

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 BELOW																																																																																																
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 BELOW																																																																																																
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.																																																																																																
9.0	<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.</p> <table border="1" data-bbox="215 663 1393 1186"> <thead> <tr> <th colspan="8">Housing Needs of Families in the Jurisdiction by Family Type</th> </tr> <tr> <th>Family Type</th> <th>Overall</th> <th>Afford-</th> <th>Supply</th> <th>Qualit</th> <th>Access</th> <th>Size</th> <th>Loca-</th> </tr> <tr> <th></th> <th>1</th> <th>-ability</th> <th></th> <th>y</th> <th>-ibility</th> <th></th> <th>tion</th> </tr> </thead> <tbody> <tr> <td>Income <= 30% of AMI</td> <td>867</td> <td>5</td> <td>2</td> <td>2</td> <td>NA</td> <td>2</td> <td>3</td> </tr> <tr> <td>Income >30% but <=50% of AMI</td> <td>657</td> <td>4</td> <td>1</td> <td>2</td> <td>NA</td> <td>1</td> <td>3</td> </tr> <tr> <td>Income >50% but <80% of AMI</td> <td>569</td> <td>3</td> <td>1</td> <td>2</td> <td>NA</td> <td>1</td> <td>3</td> </tr> <tr> <td>Elderly</td> <td>678</td> <td>4</td> <td>1</td> <td>2</td> <td>NA</td> <td>1</td> <td>3</td> </tr> <tr> <td>Families with Disabilities</td> <td>N/A</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>White</td> <td>2869</td> <td>4</td> <td>1</td> <td>2</td> <td>NA</td> <td>1</td> <td>3</td> </tr> <tr> <td>Black</td> <td>379</td> <td>4</td> <td>2</td> <td>2</td> <td>NA</td> <td>1</td> <td>3</td> </tr> <tr> <td>Hispanic</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Native American</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> </tbody> </table>	Housing Needs of Families in the Jurisdiction by Family Type								Family Type	Overall	Afford-	Supply	Qualit	Access	Size	Loca-		1	-ability		y	-ibility		tion	Income <= 30% of AMI	867	5	2	2	NA	2	3	Income >30% but <=50% of AMI	657	4	1	2	NA	1	3	Income >50% but <80% of AMI	569	3	1	2	NA	1	3	Elderly	678	4	1	2	NA	1	3	Families with Disabilities	N/A	NA	NA	NA	NA	NA	NA	White	2869	4	1	2	NA	1	3	Black	379	4	2	2	NA	1	3	Hispanic	NA	Native American	NA												
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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.</p> <p>Within the limits of our 324conventional public housing units, the County of Poinsett Housing Authority seeks to optimize the utilization of those units through effective marketing even to those least likely to apply, keeping unit “turnaround” to a minimum, and managing the units at the highest levels of professional competence and quality of life attributes.</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. See 5.1 above</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p><i>The Housing Authority of the County of Poinsett (HACP) will consider the following to be a change that would constitute a “significant amendment” and “substantial deviation/modification from its Agency Plan.</i></p> <ul style="list-style-type: none"> · Any alteration of the Authority’s Mission Statement; · Any change or amendment to a stated Strategic Goal; · Any alteration in the Capital Fund Program that affects expenditures greater than twenty percent (20%) of the CFP Annual Budget for a given year <p><i>Such amendment and / or Substantial Deviation / Modification requires a full review by the Resident Advisory Board, a Public Hearing and HUD approval before a corresponding change in the Agency Plan can be adopted.</i></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> <ul style="list-style-type: none"> (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) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. <p style="text-align: center;">RAB comments received, but none required any alteration of the Annual Plan as presented.</p> <ul style="list-style-type: none"> (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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Violence Against Women Act STATEMENT

OF GOALS, OBJECTIVES, POLICIES THAT ENABLE THE HOUSING AUTHORITY TO SERVE THE NEEDS OF CHILD AND ADULT VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

Under Section 603 of the VAWA 2005, PHAs are required to include in the PHA Plans the following statements.

The Authority supports the goals of the VAWA Amendments and will comply with its requirements. Accordingly, the Board of Commissioners adopts this VAWA resolution and has made such policies effective in all appropriate contracts, leases and information processes regarding residency in Public Housing Programs.

The Authority will continue to administer its housing programs in ways that support and protect residents and applicants who may be victims of domestic violence, dating violence, sexual assault or stalking.

