFP:			

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³		15,755.00		0.00	0.00
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)		7,877.50		0.00	0.00
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		38,836.00		0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures		16,306.50		0.00	0.00
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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

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

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

Part I: Summary		FFY of Grant: 2009	
PHA Name: Housing Authority of Malheur County	Grant Type and Number Capital Fund Program Grant No: ORI6P027501-09 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant Approval:	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
18a		1501 Collateralization or Debt Service paid by the PHA				
18ba		9000 Collateralization or Debt Service paid Via System of Direct Payment				
19		1502 Contingency (may not exceed 8% of line 20)				
20		Amount of Annual Grant: (sum of lines 2 - 19)	78,775.00		0.00	0.00
21		Amount of line 20 Related to LBP Activities				
22		Amount of line 20 Related to Section 504 Activities				
23		Amount of line 20 Related to Security - Soft Costs				
24		Amount of line 20 Related to Security - Hard Costs				
25		Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director			Date		Signature of Public Housing Director	
[Signature]			7/18/09		[Signature]	
Signature of Executive Director			Date		Signature of Public Housing Director	
[Signature]			[Date]		[Signature]	

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

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

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

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2009		Status of Work	
PHA Name: Housing Authority of Malheur County		Capital Fund Program Grant No: OR16P027501-09					
		CFPP (Yes/ No):					
		Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost		
PHA-Wide	Operations	1406		15,755.00	0.00	0.00	
	SUB TOTAL	1406		15,755.00	0.00	0.00	
	Administration	1410		7,877.50	0.00	0.00	
	SUB TOTAL	1410		7,877.50	0.00	0.00	
OR02701 - Dwelling Improvements	Dwelling Improvements						
	Install water saving toilets	1460	17/2 Bdrs	5,950.00	0.00	0.00	
	Replace tub/shower enclosures to include low flow faucets	1460	17/2 Bdrs	29,316.00	0.00	0.00	
	Replace vanity lighting with Energy Star qualified CFL lights	1460	17/2 Bdrs	3,570.00	0.00	0.00	
	SUB TOTAL	1460		38,836.00	0.00	0.00	
OR02701 - Non-Dwelling Improv.	Non-Dwelling Improvements	1470					
	Remodel Administration Office Area	1470	1	12,903.25	0.00	0.00	
	Replace older fluorescent with Energy Star qualified CFL lights with lighting controls in common areas.	1470		3,403.25	0.00	0.00	
	SUB TOTAL	1470		16,306.50	0.00	0.00	
	GRAND TOTAL			78,775.00	0.00	0.00	

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

² To be completed for the Performance and Evaluation Report.

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
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Part I: Summary	
PHA Name: Housing Authority of Maibour County	Grant Type and Number Capital Fund Program Grant No: ORI6S027501-09 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval:	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/09	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
			Total Estimated Cost	Total Actual Cost ¹	
	Summary by Development Account	Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
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 ⁴				
		91,682.00		0.00	0.00

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

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

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

Part I: Summary		FFY of Grant: 2009	
PHA Name: Housing Authority of Malheur County	Grant Type and Number Capital Fund Program Grant No: OR16SS027501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	
18a	1501 Collateralization or Debt Service paid by the PHA			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	101,869.00		0.00
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures			

Signature of Executive Director		Date	9/15/09	Signature of Public Housing Director		Date	
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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary		PHA Name: Housing Authority of Malheur County		Grant Type and Number Capital Fund Program Grant No: OR16P027501-08 Replacement Housing Factor Grant No: Date of CFPP:		FFY of Grant: 2008 FFY of Grant Approval:	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/09	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹		
			Summary by Development Account	Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³		16,095.00	16,095.00	926.81	926.81	
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)		8,047.00	8,047.00	4,042.91	4,042.91	
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement		13,268.00	30,500.00	0.00	0.00	
10	1460 Dwelling Structures		43,068.00	25,836.00	0.00	0.00	
11	1465.1 Dwelling Equipment—Nonependable						
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 ⁴						

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

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

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

Part I: Summary		FFY of Grant: 2008	
PHA Name: Housing Authority of Walheur County		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: OR16P027501-08 Replacement Housing Factor Grant No: Date of CFFP:			

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Summary by Development Account	Total Estimated Cost		Obligated	Total Actual Cost ¹	
			Original	Revised ²		Expended	
18a		1501 Collateralization or Debt Service paid by the PHA					
18ba		9000 Collateralization or Debt Service paid Via System of Direct Payment					
19		1502 Contingency (may not exceed 8% of line 20)					
20		Amount of Annual Grant:: (sum of lines 2 - 19)	80,478.00	80,478.00	4,969.72	4,969.72	
21		Amount of line 20 Related to LBP Activities					
22		Amount of line 20 Related to Section 504 Activities					
23		Amount of line 20 Related to Security - Soft Costs					
24		Amount of line 20 Related to Security - Hard Costs					
25		Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date		Signature of Public Housing Director		Date

