

1.0	PHA Information PHA Name: <u> Sullivan Housing Authority </u> PHA Code: <u> IN034 </u> PHA Type: X Small X High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u> 04/2010 </u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u> 255 </u> Number of HCV units: <u> -0- </u>																										
3.0	Submission Type X 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 35%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 15%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 5%;">PH</th> <th style="width: 5%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The Sullivan Housing Authority will provide safe, decent, attractive and affordable housing; and assure integrity to all programs.																										
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. The Sullivan Housing Authority assured the availability of housing due to short unit-turn-around times, has improved the energy efficiency of all units, improved RASS Scores slightly, and improved the appearance and subsequent marketability of all buildings/units. The Sullivan Housing Authority will continue to work towards maximizing energy efficiency to assist low income families as well as the PHA. We will also continue to improve appearance and marketability of all buildings and units in an effort to achieve a higher occupancy level. The Violence Against Women Act was incorporated into the 11/12/09 revision of the Admission and Continued Occupancy Policies. Explanation of this program is part of the lease-up procedure. No other specific services beyond compliance with the Act are provided.																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.																										
7.0	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>																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																										
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.																										
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.																										
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>
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>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <ul style="list-style-type: none"> (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. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”
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. (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)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a 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: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

Part I: Summary	
PHA Name: Sullivan Housing Authority	Grant Type and Number Capital Fund Program Grant No: IN36P03450110 Replacement Housing Factor Grant No: Date of CFFP: 2010
FFY of Grant: 2010 FFY of Grant Approval:	

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 ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	28,000			
3	1408 Management Improvements	4,000			
4	1410 Administration (may not exceed 10% of line 21)	35,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	274,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

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

Part I: Summary						
PHA Name: Sullivan Housing Authority		Grant Type and Number Capital Fund Program Grant No: IN36P03450110 Replacement Housing Factor Grant No: Date of CFFP: 2010			FFY of Grant:2010 FFY of Grant Approval:	
Type of Grant						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	350,000				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director		Date 01/13/2010		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.

Part II: Supporting Pages								
PHA Name: Sullivan Housing Authority IN034		Grant Type and Number Capital Fund Program Grant No: IN36P03450110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
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 ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	Operations	1406		28,000				
HA-Wide	Replace Maintenance Radios & Repeater	1408	11	4,000				
HA-Wide	Administration	1410		35,000				
IN034-01A	Fees & Costs Tub/ Shower Replacement	1430		6,000				
IN034-01A	Replace Tub/Shower	1460	91	90,000				
IN034-01A	Replace Bathroom Fans	1460	91	15,000				
IN034-01A	Replace 10 Apartment Heat/AC's	1460	10	11,000				
IN034-01B	Replace 30 Central Air Units	1460	30	45,000				
IN034-02	Replace Main Floor Heat/AC	1460	1	16,000				
IN034-02	Replace 10 Apartment Heat/AC's	1460	10	11,000				
IN034-04	Replace Main Floor Heat/AC	1460	1	16,000				
IN034-04	Repalce Heat/AC Unit Floors 2-6	1460	1	14,000				
IN034-04	Replace 10 Apartment Heat/AC's	1460	10	11,000				
IN034-05	Replace Windows	1460		45,000				
IN034-05	Fees & Costs Window Replacement	1430		3,000				

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: Sullivan Housing Authority IN034					Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-Wide 1406	06/30/12		06/30/12		
HA-Wide 1408	06/30/12		06/30/12		
HA-Wide 1410	06/30/12		06/30/12		
HA-Wide 1430	06/30/12		06/30/12		
IN034-01A 1430	06/30/12		06/30/12		
IN034-01A 1460	06/30/12		06/30/12		
IN034-01B 1460	06/30/12		06/30/12		
IN034-02 1460	06/30/12		06/30/12		
IN034-04 1460	06/30/12		06/30/12		
IN034-05 1430	06/30/12		06/30/12		
IN034-05 1460	06/30/12		06/30/12		

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 Sullivan Housing Authority IN034		Sullivan, Sullivan, Indiana			X Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name Entire AMP 1	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	225,000	279,000	195,000	205,000
C.	Management Improvements		10,000	0	0	0
D.	PHA-Wide Non-dwelling Structures and Equipment		10,000	0	40,000	40,000
E.	Administration		35,000	35,000	35,000	35,000
F.	Other		Fees & Costs 2,000	Fees & Costs 15,000	Fees & Costs 10,000	Fees & Costs 5,000
G.	Operations		68,000	21,000	70,000	65,000
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		350,000	350,000	350,000	350,000
L.	Total Non-CFP Funds		0	0	0	0
M.	Grand Total		350,000	350,000	350,000	350,000

