

1.0	PHA Information PHA Name: <u>Prestonsburg Housing Authority</u> PHA Code: <u>KY035</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: <u>04/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 160 Number of HCV units: 144																										
3.0	Submission Type <input checked="" type="checkbox"/> 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:8%;">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:19%;">No. of Units in Each Program</th> </tr> <tr> <th style="width:10%;">PH</th> <th style="width:9%;">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:					
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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 PHA's mission is to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.																										
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. <p>Improve the quality of assisted housing by completing the remaining air conditioning in 55 apartments. All other 105 apartments have been completed. Manage the PHA efficiently and effectively to continue designation as a high performer by scoring at least 90% or above on the Physical Assessment System and MASS. Promote self sufficiency and asset development of families and individuals by continuing to partnership with other agencies within the community. We will partnership with the Floyd County Extension Service in areas such as leadership training, monthly 4-H meetings where the importance of nutrition is taught. We will have a gardening project during the summer. Also environmental lessons and diversity as well as the F.R.E.D. Program (Fathers Reading Every Day) are some of the programs that the families will have the opportunity to participate in. The Housing Authority will partnership with the Floyd County Health Department on their immunization program and with the Christian Appalachian Project in their Commodity Supplemental Food Program and the Operation Sharing by picking up and delivering the items to our community room for monthly pick-up by the residents. Ensure equal opportunity in housing for all Americans by undertaking measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability. We will make known that we do not discriminate by advertising annually and posting a Fair Housing Guidance for those who feel their rights have been violated. We will have annual training for PHA employees. Increase assisted housing choices by conducting outreach efforts to potential voucher landlords. We plan to attract 5 new landlords by conducting outreach efforts.</p> <p>Violence Against Women Act (VAWA) – We will continue to assist victims of Domestic Violence. We have changed our ACOPP by adding a section that we will not deny assistance based solely on the applicant's being a victim of domestic violence, dating violence, or stalking. A brochure titled "Learn About Your Rights as a Victim of Domestic Violence" is available for each applicant and tenant. We have a customer friendly atmosphere for Victims of Domestic Violence and work with the Floyd County Spouse Abuse Center.</p> <p>The progress in meeting the goals and objectives described in the previous five year plan is as follows: We have air conditioning in 78 units in the Dixie complex and 25 units of the Indian Hills complex. We continue to renovate apartments as funds allow. The PHA has maintained its high performer status. We have conducted outreach efforts to attract new landlords by advertising and placing flyers out in the community and by way of word of mouth. The PHA hosted GED classes on site at the Dixie site. The PHA provides annual fair housing training to all employees and advertised in the local newspaper and radio. In the fiscal year ended March 31, 2009, our utilization rate was 99% for the public housing program. The Section 8 Management Assessment Program (SEMAP) was 100%.</p>																										

6.0	<p>PHA Plan Update</p> <p>(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. The PHA has revised its utility allowances and list of charges since its last submission of the Plan. See Attachment for a Statement of Financial Resources.</p> <p>The PHA Plan can be viewed and also obtain copies at the administrative office, 12 Blaine Hall Street, Prestonsburg , Kentucky 41653.</p>																
7.0	<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></p>																
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>																
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. See Attachment s</p>																
8.2	<p>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.</p> <p>See Attachment</p>																
8.3	<p>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. NA</p>																
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> <p>There are 326 families on the waiting list for the Section 8 voucher program and the Public Housing Program . Of the 326 families, 206 are extremely low income, 92 are very low income, and 28 are low income. 221 are families with children, 28 elderly families and 77 families with disabilities. The Race/ethnicity is as follows: 322 white –1 mixed -1 Latino 1 Black – 1 Indian. Annual turnover last fiscal year was 58.</p> <p>The characteristics by bedroom size for Public Housing.</p> <table border="0" data-bbox="235 1234 1315 1381"> <tr> <td>1 bedroom</td> <td>43 extremely low - 15 very low – 7 low</td> <td>Total Waiting – 1 BR</td> <td>65</td> </tr> <tr> <td>2 bedroom</td> <td>43 extremely low - 14 very low – 5 low</td> <td>Total Waiting - 2 BR</td> <td>62</td> </tr> <tr> <td>3 bedroom</td> <td>24 extremely low - 8 very low – 8 low</td> <td>Total Waiting - 3 BR</td> <td>40</td> </tr> <tr> <td>4 bedroom</td> <td>6 extremely low - 4 very low - 2 low</td> <td>Total Waiting – 4 BR</td> <td>12</td> </tr> </table> <p>Total Waiting for the public housing program----- 179 of which 116 are families with children , 43 are families with disabilities, and 20 elderly families.</p> <p>The race/ethnicity is as follows: 177 white, 1 Latino and 1 black.</p> <p>We take applications at our offices between the hours of 8:30-12:00, 1:00 – 4:30 Monday-Friday. Both the section 8 voucher program and the public housing program waiting list are open.</p>	1 bedroom	43 extremely low - 15 very low – 7 low	Total Waiting – 1 BR	65	2 bedroom	43 extremely low - 14 very low – 5 low	Total Waiting - 2 BR	62	3 bedroom	24 extremely low - 8 very low – 8 low	Total Waiting - 3 BR	40	4 bedroom	6 extremely low - 4 very low - 2 low	Total Waiting – 4 BR	12
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9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>The PHA will continue to upgrade the current housing stock to accommodate the housing needs of low-income families, striving to maintain decent, sanitary housing. We will continue to attempt to attract new landlords to the section 8 voucher program.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>The Housing Authority of Prestonsburg met most of the goals it set for the 2005-2009 Plan. We conducted outreach to attract new Landlords for the voucher program, continued designation as a high performer in both the public housing program and the section 8 voucher program, continued to renovate the apartments as funds allowed, and hosted GED classes on site at the Dixie complex.</p> <p>A substantial change to the 5 year Plan which re-directs the PHA mission, goals or objectives in meeting the needs of the PHA residents caused or changed by other than funding constraints and regulatory changes.</p> <p>Significant changes or additions to the Annual Statement of Capital Improvement Needs resulting in a budget revision of more than fifty percent of the total grant funding other than emergencies or changes to the admissions, rent policies and waiting list organization other than those required by funding constraints and regulatory changes.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

