

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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1.0	<b>PHA Information</b> PHA Name: <u>OTTUMWA HOUSING AUTHORITY</u> PHA Code: <u>IA004</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2010</u>												
2.0	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>359</u> Number of HCV units: <u>237</u>												
3.0	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
4.0	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <thead> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </tbody> </table>	PH	HCV	PHA 1:		PHA 2:		PHA 3:	
PH	HCV												
PHA 1:													
PHA 2:													
PHA 3:													
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.												
5.1	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <b>To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.</b>												
5.2	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <b>PHA Goals are to: Reduce public housing vacancies by continuing on-going efforts to maintain 100% occupancy with short waiting lists for Elderly Public Housing, Family Public Housing, and the Housing Choice Voucher Program. Adapt our efforts to meet all requirements necessary to be eligible for high performer status using the new guidelines for evaluating asset management of public housing properties. Maintain or increase the Housing Choice Voucher Program lease-up rate using all funds provided or fully utilizing the 237 units available. Continue to improve Public Housing security activities for Elderly Housing. Attract supportive services to increase independence for elderly families. (See Financial Resources for details of an OHA service agency) Undertake affirmative measures and fair housing activities in partnership with the Ottumwa Human Rights Commission and the Ottumwa Diversity Group, who both support systems of identifying interpreters.</b>												

6.0	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <i>For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</i> <b>Revisions made to Financial Resources, Rent Determination, Operation and Management, Safety and Crime Prevention and Asset Management.</b>  (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. <b>The 5-Year and Annual PHA Plan can be obtained at the main administrative office of the PHA. The Resident Advisory Board members and the Resident Commissioner have participated reviewing the Plan as it was developed. Copies of the final draft are available at all OHA site offices.</b>
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**PHA Plan Elements:**

**Eligibility, Selection and Admissions Policies, including De-concentration and Wait List Procedures:**

Preference for family housing applicants who are local residents and employed.

Preference for victims of natural disasters will be clarified to include victims of house fires.

(Working agreement with American Red Cross to verify disaster status.)

Applications for housing assistance are available at our main office, 935 West Main Street or by mail if requested for the Public Housing Elderly Hi-Rises, the Family Sites for Two & Three Bedroom eligible families, and the Housing Choice Voucher Program serving all sizes of families. Applicant families must be income eligible and pass background screens for successful previous housing program participation and no serious criminal charges.

The Ottumwa Housing Authority uses a first-come first-served model for processing applications with each applicant having one offer before re-applying. Applicants are processed when turnover in housing programs occurs. Preferences for families who are victims of natural disasters and fires are available for all Ottumwa Housing Authority housing programs offered. Minimum rent for all programs is \$ 25.

Waiting List for Elderly Hi-Rise Southoak Towers AMP #1 is site based for this property. Waiting List for Elderly Hi-Rise Camelot Towers AMP #2 and Westgate Towers AMP #2 both are separate site based waiting lists. Applicants over 62 or over 18 and disabled are processed first for Elderly Hi-Rises and then applicants who are near-elderly 50-61 are offered the opportunity of housing in the Elderly Hi-Rises.

Waiting List for Family Public Housing is for two and three bedroom units. Preference for working families to fully utilize three bedroom units due to small waiting list and use of the Low Income Limit for determining income eligibility for Family Public Housing.

Waiting List for Housing Choice Voucher Program will be processed based on lease up changes adjusting to number of families leaving the HCV Program each month.

**Financial Resources:**

OHA continues to explore opportunities to limit cost increases and opportunities for additional income. OHA is developing a business plan for providing direct services to OHA Public Housing elderly and disabled residents in the hi-rises because the Ottumwa area has few service agencies that offer a complete package of waiver activities to support frail elderly residents or individuals with disabilities living in a public housing apartment. The most common method of service delivery is by individuals working as independent CDAC (Consumer Directed Attended Care) Providers. Public Housing rents are estimated to decrease based on no cost of living increase for Social Security and local economic conditons effecting families with children. Housing Choice Voucher Program HAP funds appear to remain the same for 2010.

The Public Housing Programs consisting of 3 Asset Management Projects AMP's will use the collected rents, other income and operating subsidy funds to operate each AMP the Central Office Cost Center (COCC) and the Maintenance Cost Center. Non Federal activity that could generate resources would be a new Ottumwa Housing Authority service program to assist frail elderly residents with their support needs. The OHA service program would be an activity of the COCC. The business plan for this new activity is under development and will need approval from OHA Board and Iowa Medicaid Enterprise.

Listed is the anticipated resources of funding for Ottumwa Housing Authority to operate the three Public Housing AMP's using 2010 funding during its fiscal years ending March 31, 2010 and March 31, 2011:

Rents	\$ 971,200
Other Income	\$ 53,100
Operating Subsidy	\$ 505,394
CFP 2009	\$ 470,232

The Ottumwa Housing Authority Housing Choice Program will continue to use Housing Choice Voucher HAP funding in its efforts to fully use all of the 237 contracted units each month. Admin. Fees will be used by the Central Office Cost Center to administer the Housing Choice Voucher Program.