Part I: Summary (Continuation)						
PHA Name/Number Sullivan Housing Authority IN034		Sullivan, Sullivan, Indiana			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY2010_____	Work Statement for Year 2 FFY2011_____	Work Statement for Year 3 FFY2012_____	Work Statement for Year 4 FFY2013 _____	Work Statement for Year 5 FFY2014 _____
	PHA -Wide					
	1406 Operations	Annual Statement	68,000	21,000	70,000	65,000
	1408 Management Imp.		10,000 Replace Computers	0	0	0
	1410 Administration		35,000	35,000	35,000	35,000
	1430 Fees & Costs		Physical Needs Assessment 2,000	0	0	0
	1475 Non-Dwelling Equipment		Replace 1 Mower 10,000	0	Replace 2 Pick-up Trucks 40,000	Replace Dump Truck 30,000 Replace 1 Mower 10,000

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010_____	Work Statement for Year _2011_____			Work Statement for Year: __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 Annual Statement	See form 50075.2 for each development			See form 50075.2 for each development		
	Subtotal of Estimated Cost		\$350,000	Subtotal of Estimated Cost		\$350,000

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____			Work Statement for Year: _____ FFY _____		
	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	See form 50075.2 for each development			See form 50075.2 for each development		
Annual Statement						
	Subtotal of Estimated Cost		\$350,000	Subtotal of Estimated Cost		\$350,000

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 Sullivan Housing Authority IN034		Sullivan, Sullivan, Indiana			XOriginal 5-Year Plan <input 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_____
	SUNRISE TOWERS IN034-01A					
B.	Physical Improvements Subtotal	Annual Statement	22,000	155,000	47,000	126,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other			Fees & Costs 9,500	Fees & Costs 3,000	
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		22,000	164,500	50,000	126,000
L.	Total Non-CFP Funds					
M.	Grand Total		22,000	164,500	50,000	126,000

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2</u> FFY <u>2011</u>		Work Statement for Year: <u>3</u> FFY <u>2012</u>	
	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	NONE	-0-	NONE	-0-
	Subtotal of Estimated Cost	\$-0-	Subtotal of Estimated Cost	\$-0-

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 Sullivan Housing Authority IN034		Sullivan, Sullivan, Indiana			XOriginal 5-Year Plan <input 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 FFY2013_____	Work Statement for Year 5 FFY2014 _____
	Sullivan Manor IN034-01B					
B.	Physical Improvements Subtotal	Annual Statement	81,000	60,000	108,000	3,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		2,000	9,000		
E.	Administration					
F.	Other			Fees & Costs 4,000	Fees & Costs 6,000	
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		83,000	73,000	114,000	3,000
L.	Total Non-CFP Funds					
M.	Grand Total		83,000	73,000	114,000	3,000

Part I: Summary (Continuation)

PHA Name/Number		Locality (City/county & State)				<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____	
		Annual Statement					

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year <u>4</u> FFY <u>2013</u>			Work Statement for Year: <u>5</u> FFY <u>2014</u>		
	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	1460 Replace Water Heaters	30	15,000	1460 Seal Asphalt		3,000
Annual	1460 Replace Kitchen Cabinets	30	93,000			
Statement	1430 Fees & Costs - Cabinets		6,000			
	Subtotal of Estimated Cost		\$114,000	Subtotal of Estimated Cost		\$3,000

Part III: Supporting Pages – Management 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	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	NONE	-0-	NONE	-0-
	Subtotal of Estimated Cost	\$-0-	Subtotal of Estimated Cost	\$-0-

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 Sullivan Housing Authority IN034		Sullivan, Sullivan, Indiana			XOriginal 5-Year Plan <input 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_____
	Court Plaza IN034-02					
B.	Physical Improvements Subtotal	Annual Statement	50,000	16,000	10,000	33,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					Fees & Costs 2,500
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		50,000	16,000	10,000	35,500
L.	Total Non-CFP Funds					
M.	Grand Total		50,000	16,000	10,000	35,500

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY __2010__	Work Statement for Year __2__ FFY 2011		Work Statement for Year: __3__ FFY __2012__	
	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	NONE	-0-	NONE	-0-
	Subtotal of Estimated Cost	\$-0-	Subtotal of Estimated Cost	\$-0-

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 Sullivan Housing Authority IN034		Sullivan, Sullivan, Indiana			XOriginal 5-Year Plan <input 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_____
	Parkview Terrace IN034-04					
B.	Physical Improvements Subtotal	Annual Statement	51,000	23,000	10,000	40,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					Fees & Costs 2,500
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		51,000	23,000	10,000	42,500
L.	Total Non-CFP Funds					
M.	Grand Total		51,000	23,000	10,000	42,500