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: PRESTONSBURG HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: KY36P03550107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:1)
 Performance and Evaluation Report for Period Ending: 9/30/2009 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	30,000.00	30,000.00	30,000.00	30,000.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	8,165.00	8,165.00	8,165.00	8,165.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,000.00	12,100.00	12,100.00	6,050.00
8	1440 Site Acquisition				
9	1450 Site Improvement	3,000.00	3,000.00	3,000.00	3,000.00
10	1460 Dwelling Structures	182,961.00	186,463.78	186,463.78	182,961.00
11	1465.1 Dwelling Equipment—Nonexpendable	5,500.00	1,897.22	1,897.22	1,897.22
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: PRESTONSBURG HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: KY36P03550107 Replacement Housing Factor Grant No: Date of CFFP:		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: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2009 <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)	241,626.00	241,626.00	241,626.00	232,073.22
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: PRESTONSBURG HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: KY36P03550107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: FFY2007		
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	
PHA WIDE	OPERATIONS	1406		30,000.00	30,000.00	30,000.00	30,000.00	100%
	SALARY AND BENEFITS	1410		5,665.00	5,665.00	5,665.00	5,665.00	100%
	PLANS, SPECS ADV., SUNDRY	1410		2,500.00	2500.00	2,500.00	2,500.00	100%
	A & E FEES	1430		12,000.00	12,100.00	12,100.00	6,050.00	50%
	CARBON MONOXIDE DETECTORS	1460		3,000.00	3,000.00	3,000.00	3,000.00	100%
KY35-1,2,3	DOOR LOCKS	1460		10,000.00	10,000.00	10,000.00	10,000.00	100%
KY 35-3	GUTTER GUARDS	1460		5,000.00	5,000.00	5,000.00	5,000.00	100%
KY35-1	ROOFS & EXHAUST VENTS	1460		104,710.00	108,212.78	108,212.78	104,710.00	97%
PHA WIDE	GAS REGULATORS	1450		3,000.00	3,000.00	3,000.00	3,000.00	100%
PHA WIDE	HOT WATER HEATER SHUT-OFF VALVES	1460		2,000.00	2,000.00	2,000.00	2,000.00	100%
KY35-2	HEATING & AIR	1460		58,251.00	58,251.00	58,251.00	58,251.00	100%
PHA WIDE	STOVES & REFRIGERATORS	1465		5,500.00	1,897.22	1,897.22	1,897.22	100%

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 I: Summary	
PHA Name: PRESSTONSBURG HA	Grant Type and Number Capital Fund Program Grant No: KY36P03550108 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2008 FFY of Grant Approval: 6/13/2008	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:1)
 Performance and Evaluation Report for Period Ending: 9/30/2009 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	30,000	30,000.00	30,000.00.	30,000.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	8,500	5,893.00	5,892.99	57.99
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,000	.0		
8	1440 Site Acquisition				
9	1450 Site Improvement	87,681	75,000.00	75,000.00	
10	1460 Dwelling Structures	99,476	129,910.00	129,910.00	34,739.11
11	1465.1 Dwelling Equipment—Nonexpendable	5,500	5,500.00	5,500.00	2,192.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	13,650	10,504.00	10,504.00	9,903.03
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