HAP funds (carried over)	\$ 25,000
HAP funds	\$ 690,300
Admin. Fees	\$ 120,550

6.0  
(Cont'd)

**Rent Determination:**

No changes are recommended for 2010 for Elderly Public Housing, Family Public Housing or Housing Choice Voucher Programs.

In 2009 Family Public Housing began the process of using a preference for working families and increased the ceiling rents/flat rents by \$25 per unit. Based on 2009 New Income Limits, Family Public Housing recommendation to increase income limits to Low Income Limits. Purpose of adjustment is to seek a new market for Family Public Housing units that are difficult to maintain 100% lease-up due to short waiting list and competition from Housing Choice Voucher Program. Ottumwa Housing Authority utilizes an Income Based Rent Policy based on the higher of 30% of adjusted monthly rent or a minimum rent of \$ 25 for all of its Public Housing Programs for Elderly Public Housing apartments units in hi-rises or Two and Three Bedroom Public Housing apartments. If a household pays minimum rent and has a medical hardship they may apply for an exemption to the \$ 25 rent. Maximum or Flat Rents are identified for all Ottumwa Housing Authority Public Housing units. Flat Rents are set at a level to be as market equivalent as possible without pricing the unit too high as to create vacancies.

The Housing Choice Voucher Programs also use the calculation method of higher of 30% of adjusted monthly rent or a minimum rent of \$ 25 with the Payment Standards being set at 100% of the Wapello County, Iowa Fair Market Rents to allow the HCV Program to service as many families as the HAP funding received will allow.

**Operation and Management:**

Disposition of Obsolete Equipment will be reviewed annually. Charge Schedule was updated for current costs. Ottumwa Housing Authority utilizes an Income Based Rent Policy based on the higher of 30% of adjusted monthly rent or a minimum rent of \$ 25 for all of its housing programs both for Public Housing apartments units rented or Housing Choice Voucher Programs units leased by participants. If a household pays minimum rent and has a medical hardship they may apply for an exemption to the \$ 25 rent.

Maximum or Flat Rents are identified for all Ottumwa Housing Authority Public Housing units. Flats Rents are set at a level to be as market equivalent as possible without pricing the unit too high as to create vacancies.

The Housing Choice Voucher Programs also uses the calculation method of the higher between 30% of adjusted monthly rent or a minimum rent of \$ 25. Payment Standards were reviewed and set at 100% of the Wapello County Fair Market Rents to allow the HCV Program to provide rent assistance to as many families as the funding received will allow.

**Grievance Procedures:**

No changes for 2010.

The Ottumwa Housing Authority grievance, informal hearing and review procedures were developed with the concept to create opportunities so residents and participants could continue to receive housing assistance. All steps of the process an applicant must complete to become eligible to receive housing has the opportunity for an informal hearing with Ottumwa Housing Authority staff to provide additional information. If an applicant disagrees with the results of the informal hearing they may use the Grievance Procedure to have a hearing with the Ottumwa Housing Authority Hearing Officer. Public Housing residents in violation of their Dwelling Lease are served a 14/30 day notice allowing them two weeks to correct the breach of the Dwelling Lease. If a resident feels the notice was incorrect they have the opportunity to use the Grievance Procedure to appeal. The Ottumwa Housing Authority Housing Choice Voucher Program offers its participants the opportunity to request an informal hearing to provide additional information and if the participant disagrees with the outcome of the informal hearing they can request the use of the Grievance Procedure to appeal any action of terminating their voucher and housing assistance.

6.0  
(Cont'd)

**Designated Housing for Elderly and Disabled Families:**

No changes for 2010.

The Ottumwa Housing Authority continues to research the opportunity to convert Southoak Towers AMP #1 with 103 units to elderly only housing. At this time no application has been submitted to the HUD SAC Special Applications Center, but its staff has been helpful in assisting the Ottumwa Housing Authority with information on how to apply for the “elderly only designation” for Southoak Towers. The current situation of ongoing vacancies at the other two hi-rises in AMP #2 Camelot Towers and Westgate Towers could offer choices for all applicants.

**Community Service and Self-Sufficiency:**

No changes for 2010.

The Ottumwa Housing Authority Public Housing Programs requires that households not meeting the Community Service exemptions participate in a community service activity. The Ottumwa Housing Authority maintains a list of agencies that offer community service opportunities. The Ottumwa Housing Authority provides forms to assist both the agency and our resident the tools to track and report their community service hours. The Ottumwa Housing Authority is a partner in the Iowa Workforce Development Center’s Promise Jobs Program (TANF work requirement agency) by participating on its advisory group and offering Promise Jobs participants work opportunities at Ottumwa Housing Authority work sites. When reporting new employment Ottumwa Housing Authority staff researches the family work history and if applicable assists them in receiving the MEID Mandatory Earned Income Disallowance calculation.

**Safety and Crime Prevention:**

No changes in 2010 to Crime Prevention and Screening Procedures that were updated in 2007 and reviewed in 2009.