The Authority will continue to update its policies and procedures as needed to implement the requirements of VAWA, and to collaborate with other agencies to prevent and respond to domestic violence, dating violence, sexual assault or stalking, as those criminal activities may affect applicants for and participants in the housing programs.

The Authority will not take any adverse action against a resident/participant or applicant solely on the basis of her or his being a victim of such criminal activity, including threats of such activity. "Adverse action" in this context includes denial or termination of housing assistance.

The Authority will not subject a victim of domestic violence, dating violence, sexual assault or stalking to a more demanding standard for lease compliance than other residents.

This VAWA Policy affirms that "The Authority will provide notices explaining the VAWA protections to applicants for housing assistance.

The Authority will partner with the local law enforcement agencies to coordinate any goals, activities, objectives, policies or programs that will enable it to serve the needs of child and adult victims of domestic violence, dating violence, sexual assault or stalking.

The Authority directs that any VAWA related reports shall be submitted to the office of the Executive Director who will respond affirmatively and appropriately to each such report.

Part I: Summary					
PHA Name: POINSETT CO Housing Authority	Capital Fund Program Grant No. AR037P02350108 Date of CFFP				
FFY of Grant: 2008 Regular					
FFY of Grant Approval					
<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: 03/01/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost¹	
		Original	Revised²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs	\$ 12,000		\$ 12,000	\$ 12,000
4	1410 Administration	\$ 49,361		\$ 49,361	\$ 49,361
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs	\$ 34,000		\$ 34,000	\$ 29,200
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures	\$ 189,572		\$ 189,572	\$ 49,503
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition	\$ 216,073		\$ 216,073	\$ 159,337
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	\$ 501,006		\$ 501,006	\$ 299,401
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 compliance				
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 M				
Signature of Executive Director <i>Evelyn Sutton</i>		Date 04 / 15/2010		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 CFP Grants for operations

⁴ RHF funds shall be included here

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

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

Part II: Supporting Pages								
PHA Name: POINSETT COUNTY Housing Authority		Grant Type and Number Capital Fund Program Grant No: _____ CFFP (Y / N) Replacement Housing Factor Grant No: _____				Federal FY of Grant: YEAR 2008 Regular		
Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1	Management Improvements	1408		12,000		12,000	12,000	
	Security							
	Administration	1410		49,361		49,361	49,361	
	Fees	1430		34,000		34,000	29,200	
	23-01, 04,06 A/ C (MT, Weiner, Fisher)	1460		189,572		189,572	49,503	
	23-09, 11 Windows (Lepanto)	1460		-		-	-	
	23-10 Demolition (Industrial)	1485		216,073		216,073	159,337	
	TOTALS							
				501,006		501,006	299,401	

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

Part III - Implementation Schedule for Capital Fund Financing Program					
PHA Name:	POINSETT COUNTY HOUSING AUTHORITY				FFY Grant 2008
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)		AR037P02350108 (Quarter Ending Date)		2008 Regular
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
ALL	7/1/2010		7/1/2011		

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

Part I: Summary

PHA Name: POINSETT COUNTY HA		Grant Type and Number AR37P02350109 Capital Fund Program Grant No. Replacement Housing Factor Grant No Date of CFFP			FFY of Grant: 2009 Regular FFY of Grant Approval	
<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: 03/01/2010 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations					
3	1408 Management Improvements Soft Costs	0				
4	1410 Administration	40,000		40,000		
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees & Costs	39,000		39,000		5,000
8	1440 Site Acquisition					
9	1450 Site Improvements	3,000				
10	1460 Dwelling Structures	452,027				
11	1465.1 Dwelling Equipment--Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities					
18a	1501 Collateralization or Debt Service paid by the PHA					
18b	Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2-19)	534,027		79,000		5,000
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 compliance					
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 M					
Signature of Executive Director		4/15/2010		Signature of Public Housing Director		Date
		<i>Evelyn Jester</i>				