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 Sullivan Housing Authority IN034		Sullivan, Sullivan, Indiana			XOriginal 5-Year Plan <input 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 FFY2013_____	Work Statement for Year 5 FFY _2014_____
	Family Self-Sufficiency IN034-05					
B.	Physical Improvements Subtotal	Annual Statement	19,999	16,000		3,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment				20,000	
E.	Administration					
F.	Other			Fees & Costs 1,500	Fees & Costs 1,000	
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		19,000	17,500	21,000	3,000
L.	Total Non-CFP Funds					
M.	Grand Total		19,000	17,500	21,000	3,000

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year <u>2</u> FFY <u>2011</u>			Work Statement for Year: <u>3</u> FFY <u>2012</u>		
	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	1460 Seal Asphalt		3,000	1460 Replace Entry Doors	32	16,000
Annual	1460 Replace Stoves	16	6,500	1430 Fees & Costs Entry Doors		1,500
Statement	1460 Replace Refrigerators	16	9,500			
	Subtotal of Estimated Cost		\$19,000	Subtotal of Estimated Cost		\$17,500

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY2011		Work Statement for Year: 3 FFY 2012	
	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	NONE	-0-	NONE	-0-
	Subtotal of Estimated Cost	\$-0-	Subtotal of Estimated Cost	\$-0-

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY2013		Work Statement for Year: 5 FFY 2014	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	NONE	-0-	NONE	-0-
Annual Statement				
	Subtotal of Estimated Cost	\$-0-	Subtotal of Estimated Cost	\$-0-

2010 PHA Plan Resident Advisory Board Comments and Response

Note: These are the actual comments. Their original copies are on file in the housing authority office.

Dorothy Unger – Sunrise Towers:

The plan shows very careful planning for the operation and up-keep of the buildings.

Scotty Scott – Sullivan Manor: (comments are specific to Sullivan Manor)

In FY 2010 replacing of bedroom and closet lights – will they be the long fluorescent lights like in the kitchens? Or will it simply be replacing the receptacles for new? Sometimes those kitchen lights do not want to come on easily.

In FY 2012 didn't see any issues, but have question about doors. Will it be storm doors or screen doors or both?

In FY2013 Replace kitchen cabinets – new need to be deeper & wider. Shelves need to sit on something better than a plastic premoulded klip.

Note: Something was mentioned about replacing sinks & kitchen counters. If so, the current sinks are both shallow and narrow and the “old” apts. (1-31) do not have garbage disposals or sprayers.

Brian Syester – Parkview Terrace:

Thank you very much for choosing me to review the forms for the upcoming budget. Upon reviewing them I found them to be very direct easy to understand and in all very good.

I would like to make two suggestions for expenditures:

1. I would like to request that you look into some kind of HEPA filtration system for the hallways. Since it has been proven that

second hand smoke causes Cancer, COPD and Emphysema and smoke frequently creeps and is smelled in non smokers apartments and the hallways that have 1 or more smokers smell of smoke.

2. Upgrade of apartment floors.

Patrice Snyder – Court Plaza:

After going over the proposed PHA Plan for the use of grant money for the next 5 years, I think the plan is very much on target for entire housing complexes. As a resident of Court Plaza, I think our building is very well taken care of. The only thing that I can see that would be a asset to the building and residents is new washers and dryers in the laundry rooms. I think the housing authority and board of directors do a very good job of planning and dispensing of funds and grants to upgrade and improve all of the housing units.

Response to the Resident Advisory Board

The annual and five-year plans are a product of the Physical Needs and Energy Assessments (prepared by our architect Morgan Sweeney), needs that are observed by our staff, our Board of Commissioners and residents. The obsolescence and upkeep of the buildings, furnishings, equipment, machinery and systems are monitored through performance of a preventive maintenance schedule and annual unit inspections done by an outside contractor.

In FY2010 the bedroom and closet lights at Sullivan Manor (apts. 1-31) will probably not be of the 2-foot long tube fixtures such as in the kitchens. Closet lights may not be converted to fluorescent as they are not left on long enough to gain energy efficiency. Some of the kitchen lights were not properly grounded when installed by the contractor several years ago. If a work order is called in on these, our maintenance staff will ground the fixture.

In FY2012 the door replacement at the Manor (apts.1-31) would be both screen and storm doors.