The Ottumwa Housing Authority plan for safety of its residents includes numerous activities. The Ottumwa Housing Authority has partnered with the Ottumwa Police Department since 1995 when we applied for a Community Oriented Policing COPS grant and were successful. The Ottumwa Housing Authority continues to pay for this position by using CFP management improvements funds. Prior to the COPS grant the Ottumwa Housing Authority experienced many incidences of drug related criminal activity occurring at our properties. A note worthy example is a resident had stored a parts of a methamphetamine lab under a child’s bed. The materials were hazardous and were removed by a team of specialists from the Iowa Department of Criminal Investigation. The Ottumwa Housing Authority Liaison Officer activities include prevention by being the go between with all law enforcement agencies for completing background checks for criminal history. The Ottumwa Housing Authority Liaison Officer conducts a neighborhood watch program at hi-rises monthly. The Ottumwa Housing Authority Liaison Officer has daily contact with the residents at our family sites and has activities for all ages. One positive example is the annual Halloween safety contacts that are made door to door at our family sites. The partnership with the Ottumwa Police Department has resulted in Ottumwa Housing Authority staff being trained by the Police on recognizing drug related materials. All new Ottumwa Police Officers are given a tour of the Ottumwa Housing Authority as part of their introduction to the job. The Ottumwa Housing Authority contracts for security services at Camelot Towers from Securitas Security Services USA, Inc.

**Pets:**

No changes for 2010.

The Ottumwa Housing Authority has a Pet Policy in regards to the ownership of pets by residents living in its public housing properties.

<p>6.0 (Cont'd)</p>	<p><b>Civil Rights Certification:</b>  No changes for 2010.  The Ottumwa Housing Authority regularly reviews its compliance with the Civil Rights and AFFH Certification by reviewing its policies, providing staff training on Fair Housing, maintaining up to date signage at all of its offices. The Ottumwa Housing Authority works with the city of Ottumwa Human Rights Commission and the local Legal Aid office to make referrals when contacted about a case of discrimination.  The Ottumwa Housing Authority has its annual plan reviewed for consistency with the State of Iowa Consolidated Plan which has the city of Ottumwa in its jurisdiction.</p> <p><b>Fiscal Year Audit:</b>  The Fiscal Audit for FYE 3/31/2009 is in process and will be submitted to HUD. The Ottumwa Housing Authority's most recent completed audit for the fiscal ending March 31, 2008 had no findings.</p> <p><b>Asset Management:</b>  Ottumwa Housing Authority continues to develop its AMP Based Accounting and continues to assess the viability of all components of its AMP properties to discover ways to lengthen years of service to its residents and the community.  The Ottumwa Housing Authority is working through the Asset Management process to better allocate costs between the three AMP's. The Ottumwa Housing Authority has a Central Office Cost Center for Administrative Management and a Maintenance Cost Center for providing property maintenance services to all three of its AMP's. Annually the Ottumwa Housing Authority has updated its five year plan to plan for future modernization needs which has included staff identifying any projects that can be done without using Capital Funds with Ottumwa Housing Authority resources. Currently major infrastructure work is being done to the plumbing at Southoak and was done to Westgate. Plans to maintain, update and modernize public housing will be updated annually. Work will proceed as funds become available. The Ottumwa Housing Authority used 2009 ARRA CFP and Capital Fund Recovery Competition Grant funding to accomplish approximately two years of CFP activity in 2009 greatly improving the viability of Ottumwa Housing Authority Public Housing units.</p> <p><b>Violence Against Women Act (VAWA):</b>  No changes for 2010. Latest policy adopted December 19, 2007. The Ottumwa Housing Authority worked with the Ottumwa Women's Crisis Center and Ottumwa Police Department Liaison Officer when developing the policy in 2007. Referrals to the Ottumwa Women's Crisis Center and Southern Iowa Mental Health Center are made by Ottumwa Housing Authority staff and Ottumwa Police Department Liaison Officer when needed.</p>
<p>7.0</p>	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>  <b>Not applicable for Ottumwa Housing Authority</b></p>
<p>8.0</p>	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.  Five Year Plan was updated. 2010 Annual Plan includes the following work items to modernize for both long-term physical and social viability of the AMP's. AMP # 1 Southoak replace Louvered Closet Doors \$ 44,000; AMP # 2 Westgate Elevator upgrades for \$ 140,000, Camelot repair of north lobby Window Wall for \$ 65,000; AMP # 3 Family Sites replace 60 stoves for \$ 30,000; Non-Dwelling Equipment items include replacing Small Tools for \$ 5,232 and a maintenance vehicle (pick up with lift to move appliance and snow plow) will be replaced costing \$ 30,000; \$58,980 for Management Improvements to continue the COPS Program by contracting for a Liaison Officer with the Ottumwa Police Department; \$50,000 for Operations to assist the AMP's general fund to maintain the property; 10% or \$47,020 for Administration. See HUD 50075.2 for adjustments to the 5-Year Plan, many significant changes to plan with additional new projects being added due to 2009 ARRA CFP and 2009 CFRC activity that accomplished many work items on 2009-2013 Five Year Plan.</p>