Part I: Summary						
PHA Name: PRESTONSBURG		Grant Type and Number Capital Fund Program Grant No: KY36P03550108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2008 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/09				<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)	256,807	256,807.00	256,807.00	76,892.13	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date	Signature of Public Housing Director		

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: PRESTONSBURG			Grant Type and Number Capital Fund Program Grant No: KY36P03550108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
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	
PHA WIDE	OPERATIONS	1406		30,000	30,000	30,000	30,000.00	
	SALARY & BENEFITS	1410		5,835	5,835	5,835		
	ADV & SUNDRY	1410		2,665	58	58	57.99	
	ARCHITECT	1430		12,000	0			
KY35-3	BLACKTOP ROAD & PARKING	1450		50,000	50,000	50,000		
KY35-1	WATER-SHUT OFFS (MAIN)	1450	5	2,500	25,000	25,000		
KY35-1	TREES TRIMMED/CUT	1450		35,181	0			
PHA WIDE	CARBON MONOXIDE DETECTORS	1460	132	20,000	20,000	20,000		
KY35-1	REPAIR, REPLACE, BATHTUBS	1460	25	20,000	0			
KY35-2	REPLACE ROOFS	1460	6	49,476	49,476	49,476	34,739.11	
KY35-3	REPLACE HOT WATER HEATERS- GAS TO ELECTRIC/ELEC UPDATE	1460	28	10,000	60,434	60,434		
PHA WIDE	STOVES/REFRIGERATORS	1465		5,500	5,500	5,500	2,192.00	
	TILLER	1475	1	500	0			
	TRACTOR MOWER	1475	1	10,000	9,903	9,903	9,903.03	
	CONCRETE GRINDER	1475	1	2,500	0			
	LAPTOP COMPUTER	1475	1	650	601	601		

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 I: Summary		
PHA Name: Prestonsburg HA	Grant Type and Number Capital Fund Program Grant No: KY36P03550109 Replacement Housing Factor Grant No: Date of CFFP: 2009	FFY of Grant: FY09 FFY of Grant Approval: 2009

Type of Grant
 Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:1)
 Performance and Evaluation Report for Period Ending: 9/30/2009
 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	40,000		40,000.00	
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	8,788			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	17,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	33,000			
10	1460 Dwelling Structures	113,882		10,953.00	
11	1465.1 Dwelling Equipment—Nonexpendable	5,500			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	35,600			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

Part I: Summary						
PHA Name: PRESTONSBURG		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:FFY09 FFY of Grant Approval: 2009	
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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2009 <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)	253,770		50,953.00		
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date	Signature of Public Housing Director		

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Part II: Supporting Pages								
PHA Name: Prestonsburg HA		Grant Type and Number Capital Fund Program Grant No: KY36P03550109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
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	
PHA WIDE	OPERATIONS	1406		40,000		40,000.00		
PHA WIDE	SALARY - BENEFITS	1410		6,128				
PHA WIDE	ADVERTISING, SUNDRY	1410		2,660				
PHA WIDE	ARCHITECT	1430		14,000				
PHA WIDE	TERMITE INSPECTIONS	1430		3,000				
KY35-3	REPAIR DRAINAGE AT 125 & 126	1450		5,000				
KY35-1	REPLACE DRAINAGE DITCH	1450		3,000				
KY35-1	TREES, TRIMMED, CUT	1450		20,000				
PHA WIDE	GAS METERS & REGULATORS	1450		5,000				
KY35-3	REPLACE EXTERIOR STAIRS	1460	5	20,000				
KY35-2	APT. NO. HARDWARE	1460		10,000				
PJA WIDE	HOT WATER HEATER	1460	10	5,000				
KY35-1, 2	BATHROOM UPGRADES	1460		50,970				
KY35-2,3	ROOFS	1460		27,912		10,953.00		
PHA WIDE	REFRIGERATORS , RANGES	1465		5,500				
PHA WIDE	COPIER - COMPUTER UPGRADE	1475		10,600				
PHA WIDE	TRUCK	1475		25,000				

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² To be completed for the Performance and Evaluation Report.