In FY 2013 the cabinet replacement Sullivan Manor (apts. 1-31) would be standard depth and of widths that fit the existing wall and floor space. Custom order of odd-sized cabinets would be cost prohibitive and would not be advantageous to the appearance of the kitchens. If the plastic shelf clips are breaking, we need to consider steel ones when the replacement occurs.

Kitchen sinks and faucets would be included in the cabinet replacement project at Sullivan Manor. Your comments regarding the sinks, garbage disposers and sprayers are noted.

Regarding an air filtration system for the hallways at Parkview Terrace, our heating and cooling systems provide an air exchange in the hallways. It is likely that in the future our buildings will be completely “non-smoking” buildings (including the apartments). I ask residents who have a smoke odor coming from their apartment to purchase a filtration system for their apartments. I will be checking on this in your building.

Regarding the upgrade of apartment floors: This has not been considered in this plan, however should be addressed at least in the next five-year plan. We have had to replace one complete tile floor in an apartment and it was very expensive (over \$2,000).

Regarding the replacement of washers and dryers at Court Plaza: We routinely replace washers and dryers that have mechanical or electrical issues with brand-new units, due to the prohibitive cost of the repairs. Most of the work orders called in on washers and dryers are due to operator error. Due to the constantly changing industry-wide design in appliances, mainly for the purpose of energy savings, new units do not perform exactly like the last ones even though they may be identical in appearance. This is admittedly confusing. Perhaps we should consider changing an entire room out at one time to eliminate this type of issue.

This plan is updated each year at this time. Changes can be and are made to accommodate the discovery of needs that were unforeseen a year earlier. Also, we are usually able to pay for quite few smaller improvements each year out of our operating funds. The improvements listed in this plan are by no means inclusive of all we usually accomplish each year. This plan is to primarily budget for larger, more expensive projects and items.

I want to sincerely thank each of you for taking the time to analyze this plan and make the well-thought-out comments and suggestions.

Sincerely,

Donald C. Hunt, Executive Director

PHA Name:
HA Code:

Streamlined Annual Plan for Fiscal Year 20__

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Sullivan Housing Authority		Grant Type and Number 2008 Capital Fund Capital Fund Program Grant No: IN36P03450108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: 2) Dated 11/03/2009 <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	65,000	-0-	-0-	-0-
3	1408 Management Improvements				
4	1410 Administration	33,000	33,000	33,000	33,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000	4,324	4,324	4,324
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	260,520	326,197	292,676	290,762
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	363,520	363,520	330,000	328,086
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Sullivan Housing Authority			Grant Type and Number 2008 Capital Fund Capital Fund Program Grant No: IN36P03450108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406		65,000	-0-		-0-	
HA-Wide	Administration	1410		33,000	33,000		33,000	
IN034-01A	Fees & Costs	1430		5,000	2,796		2,796	
IN034-01A	Replace 90 Stoves	1460		29,000	26,488		26,488	
IN034-01A	Seal Asphalt	1460		2,000	2,000		2,000	
IN034-01A	Replace 10 Heat/A.C.'s	1460		12,000	9,269		9,269	
IN034-01A	Paint Dry-Vit Corners	1460		15,000	53,627		53,627	
IN034-01B	Replace 30 Stoves	1460		10,000	-0-	-0-	-0-	
IN034-01B	Seal Asphalt	1460		2,000	2,000		2,000	
IN034-01B	Replace 30 furnace/A.C.	1460		60,000	60,562		60,562	
IN034-01B	Replace 30 Breaker Panels	1460		15,000	-0-	-0-	-0-	
IN034-01B	Back-fill Foundations	1460		2,000	480		480	
IN034-01B	Replace Broken Concrete Walks	1460		15,000	-0-	-0-	-0-	
IN034-01B	Fees & Costs	1430		-0-	228		228	
IN034-02	Replace 54 Stoves	1460		18,000	17,013		17,013	

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

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Sullivan Housing Authority			Grant Type and Number 2008 Capital Fund Capital Fund Program Grant No: IN36P03450108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IN034-02	Replace First Floor Carpet	1460		4,000	2,922	-0-	-0-	
IN034-02	Replace 5 Heat/A.C.'s	1460		6,000	5,600		5,600	
IN034-02	Seal Asphalt	1460		1,000	1,125		1,125	
IN034-04	Replace 60 Stoves	1460		20,000	20,506		20,506	
IN340-04	Replace First Floor Carpet	1460		4,000	4,000	-0-	-0-	
IN034-04	2007 CF Window Repl.	1460		-0-	13,176		13,176	
IN034-04	Replace 5 Heat/A.C.'s	1460		6,000	5,600		5,600	
IN034-04	Seal Asphalt	1460		4,000	2,375		2,375	
IN034-05	Replace 16 Stoves	1460		5,000	-0-		-0-	