8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p><b>See Attachment HUD 50075.1 for 2010 Annual Statement, 2009 CFP Performance and Evaluation Report, 2009 CFRC Performance and Evaluation Report for AMP # 2, 2009 CFRC Performance and Evaluation Report for AMP # 3, 2009 ARRA CFP Performance and Evaluation Report, 2008 Performance and Evaluation Report, 2007 Performance and Evaluation Report</b></p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p><b>See Attachment HUD 50075.2 for 5 Year Plan 2010-2014</b></p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p><b>Not applicable for Ottumwa Housing Authority</b></p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><b>Ottumwa Housing Authority has adequate opportunities for elderly public housing serving seniors and disabled families. 2009 had short waiting lists for elderly public housing in the hi-rises. Leasing of efficiency units continues to be a challenge. Based on 2009 waiting lists activity, the Ottumwa Housing Authority offers adequate opportunities for elderly housing. Public housing family sites have short waiting lists for three bedrooms that do not always allow the authority to maintain full occupancy. Most of 2009 an adequate waiting list for two bedrooms families existed.</b></p> <p><b>The Housing Choice Voucher Program has also decreased the length of time on the waiting list in 2009 similar to the conditions in 2008. The Housing Choice Voucher Program continues to struggle to balance the availability of HAP funding and an adequate supply of rental units for Ottumwa Housing Authority voucher holders (HCV participants) trying to find housing to lease up during the active period of their voucher.</b></p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><b>Ottumwa Housing Authority strategy is to continue marketing all programs to obtain full utilization of all housing opportunities available. For elderly public housing, any homeless applicant willing to accept an efficiency unit can be housed quickly. For family public housing, we hope to improve lease-up for three bedrooms with applicants from the working families' preference group. The Housing Choice Voucher Program strategy will be to work with current and new landlords to maintain an adequate pool of landlords to provide an adequate supply of rentals to keep the program fully leased.</b></p>

**Additional Information.** Describe the following, as well as any additional information HUD has requested.

**(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.

**The Ottumwa Housing Authority will continue to develop its family site preference for local working families to support OHA staff efforts to maintain full lease-up in AMP # 3 Family Sites. Decreasing the amount of vacancy months for three bedroom units.**

**The Ottumwa Housing Authority continues its efforts to provide high quality, affordable housing promoting a positive living environment at all of our properties. Ottumwa Housing Authority staff act in a professional manner to provide residents, participants, and applicants opportunities including support to maintain independent living and to access community services from cooperating service agencies.**

**The Ottumwa Housing Authority meets with its Resident Advisory Board monthly to respond to their concerns and feedback on how the Ottumwa Housing Authority provides its assisted housing to residents. Input from the resident groups assists the staff work through the many processes to maintain its high performing scores in PHAS and SEMAP. The addition of security services was identified by residents and staff as a need that continues to provide a safe housing environment. Hopefully, finances will allow security services to be expanded beyond the one hi-rise when needed.**

**The Ottumwa Housing Authority works to ensure that all community agencies are educated about the steps their clients need to take when applying for housing programs. The Ottumwa Housing Authority works to inform the member agencies of the Wapello County Human Resources Association Helping Hands and Diversity Committees about the current opportunities for their clients to apply for housing assistance. New Iowan Center and the Indian Hills Community College Adult Basic Education English as a Second Language Program refer applicants from the minority groups within our community and help the housing authority educate new members of our community about the availability of housing assistance.**

**b) Significant Amendment and Substantial Deviation/Modification.** Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

**The Ottumwa Housing Authority will meet with its Residents Advisory Board for input to policy and procedure changes. The Board of Commissioners will approve policy and procedure changes to the Annual Plan. Capital Fund Budgets will be revised as needed with Residents Advisory Board meeting to review the proposed changes. Capital Fund Budgets will be adjusted with emergency needs and identified work items from the OHA 5-Year Plan with Board of Commissioners approval.**

10.0

11.0

**Required Submission for HUD Field Office Review.** In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office.

**Find the following original documents executed and scanned:**

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet*

**(f) Resident Advisory Board (RAB) comments.** Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan.

**Find the following original documents executed and scanned:  
Resident Advisory Board (RAB) comments**

PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.

**The Ottumwa Housing Authority received comments from three Resident Advisory Groups that provide representatives to the Resident Advisory Board (RAB). Their comments supported the Ottumwa Housing Authority's 5-Year Plan for meeting the needs of modernization activity. Their concerns included the need for additional funds to make possible the identified work items in the 5-Year Capital Fund Annual Plan. The Southoak Towers RAB members indicated support for the on-going infrastructure improvements including replacement of louvered closet doors, upgrades to elevators, replacement of floor tile and replacing of yard lights with energy star equipment. The Camelot Towers RAB members identified repairs to windows in the lobby area and replacement of floor tile as their priorities. The Westgate Towers RAB group supported the 2010 Capital Fund Annual Plan work items in general and only identified the closet door replacement as a priority. The Ottumwa Housing Authority Resident Advisory Board meets monthly and continues to provide recommendations on the operations of the Ottumwa Housing Authority.**

<b>Part I: Summary</b>	
<b>PHA Name:</b> OTTUMWA HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P00450110 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>	

**Type of Grant**  
 **Original Annual Statement**       **Reserve for Disasters/Emergencies**       **Revised Annual Statement (revision no: \_\_\_\_\_)**  
 **Performance and Evaluation Report for Period Ending:**       **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$ 50,000			
3	1408 Management Improvements	\$ 58,980			
4	1410 Administration (may not exceed 10% of line 21)	\$ 47,020			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$ 249,000			
11	1465.1 Dwelling Equipment—Nonexpendable	\$ 30,000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$ 35,232			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

<sup>4</sup> RHF funds shall be included here.