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

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

Part I: Summary	PHA Name: Prestonsburg Housing Authority	Grant Type and Number Capital Fund Program Grant No: KY36P03550110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:
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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	40,000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	8,828			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	57,942			
10	1460 Dwelling Structures	86,000			
11	1465.1 Dwelling Equipment—Nonexpendable	6,000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	40,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary					
PHA Name: Prestonsburg Housing Authority		Grant Type and Number Capital Fund Program Grant No: KY36P03550110 Replacement Housing Factor Grant No: Date of CFFP:		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)	253,770			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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

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Part II: Supporting Pages								
PHA Name: Prestonsburg Housing Authority		Grant Type and Number Capital Fund Program Grant No: KY36P03550110 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	
PHA WIDE	OPERATIONS	1406		40,000				
PHA WIDE	SALARY AND BENEFITS	1410		6,128				
PHA WIDE	ADVERTISING, SUNDRY	1410		2,700				
PHA WIDE	A & E FEES	1430		15,000				
KY 35-1	REPLACE DRAINAGE DITCH	1450		3,500				
KY 35-3	REPAIR DRAINAGE @ APTS 125-126	1450		5,000				
PHA WIDE	GAS METERS/REGULATORS	1450		4,000				
KY 35-1	TREES TRIMMED AND CUT	1450		37,442				
KY 35-1	PARKING @ MAINTENANCE SHOP	1450		3,000				
KY 35-1	GUTTER GUARDS	1450		2,000				
KY 35-2	WATER CUT OFF VALVES	1450		3,000				
KY 35-3	STAIRS	1460		60,000				
PHA WIDE	TV-TELEPHONE OUTLETS	1460		20,000				
PHA WIDE	HOSE BIBS	1460		6,000				
PHA WIDE	STOVES & REFRIGERATORS	1465		6,000				
PHA WIDE	MAINTENANCE EQUIPMENT	1475		15,000				
KY 35-1	TRUCK	1475		25,000				

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.

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 PRESTONSBURG		Locality PRESTONSBURG, FLOYD CO., KY			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
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				
C.	Management Improvements		183,700	183,700	183,700	183,700
D.	PHA-Wide Non-dwelling Structures and Equipment		25,000	25,000	25,000	25,000
E.	Administration		5,000	5,000	5,000	5,000
F.	Other					
G.	Operations		40,000	40,000	40,000	40,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		253,700	253,700	253,700	253,700

Part III: Supporting Pages – Management 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	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part I: Summary	PHA Name: Prestonsburg	Grant Type and Number Capital Fund Program Grant No: KY36S03550109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: FF09 FFY of Grant Approval:
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Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 9/30/2009 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)	19,600		729.28	729.28
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	29,000		13,850.00	6,925.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	276,466			
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.

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

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

Part I: Summary						
PHA Name: PRESTONSBURG		Grant Type and Number Capital Fund Program Grant No: KY36S03550109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:FFY09 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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2009 <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)	325,066		14,579.28	7,654.28	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date	Signature of Public Housing Director		

¹ To be completed for the Performance and Evaluation Report.

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Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: KY36S03550109				Federal FFY of Grant: FFY09	
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	
ALL ACTIVITIES	03/17/2010		03/17/2012		

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

Part I: Summary	PHA Name: PRESTONSBURG	Grant Type and Number Capital Fund Program Grant No: KY03500000109R Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: FFY09 FFY of Grant Approval: FFY09
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Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 9/30/2009 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)	33,984		0	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	24,000		0	
8	1440 Site Acquisition				
9	1450 Site Improvement	55,060		0	
10	1460 Dwelling Structures	345,860		0	
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.

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

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

Part I: Summary						
PHA Name: PRESTONSBURG		Grant Type and Number Capital Fund Program Grant No: KY03500000109R Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:FFY09 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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2009		<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)	18,096		0		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	477,000		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					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date	Signature of Public Housing Director		

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.

COMMENTS RECEIVED FROM RESIDENT SURVEY

Make stairs safer- We have exterior stair replacement scheduled in the 5 year plan for the Dixie complex.

Place for a dryer – The Efficiency Apartments at the Dixie Complex do not have a space for a clothes dryer. There is a laundry mat located in the Dixie complex.

More parking – More parking will be scheduled, as money allows.

Paint doors – Doors are painted on a periodic basis.

Tile fixed at the front door. Tile replacement is scheduled in the 5 year Plan.

Carbon Monoxide Detectors, Central Air Conditioning. The PHA is in the process of installing carbon monoxide detectors in all units. Central air conditioning is in the five year plan for the remaining apartments that have no air conditioning.

Computer Room for Kids to do after school. Will do when and if funds are available.

Better Lighting. Budgeted in the Competitive Grant.

Resident Advisory Board Comments:

Water turn-off valve is needed in the Indian Hills complex. This has been included in the 2010 Capital Funds budget.

There were NO challenged elements.