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

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

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

Part II: Supporting Pages								
PHA Name: POINSETT COUNTY Housing Authority			Grant Type and Number Capital Fund Program Grant No: CFFP (Y / N) Replacement Housing Factor Grant No:			Federal FY of Grant: YEAR 2009 Regular		
Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1	Management Improvements	1408		0				
	Security							
	Administration	1410		40,000		40,000		
	Fees	1430		39,000		39,000	5,000	
	General Unit Renovation Inc:	1460						
	Interior Doors		100 units	365,700				
	Windows		210 units	-				
	Interior Painting / Cable		54 units	-				
	Fence	1450	1	3,000				
	Conversions:	1460	8 > 4	86,327				
	122/124 Mills Circle							
	148/152 Mills Circle							
	176/178 Mills Circle							
	298 / 300 Hwy 100							
	8 Units each 1 BR to:							
	4 Units each 2 BR							
	TOTALS			534,027		79,000	5,000	

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

² To be completed for the Performance and Evaluation Report

Part III - Implementation Schedule for Capital Fund Financing Program					
PHA Name:	POINSETT COUNTY HOUSING AUTHORITY				FFY Grant 2009
Development Number Name/HA-Wide	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		2009 Regular
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
ALL	7/1/2011		7/1/2012		

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

Annual Statement/Performance and Evaluation Report
 Capital Fund Program and 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: POINSETT HOUSING AUTHORITY	Capital Fund Program Grant No: AR37S02350109 Date of CFFP	Replacement Housing Factor Grant No STIMULUS 2009 FFY of Grant Approval
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (Revision No:)
 Performance and Evaluation Report for Period Ending: **3/1/2010**
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	Status
1	Total non-CFP Funds					
2	1406 Operations					
3	1408 Management Improvements Soft Costs					
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees & Costs	30,000		30,000	\$ 26,000.00	In progress
8	1440 Site Acquisition					
9	1450 Site Improvements					
10	1460 Dwelling Structures	604,174		604,174	\$ 501,566.00	In progress
11	1465.1 Dwelling Equipment--Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities					
18a	1501 Collateralization or Debt Service paid by the PHA					
18b	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)	634,174		634,174	527,566	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 compliance					
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 M					

Signature of Executive Director <i>Evelyn Jetter</i> Date 04 / 15 / 2010	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
⁴ RHF funds shall be included here

Part I: Summary

PHA Name: POINSETT COUNTY HA		Grant Type and Number Capital Fund Program Grant No. Replacement Housing Factor Grant No Date of CFFP			FFY of Grant: 2010 FFY of Grant Approval	
<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	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations					
3	1408 Management Improvements Soft Costs	12,000				
4	1410 Administration	41,000				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees & Costs	39,000				
8	1440 Site Acquisition					
9	1450 Site Improvements	15,000				
10	1460 Dwelling Structures	427,027				
11	1465.1 Dwelling Equipment--Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities					
18a	1501 Collateralization or Debt Service paid by the PHA					
18b	Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2-19)	534,027		0	0	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 compliance					
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 M					
Signature of Executive Director		4/15/2010		Signature of Public Housing Director		Date

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Part III - Implementation Schedule for Capital Fund Financing Program					
PHA Name:	POINSETT COUNTY HOUSING AUTHORITY				FFY Grant 2010
Development Number Name/HA-Wide	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
ALL	7/1/2012		7/1/2013		

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

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 POINSET COUNTY HA AR023		Locality (City/County & State) MARKED TREE, POINSETT CO., ARKANSAS			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY __2010__	Work Statement for Year 2 FFY ____2011_____	Work Statement for Year 3 FFY __2012_____	Work Statement for Year 4 FFY __2013_____	Work Statement for Year 5 FFY __2014_____
B.	Physical Improvements Subtotal	Annual Statement	408,000	408,000	408,000	408,000
C.	Management Improvements		12,000	12,000	12,000	12,000
D.	PHA-Wide Non-dwelling Structures and Equipment		0	0	0	0
E.	Administration		40,000	40,000	40,000	40,000
F.	Other		0	0	0	0
G.	Operations		40,000	40,000	40,000	40,000
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		0	0	0	0
L.	Total Non-CFP Funds		0	0	0	0
M.	Grand Total		500,000	500,000	500,000	500,000

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year ____2011_____ FFY _____		Work Statement for Year: ____2012_____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	Management Improvements	12,000	Management Improvements	12,000
	Administration	40,000	Administration	40,000
	Operations	40,000	Operations	40,000
	TOTALS	92,000	TOTALS	92,000
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year ____2013_____ FFY _____		Work Statement for Year: ____2014_____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	Management Improvements	12,000	Management Improvements	12,000
	Administration	40,000	Administration	40,000
	Operations	40,000	Operations	40,000
	TOTALS	92,000	TOTALS	92,000
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$