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> OTTUMWA HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P00450110 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</b>			
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	\$ 470,232			
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	\$ 58,980			
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	\$ 140,000			
<b>Signature of Executive Director</b>		<b>Date 12/16/2009</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

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

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: OTTUMWA HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P00450110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
WIDE	Operations	1406		\$ 50,000				
WIDE	Management Improvements Security OHA Officer	1408		\$ 58,980				
WIDE	Administration	1410		\$ 47,020				
IA004-000001	AMP # 1 Southoak Towers Replace Louvered Closet Doors	1460		\$ 44,000				
IA004-000002	AMP # 2 Camelot/Westgate Towers Repair Window Wall (North Camelot Lobby) Elevator upgrade (Westgate)	1460 1460		\$ 65,000 \$ 140,000				
IA004-000003	AMP # 3 Family Sites Replace Stoves	1465.1		\$ 30,000				

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

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







**Capital Fund Program—Five-Year Action Plan**

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

<b>Part I: Summary</b>						
PHA Name/Number <b>OTTUMWA HOUSING AUTHORITY IA004</b>		Locality (City/County & State) <b>OTTUMWA, WAPELLO COUNTY, IOWA</b>			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b> <b>2010-2014</b>	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
B.	Physical Improvements Subtotal	Annual Statement	\$ 275000	\$ 246500	\$ 303000	\$ 289000
C.	Management Improvements		\$ 58980	\$ 58980	\$ 58980	\$ 58980
D.	PHA-Wide Non-dwelling Structures and Equipment		\$ 39232	\$ 67732	\$ 11232	\$ 25232
E.	Administration		\$ 47020	\$ 47020	\$ 47020	\$ 47020
F.	Other					
G.	Operations		\$ 50000	\$ 50000	\$ 50000	\$ 50000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$ 470232	\$ 470232	\$ 470232	\$ 470232
L.	Total Non-CFP Funds					
M.	Grand Total					

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year <u>2</u> FFY 2011			Work Statement for Year: <u>3</u> FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	<b>IA 004-000001 Southoak</b>			<b>IA 004-000001 Southoak</b>		
Annual Statement				<i>Elevator Upgrade</i>		\$150000
	<i>Base Cove Molding in apartments</i>		\$ 5000	<i>Replace Louvered Closet Doors</i>		\$ 35000
				<i>Base Cove Molding in apartments</i>		\$ 5000
	<b>IA 004-000002 Camelot &amp; Westgate</b>			<b>IA 004-000002 Camelot &amp; Westgate</b>		
	<i>Floor Tile in Hallways (Camelot)</i>		\$ 9000			
	<i>Replace Stoves (Camelot)</i>		\$ 37000			
	<i>Elevator upgrade (Westgate)</i>		\$ 140000			
	<i>Replace Louvered Closet Doors (Westgate)</i>		\$ 35000	<i>Replace Louvered Closet Doors (Westgate)</i>		\$ 34000
	<i>Base Cove Molding in apartments (Westgate)</i>		\$ 5000	<i>Base Cove Molding in apartments (Westgate)</i>		\$ 5000
	<b>IA 004-000003 Family Sites</b>			<b>IA 004-000003 Family Sites</b>		
	<i>Rewire Cable TV</i>		\$ 24000			
	<i>Maintenance Garage Addition (Hed. Hghts.)</i>		\$ 20000	<i>Dryer Vent System (3 bedroom apts.)</i>		\$ 17500
	<b>IA 004 Wide</b>			<b>IA 004 Wide</b>		
	<i>Riding Lawnmower</i>		\$ 20000	<i>Riding Lawnmower</i>		\$ 20000
	<i>Small Tools</i>		\$ 5232	<i>Small Tools</i>		\$ 5232
	<i>Vehicle Replacement</i>		0	<i>Vehicle Replacement</i>		\$ 31500
	<i>Replace File Server</i>		\$ 14000	<i>Replace Copier</i>		\$ 11000
	Subtotal of Estimated Cost		\$ 314,232	Subtotal of Estimated Cost		\$ 314,232