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

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

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

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2008				
PHA Name: Housing Authority of Malheur County		Capital Fund Program Grant No: OR16P027501-08						
		CFPP (Yes/No):						
		Replacement Housing Factor Grant No:						
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		
PHA Wide	Operations	1406		16,095.00	16,095.00	926.81	926.81	
	SUB TOTAL	1406		16,095.00	16,095.00	926.81	926.81	
	Administration	1410		8,047.00	8,047.00	4,042.91	4,042.91	
	SUB TOTAL	1410		8,047.00	8,047.00	4,042.91	4,042.91	
OR02701 - Site Improvements	Site Improvements	1450						
	Installation Parking Security Lighting	1450	6 Lights	13,268.00	30,500.00	0.00	0.00	Preparing RFP
	Concrete Replacement and Additions	1450	4,306 sq.ft	0.00	25,836.00	0.00	0.00	Preparing RFP
	SUB TOTAL	1450		13,268.00	56,336.00	0.00	0.00	
OR02701 - Dwelling Improvements	Dwelling Improvements	1460						
	Update Aging Gas Furnaces to 94-95% eff. units	1460	10 Units	43,068.00	0.00	0.00	0.00	Combining with ARRA Funds
	SUB TOTAL	1460		43,068.00	0.00	0.00	0.00	
	GRAND TOTAL			80,478.00	80,478.00	4,969.72	4,969.72	

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

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

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

Part I: Summary				FFY of Grant: 2007	
PHA Name: Housing Authority of Malheur County		Grant Type and Number Capital Fund Program Grant No: OR16P027501-07 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/09	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹	
			Summary by Development Account	Original	Revised ²	Obligated
1	Total non-CFF Funds					
2	1406 Operations (may not exceed 20% of line 21) ³		15,790.00	15,790.00	15,790.00	15,790.00
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)		7,895.00	7,895.00	7,895.00	7,895.00
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement		40,000.00	51,039.02	51,039.02	51,039.02
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures		15,268.00	4,228.98	4,228.98	4,228.98
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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

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

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

Part I: Summary		FFY of Grant: 2007	
PHA Name: Housing Authority of Malheur County	Grant Type and Number Capital Fund Program Grant No: OR16P027501-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2009		<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:)	
Type of Grant	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Revised²
			Obligated
			Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	78,953.00	78,953.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy/Conservation Measures		
Signature of Executive Director		Date	Signature of Public Housing Director
		9/11/10	
			Date

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

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2007				
PHA Name: Housing Authority of Malheur County		Capital Fund Program Grant No: OR16P027501-07						
		CFFP (Yes/No):						
		Replacement Housing Factor Grant No:						
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		
PHA Wide	Operations	1406		Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	SUB TOTAL	1406		15,790.00	15,790.00	15,790.00	15,790.00	
	Administration	1410		7,895.00	7,895.00	7,895.00	7,895.00	
	SUB TOTAL	1410		7,895.00	7,895.00	7,895.00	7,895.00	
OR02701 - Site Improvements	Site Improvements	1450		40,000.00	51,039.02	51,039.02	51,039.02	
	Concrete Replacement SE 6 th Ave	1450	2 Entries	24,500.00	2,500.00	2,500.00	2,500.00	Work Complete
	Installation of Gates/Fencing/Brick Wall	1450	10 units	41,284.40	41,284.40	41,284.40	41,284.40	Work Complete
	Seal Coat Admin Parking Lot	1450		10,500.00	3,063.67	3,063.67	3,063.67	Work Complete
	Landscaping Improvements	1450		5,000.00	4,190.95	4,190.95	4,190.95	Work Complete
	SUB TOTAL	1450		40,000.00	51,039.02	51,039.02	51,039.02	
OR02701 - Non - Dwelling Improv.	Non-Dwelling Improvements	1470		15,268.00	4,228.98	4,228.98	4,228.98	
	Admin/Landscaping/Security Lighting	1470		15,268.00	4,228.98	4,228.98	4,228.98	Work Complete
	Recep/Office remodel	1470		0.00	0.00	0.00	0.00	Postponed 2009
	SUB TOTAL	1470		15,268.00	4,228.98	4,228.98	4,228.98	
	GRAND TOTAL			78,953.00	78,953.00	78,953.00	78,953.00	

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

² To be completed for the Performance and Evaluation Report.

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary

PHA Name/Number Housing Authority of Malheur County OR027		Locality (City/County & State) Ontario, Malheur County, Oregon			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A. Development Number and Name OR027001	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	56,336.00	56,336.00	56,336.00	56,336.00	56,336.00	
C. Management Improvements						
D. PHA-Wide Non-dwelling Structures and Equipment						
E. Administration		8,047.00	8,047.00	8,047.00	8,047.00	
F. Other						
G. Operations		16,095.00	16,095.00	16,095.00	16,095.00	
H. Demolition						
I. Development						
J. Capital Fund Financing-- Debt Service						
K. Total CFP Funds		80,478.00	80,478.00	80,478.00	80,478.00	
L. Total Non-CFP Funds						
M. Grand Total		\$80,478.00	\$80,478.00	\$80,478.00	\$80,478.00	