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Sullivan Housing Authority			Grant Type and Number 2008 Capital Fund Capital Fund Program Grant No: IN36P03450108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IN034-05	Seal Asphalt	1460		2,000	2,000		2,000	
IN034-05	Replace Roof Shingles	1460		28,500	21,156		21,156	
IN034-05	Fees & Costs	1430		-0-	1,300		1,300	
IN034-01A	Replace Water Softener	1460		-0-	9,300	-0-	-0-	
IN034-01A	Replace Elevator Guide Rollers	1460		-0-	11,945		11,945	
IN034-01A	Replace Elevator Door/Frame Skins	1460		-0-	9,912	-0-	-0-	
IN034-02	Replace Water Softener	1460		-0-	9,208		9,208	
IN034-02	Replace Roof-top Heat Pump	1460		-0-	13,616		13,616	
IN034-02	Install Elevator Soft-Start Relays	1460		-0-	5,283		5,283	
IN034-04	Replace Water Softener	1460		-0-	9,300	-0-	-0-	
IN034-04	Install Elevator Soft-Start Relays	1460		-0-	5,283		5,283	
IN034-04	Remove Trees	1460		-0-	2,450		2,450	

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Sullivan Housing Authority			Grant Type and Number 2008 Capital fund Capital Fund Program No: IN36P03450108 Replacement Housing Factor No:				Federal FY of Grant: 2008
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide 1406	12/31/09	n/a		06/30/10	n/a		
HA-Wide 1410	12/31/09	12/31/09		06/30/10	12/31/09		
IN034-01A 1430	12/31/09	12/31/09		06/30/10	12/31/09		
IN034-01A 1460	12/31/09	06/30/10		06/30/10	06/30/10		
IN034-01B 1460	12/31/09	12/31/09		06/30/10	12/31/09		
IN034-02 1460	12/31/09	06/30/10		06/30/10	06/30/10		
IN034-04 1460	12/31/09	06/30/10		06/30/10	06/30/10		
IN034-05 1460	12/31/09	12/31/08		06/30/10	12/31/08		
IN034-05 1430	n/a	12/31/08		n/a	12/31/08		

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Part I: Summary					
PHA Name				<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
		FFY Grant: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:
	Annual Statement				
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Sullivan Housing Authority		Grant Type and Number IN36PO3450109 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2009
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	70,000	70,000		
3	1408 Management Improvements	2,000	2,000		
4	1410 Administration	28,000	28,086	28,086	28,086
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	10,000		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	253,095	253,009		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	363,095	363,095		
22	Amount of line 21 Related to LBP Activities	-0-			
23	Amount of line 21 Related to Section 504 compliance	-0-			
24	Amount of line 21 Related to Security – Soft Costs	-0-			
25	Amount of Line 21 Related to Security – Hard Costs	-0-			
26	Amount of line 21 Related to Energy Conservation Measures	-0-			

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Sullivan Housing Authority		Grant Type and Number IN36PO3450109 Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406		70,000				
HA-Wide	Mgmt Improvements	1408		2,000				
HA-Wide	Administration	1410		28,000	28,086	28,086	28,086	
IN034-01A	Fees & Costs	1430		5,000				
IN034-05	Fees & Costs	1430		5,000				
IN034-01A	Replace Bathroom Countertops	1460	90	54,000				
IN034-01A	Replace 10 Heat/AC 's	1460	10	10,000				
IN034-01A	Replace Apt. Curtains	1460	90	35,800	35,809			
IN034-01A	Replace Concrete in Employee Lot	1460		10,000				
IN034-01A	Replace Medicine Cabinets	1460	90	9,000				
IN034-02	Replace Apt. Curtains	1460	54	15,000				
IN034-02	Replace 5 Heat/AC's	1460	5	5,000				
IN034-04	Replace Apt. Curtains	1460	66	18,000				
IN034-04	Replace 5 Heat/AC's	1460	5	5,000				

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

Part I: Summary					
PHA Name:		Grant Type and Number Capital Fund Program Grant No: _____ Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				FFY of Grant: _____ FFY of Grant Approval: _____	
Type of Grant					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____)					
<input 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 (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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				

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

Part I: Summary				
PHA Name:		Grant Type and Number Capital Fund Program Grant No: _____ Date of CFFP: _____		Replacement Housing Factor Grant No: _____
				FFY of Grant: _____ FFY of Grant Approval: _____
Type of Grant				
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: _____)
<input 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
Signature of Executive Director		Date		Signature of Public Housing Director Date