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2009	Work Statement for Year <u>4</u> FFY 2013			Work Statement for Year: <u>5</u> FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	<b>IA 004-000001 Southoak</b>			<b>IA 004-000001 Southoak</b>		
Annual	<i>Elevator Upgrade (Southoak)</i>		\$ 150000	<i>Replace Stoves</i>		\$ 39500
Statement	<i>Floor Tile in Hallways</i>		\$ 16000	<i>Replace Pole Yard lights w/ Energy Star.</i>		\$ 20000
	<i>Base Cove Molding in apartments</i>		\$ 5000	<i>Base Cove Molding in apartments</i>		\$ 5000
	<b>IA 004-000002 Camelot &amp; Westgate</b>			<b>IA 004-000002 Camelot &amp; Westgate</b>		
				<i>Floor Tile in Hallways (Camelot 4 floors)</i>		\$ 10000
	<i>Replace Roof (Camelot)</i>		\$ 80000	<i>Replace Fire Alarm (C)</i>		\$ 85000
	<i>Equip Storage Shed (W)</i>		\$ 15000	<i>Replace Stoves (W)</i>		\$ 37500
	<i>Base Cove Molding in Hallways (Westgate)</i>		\$ 15000	<i>Replace Pole Yard lights (Westgate)</i>		\$ 20000
	<i>Floor Tile in Hallways (Westgate 8 floors)</i>		\$ 17000	<i>Rewire Fire Alarm (Westgate)</i>		\$ 20000
	<i>Base Cove Molding in apartments (Westgate)</i>		\$ 5000	<i>Base Cove Molding in apartments (Westgate)</i>		\$ 5000
	<b>IA 004-000003 Family Sites</b>			<b>IA 004-000003 Family Sites</b>		
				<i>Replace Meter Sockets/ Main Breakers</i>		\$ 47000
	<b>IA 004 Wide</b>			<b>IA 004 Wide</b>		
	<i>Riding Lawnmower</i>		0	<i>Riding Lawnmower</i>		\$ 20000
	<i>Small Tools</i>		\$ 11232	<i>Small Tools</i>		\$ 5232
	<i>Vehicle Replacement</i>		0	<i>Vehicle Replacement</i>		0
	Subtotal of Estimated Cost		\$ 314,232	Subtotal of Estimated Cost		\$ 314,232





We as representatives of Southoak Towers wish to thank the  
Ottawa Housing Authority, the Director and his staff for all they have  
done for us. We wish to thank the Director of Operations and his staff  
for maintaining the upkeep in keeping our building functioning properly  
and for the upkeep of the grounds. We wish to thank Housing for  
the reconditioning of the Community Room and Library floor with Hi-Tech

Wax and Polish. We are thankful for the following:-

- 1) New Roofing with Duro-Fast Roofing
- 2) Resurfacing of the Parking Lots and Driveways
- 3) Rhiner's Plumbing for the excellent job they have done  
and for New Showers Fixtures

- 4) Mlig Plumbing for the work they did at the Cottages

We look forward to getting new Refrigerators and also the upgrading  
of the Laundry Equipment. We look forward to in the near future  
of: - replacing Lowered Closet Doors - Base Case Molding in  
the Apartments - Upgrading the Elevators - Floor Tiles - Hallways  
and replacing Pole Yard Lights with Energy Star.

Once again Thank You Ottawa Housing for everything  
you have done for us at Southoak.

RECEIVED

Roman C. Iwanicki President

RECEIVED

Colleen Allen

Vice President

RECEIVED

RECEIVED

James Thomas

Secretary

Yvonne Olson

Treasurer

To Whom it May Concern:

We as representative of Camelot Towers would like to thank Ottumwa Housing Authority Director and his staff for the great work they have done improving our homes. We would like to say a special thanks to the maintenance people in keeping our home safe and clean and for being prompt to responding so quick to our calls. We have had several improvements to our building in the past year. We recieved new pavement in the front of the building and the back sidewalk by the door. We also recieved new Air Conditioner Covers. We are very excited on getting our new Refrigerators and Washer & Dryers. We are looking forward in getting the new Window in the lobby. also the tile on the third floor. We are hoping in the future of getting Camera's in the hallways and on the outside front and back.

Sincerely  
Janet Yeoman President  
Leonard Downing Vice President  
Janice Mason Secretary  
Ethel Orona Treasurer

Kestgate Towers  
December 30-2009

Writing on behalf of the Community of men <sup>and</sup> women who live here, this brings a message of "thanks" that we enjoy living here. We do appreciate the cool in summer <sup>and</sup> warmth in winter. Summer brought a real face for the Parking lot by all the brilliant colors. It adds to the beauty of our lawn <sup>and</sup> the building that surrounds it. For all who got the new doors (Claret <sup>and</sup> Ketones) a special addition - thanks again - please the next <sup>and</sup> orderly work done by Rick <sup>and</sup> his helpers.

The staff @ Oth A are always courteous <sup>and</sup> gracious dealing w/ the elderly. With all the many projects on the horizon, which we all know they try to keep going forward - thanks for your time <sup>and</sup> talents we see displayed. Lastly we all need to acknowledge that it's a privilege to live @ Kestgate - where the living is easy -

Marion Deane  
Clara Randolph  
Emma Davis  
Bernice Price

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____)					
<input 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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

<b>Part I: Summary</b>				
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: _____ Date of CFFP: _____		<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report				
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated      Expended</b>
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>	
			<b>Date</b>	









<b>Part I: Summary</b>	
PHA Name: OTTUMWA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IA05P00450108 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 20008 FFY of Grant Approval: 2008	

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: 3 )  
 Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds		\$ 16,871.09	\$ 16,857.09	\$ 16,857.09
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$ 71,300.00	\$ 71,310.00	\$ 71,310.00	\$ 71,310.00
3	1408 Management Improvements	\$ 57,427.09	\$ 57,427.09	\$ 57,427.09	\$ 29,043.96
4	1410 Administration (may not exceed 10% of line 21)	\$ 47,540.00	\$ 47,540.00	\$ 47,540.00	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 13,000.00	\$ 14,000.00	\$ 13,000.00	
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 170,458.78	\$ 170,458.68	\$ 170,458.68	\$ 170,458.68
10	1460 Dwelling Structures	\$ 109,628.83	\$ 109,628.83	\$ 109,628.83	\$ 109,628.83
11	1465.1 Dwelling Equipment—Nonexpendable	\$ 6,037.30	\$ 5,037.40	\$ 5,037.40	\$ 5,037.40
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

<sup>4</sup> RHF funds shall be included here.

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> OTTUMWA HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P00450108 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2008</b> <b>FFY of Grant Approval: 2008</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 )		
<input checked="" 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 <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	\$ 475,402.00	\$ 475,402.00	\$ 474,402.00	\$ 385,478.87	
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	\$ 57,427.09	\$ 57,427.09	\$ 57,427.09	\$ 29,043.96	
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>		<b>Date 12/16/2009</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

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

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: OTTUMWA HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P00450108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
IA004-000001	Plumbing Improvements	1460		85908.80	85908.80	85908.80	85908.80	
Southoak	Southoak Phase # 1							
	Engineering Southoak Plumbing Phase #2	1430		13000.00	14000.00	13000.00		
	Asphalt Parking Resurface	1450		57870.00	39392.52	39392.52	39392.52	
IA004-000002	Asphalt Parking Resurface (Westgate)	1450		43476.00	44502.37	44502.37	44502.37	
Camelot / Westgate	Replace Closet Doors (Westgate)	1460		23720.03	23720.03	23720.03	23720.03	
IA004-000003	Asphalt Parking & Driveway (Taft Circle)	1450		43684.50	36814.40	36814.40	36814.40	
Family Sites	Asphalt Resurfacing (Elm Court Drive)	1450		25428.28	49749.39	49749.39	49749.39	
Operations	Operations	1406		71310.00	71310.00	71310.00	71310.00	
Non-Dwelling Equip. PHA Wide	Small Tools	1475		6037.30	5037.40	5037.40	5037.40	
Management Improv. PHA Wide	Security - Housing Authority Officer	1408		57427.09	57427.09	57427.09	29043.96	
Administration	10% Admin Fee	1410		47540.00	47540.00	47540.00		

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

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: OTTUMWA HOUSING AUTHORITY					<b>Federal FFY of Grant: 2008</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
IA004-000001 Southoak	6/13/2010	Open	6/13/2012	Open	
IA004-000002 Camelot / Westgate	6/13/2010	Open	6/13/2012	Open	
IA004-000003 Family Sites	6/13/2010	Open	6/13/2012	Open	
Non-Dwelling Equip. PHA Wide	6/13/2010	Open	6/13/2012	Open	
Management Improvemnts. PHA Wide	6/13/010	Open	6/13/2012	Open	
Operations	6/13/2010	Open	6/13/2012	Open	

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





<b>Part I: Summary</b>					
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____)					
<input 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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

<b>Part I: Summary</b>				
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: _____ Date of CFFP: _____		<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report				
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated      Expended</b>
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>	
			<b>Date</b>	









<b>Part I: Summary</b>	
<b>PHA Name: OTTUMWA HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P00450109 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: 4 )  
 Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$ 50,000	\$ 50,000	0	0
3	1408 Management Improvements	\$ 59,150	\$ 59,700	0	0
4	1410 Administration (may not exceed 10% of line 21)	\$ 47,000	\$ 47,000	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement		\$ 16,000	0	0
10	1460 Dwelling Structures	\$ 103,969	\$ 187,819	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	\$ 162,600	\$ 50,200	0	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$ 47,513	\$ 59,513	0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

<sup>4</sup> RHF funds shall be included here.

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> OTTUMWA HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P00450109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4 )		
<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 <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	\$ 470,232	\$ 470,232	0	0	
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	\$ 59,150	\$ 59,700	0	0	
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>		<b>Date 12/16/2009</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

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

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: OTTUMWA HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P00450109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
WIDE	Operations	1406		50,000	50,000	0	0	
WIDE	Management Improvements							
	Security - Housing Authority Officer	1408		59,150	59,700	0	0	
WIDE	Adminstration - 10% Admin Fee	1410		47,000	47,000	0	0	
IA004-000001	Engineering, Plumbing Phase # 2	1430		0	0			
Southoak	Plumbing Improvements, Phase # 2	1460		0	0			
	Replace Refrigerators	1465.1		45,900	45,900	0	0	
	Laundry Equipment	1475		8,781	8,781	0	0	
	Replace Closet Doors	1460		44,000	44,000	0	0	
IA004-000002	Replace Refrigerators (Camelot / Westgate)	1465.1		87,300	2,900	0	0	
Camelot / Westgate	Laundry Equipment (Camelot/Westgate)	1475		12,700	12,700	0	0	
	Air Conditioner Covers (Camelot)	1460		0	0			
	Replace Closet Doors (Westgate)	1460		55,069	25,819	0	0	

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: OTTUMWA HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P00450109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
IA004-000003	Non-Dwelling Equipment							
Family Sites	Maintenance Van	1475		19,800	21,800	0	0	
	Replace Light Fixtures w/ Energy Star	1460		48,900	0			
	Replace Refrigerators	1465.1		29,400	1,400	0	0	
	Replace Concrete Patios (Jay & Fellows)	1450		0	16,000	0	0	
	Replace Roofs	1460		0	118,000	0	0	
WIDE	Non-Dwelling Equipment							
	Computer Hardware	1475		0	0			
	Small Tools	1475		6,232	6,232	0	0	
	Replace Copier	1475		10,000	10,000	0	0	

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: OTTUMWA HOUSING AUTHORITY				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
IA004-000001					
Southoak	Sept. 14, 2011		Sept. 14, 2013		
IA004-000002					
Camelot/Westgate	Sept. 14, 2011		Sept. 14, 2013		
IA004-000003					
Family Sites	Sept. 14, 2011		Sept. 14, 2013		
IA004					
WIDE	Sept. 14, 2011		Sept. 14, 2013		

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



<b>Part I: Summary</b>					
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____)					
<input 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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

<b>Part I: Summary</b>				
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: _____ Date of CFFP: _____		<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report				
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated      Expended</b>
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>	
			<b>Date</b>	









<b>Part I: Summary</b>					
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____)					
<input 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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

<b>Part I: Summary</b>				
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: _____ Date of CFFP: _____		<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report				
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated      Expended</b>
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>	<b>Date</b>









**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*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 Commissioners, I approve the submission of the    5-Year and/or    Annual PHA Plan for the PHA fiscal year beginning 4-1-10, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan 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.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

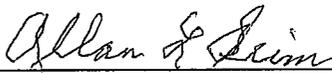
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

OTTUMWA HOUSING AUTHORITY  
PHA Name

IA 004  
PHA Number/HA Code

- 5-Year PHA Plan for Fiscal Years 20 10 - 20 14
- Annual PHA Plan for Fiscal Years 20 10 - 20

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	Title
Allan L. Seim	Chairman, Board of Commissioners
Signature	Date
	1/14/2010

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Ottumwa Housing Authority

Program/Activity Receiving Federal Grant Funding

PHA Plan for Fiscal Year 2010 and 5-Year Plan

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.

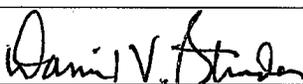
2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet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

- |  |   |
|--|---|
| Camelot Towers, 827 Albia Road, Wapello, Ottumwa, IA 52501   | 1105-1115 Jay, Wapello, Ottumwa, IA 52501         |
| Southoak Towers, 102 West Finley, Wapello, Ottumwa, IA 52501 | 808-814 North Fellows, Wapello, Ottumwa, IA 52501 |
| Westgate Towers, 910 West Second, Wapello, Ottumwa, IA 52501 | 103-149 Taft Circle, Wapello, Ottumwa, IA 52501   |
| 935 West Main Street, Ottumwa, IA 52501                      | 125-127 Taft Ave, Wapello, Ottumwa, IA 52501      |
| 1102-1120 Elm Court, Wapello, Ottumwa, IA 52501              |   |
| 223-229 Fairview, Wapello, Ottumwa, IA 52501                 |   |
| 02-12 Hedrick Heights, Wapello, Ottumwa, IA 52501            |   |

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 Daniel V. Stroda	Title Executive Director
Signature 	Date 1-6-2010

## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>  IA05P00340110	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>11.</b> 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>Daniel V. Stroda</u> Title: <u>Executive Director</u> Telephone No.: <u>641-682-8369</u> Date: <u>1/6/2010</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET

Approved by OMB  
0348-0046

Reporting Entity: OTTUMWA HOUSING AUTHORITY

Page 1 of 1

8. Federal Action Number:

IA05P00450108	Capital Fund Program	FFY 2008	Open Capital Fund
IA05P00450107	Capital Fund Program	FFY 2007	Open Capital Fund
IA05S00450109	FY 2009 ARRA Capital Fund Program		Open Capital Fund
IA05P00450109	FY 2009 Capital Fund		Open Capital Fund
IA00400000209	FY 2009 ARRA Competitive		Open Capital Fund
IA00400000309	FY 2009 ARRA Competitive		Open Capital Fund

**Certification of Payments  
to Influence Federal Transactions**

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

Applicant Name

Ottumwa Housing Authority

Program/Activity Receiving Federal Grant Funding

PHA 5-Year and Annual Plan for FY 2010-2014 Annual Plan for 2010

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 Daniel V. Stroda	Title Executive Director
Signature 	Date (mm/dd/yyyy) 1/6/2010

**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.

Ottumwa Housing Authority

IA004

\_\_\_\_\_  
PHA Name

\_\_\_\_\_  
PHA Number/HA Code

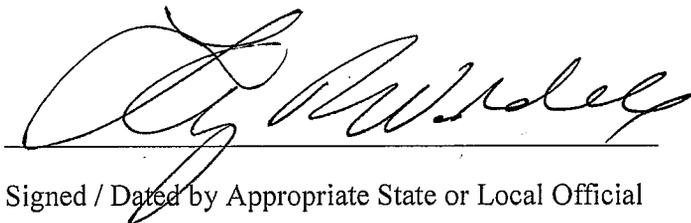
I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)			
Name of Authorized Official	Allan L. Seim	Title	Chairman, Board of Commissioners
Signature		Date	01/06/2010

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, Timothy R. Waddell the Division Administrator certify that the Five Year and  
Annual PHA Plan of the Ottumwa Housing Authority is consistent with the Consolidated Plan of  
the State of Iowa prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official