

**HOUSING AUTHORITY  
OF THE  
TOWN OF KAPLAN, LOUISIANA**

**FIVE YEAR PLAN  
BEGINNING JULY 1, 2010**

**AND**

**ANNUAL PLAN**

**FISCAL YEAR BEGINNING  
JULY 1, 2010**

**Prepared  
February 2010**

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Housing Authority of Town of Kaplan, Louisiana</u> PHA Code: <u>LA 26</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>_07/2010</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>86</u> Number of HCV units: _____				
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
					PH      HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  <p style="margin-left: 40px;">The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination while serving the needs of the low-income families in the PHA's jurisdiction.</p>				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <ol style="list-style-type: none"> <li>(1) Provide first-time homebuyer assistance or information</li> <li>(2) Work with other agencies to increase homeownership opportunities</li> <li>(3) Renovate or modernize public housing to offer residents better living conditions.</li> <li>(4) Improve security by working with local Police Department for the protection of families living in PHA units</li> <li>(5) Attract supportive services (from various agencies) to increase independence for the elderly or families with disabilities.</li> <li>(6) Work with tenants to increase economic opportunities through educational opportunities by working with local colleges, etc., and school</li> <li>(7) Work with homeless shelter for abused women and children to offer housing</li> <li>(8) Enforce the VAWA Act adopted 4/10/2007</li> </ol>				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <p style="margin-left: 40px;"><b>Five-year Plan</b></p> (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. <p style="margin-left: 40px;">Administrative offices of the Housing Authority of Town of Kaplan during regular business hours</p>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable. <i>NOT APPLICABLE.</i>				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable. SEE ATTACHMENTS.				

8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. The Annual Statement/Performance and Evaluation Reports are attached for each open capital fund program.
8.2	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <b>See attachment.</b>
8.3	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. <b>See attached table of housing needs.</b>

9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b> <b>To maintain units in order to provide sanitary, safe, secure and affordable housing to families in the Kaplan area.</b>
10.0	<b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.  (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. In 2010, PHA proposes to <ul style="list-style-type: none"> <li>(1) Worked with nearby campuses of Louisiana Technical College to educate students in educational opportunities that can lead to economic self- sufficiency of tenants.</li> <li>(2) Assist two tenants in home ownership</li> <li>(3) Work with local police department.</li> </ul> (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” <b>Substantial Deviation from the 5-Year Plan:</b> <ul style="list-style-type: none"> <li>• Change in a CFP budget of greater than \$45,000.</li> <li>• 50% deletion from or addition to the goals and objectives as a whole</li> <li>• 50% or more decrease in the quantifiable measurement of an individual goal or objective</li> </ul> <b>Significant Amendment or Modification to the Annual Plan:</b> <ul style="list-style-type: none"> <li>• Reallocation of CFP funds of greater than 50% of the total budget among budget line items (development account numbers)</li> <li>• 50% variance in the funds projected in the CFP Annual Statement</li> <li>• Any increase or decrease over 50% in the funds projected in the CFP Annual Statement</li> <li>• Any submission to HUD that requires a separate notification to residents such as Hope VI, Public Housing Conversion, Demolition/Disposition, Designate Housing or Homeownership Programs</li> <li>• Any change inconsistent with the local, approved Consolidated Plan.</li> </ul>

11.0	<b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.  (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) Sent separately via mail (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) Sent separately via mail (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) Sent separately via mail (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) Sent separately via mail (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only (N/A)) (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. See attachment. (g) Challenged Elements (N/A) (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) See attachments (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) See attachments
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## 6.0 PHA PLAN ELEMENTS

1. The PHA maintains on file available to the public all policies including the following as required:

- Admission and Continued Occupancy Policy
- Grievance Procedures
- Rent Determination Policy
- Operation and Maintenance Policy
- Community Service and Self-sufficiency Policy
- Pet Policy
- Civil Rights Certification
- Annual Fiscal Audits
- Violence Against Women Policy
- Accounts Payable Policy
- Ban/Debarred (Non-residents) Policy
- Budgets, Revision, and Financial Reporting Policy
- Capitalization Policy
- Code of Ethics Policy
- Communications Policy
- Disbursement Policy
- Disposition Policy
- Drug/Substance Abuse Policy
- Dwelling Lease
- Equal Employment Policy (Civil Service)
- Financial Policies
  - Petty Cash Policies
  - Returned Check Policies
  - Payroll Procedures
- Housing Choice Voucher Administrative Plan
- Income Integrity Policy
- Insurance Policy
- Inventory Policy
- Investment Policy
- Minimum Rent/Hardship Policy
- Non-discrimination/Fair Housing Policy
- Personnel Policy
- Procurement Policy
- Records Retention/Disposition Policy
- Rent Collection Policy on Vacated Accounts
- Travel Policy
- Vehicle Policy (PHA Owned)

2. Statement of Financial Resources

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2010 grants)</b>		
a) Public Housing Operating Fund	355,145.00	
b) Public Housing Capital Fund	192,940.00	
c) HOPE VI Revitalization	0.00	
d) HOPE VI Demolition	0.00	
e) Annual Contributions for Section 8 Tenant-Based Assistance	0.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0.00	
g) Resident Opportunity and Self-Sufficiency Grants	0.00	
h) Community Development Block Grant	0.00	
i) HOME	0.00	
Other Federal Grants (list below)	0.00	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
2008 CFP	23,210.00	Capital Improvements
2009 CFP	134,737.00	Capital Improvements
2009 S	0.00	Capital Improvements
<b>3. Public Housing Dwelling Rental Income</b>	181,570.00	Operations
<b>4. Other income (list below)</b>		
Interest	5,330.00	Operations
Other miscellaneous	2,280.00	Operations
<b>4. Non-federal sources (list below)</b>	0.00	
<b>Total resources</b>	895,212.00	

3. **Rent Determination:** Policies of the PHA previously listed govern rents charged.
4. **Operation and Management:** The PHA has adopted and follows a comprehensive Maintenance Plan.
5. **Grievance Procedures:** The PHA has adopted and adheres to a Grievance Policy.
6. **Designated Housing for Elderly and Disabled Families:** None specifically designated
7. **Community Service and Self-Sufficiency:** The PHA has adopted and adheres to a Community Service Policy.

8. **Safety and Crime Prevention:** The PHA works closely with the local police department who provide frequent patrols of the PHA developments. The PHA has adopted several policies for crime prevention (see list of policies).
9. **Pets:** The PHA has adopted a Pet Policy which it enforces.
10. **Civil Rights Certification:** A Civil Rights Certification is mailed to local office. The PHA operates on a non-discrimination policy. The PHA Plan is consistent with the Consolidated Plan of Louisiana.
11. **Fiscal Year Audit:** A copy was forwarded to the local field office.
12. **Asset Management:** The PHA follows a five-year capital fund budget based on anticipated revenues. The plan is reviewed every year to make any changes based on needs which can change over a period of time.
13. **Violence Against Women Act:** The PHA has adopted a Violence Against Women Policy for the safety of our residents. It is posted on the PHA bulletin board. The PHA maintains a list of resources for assistance including:

National Center for Victims of Crime, Stalking Resource Center

For Victim Assistance:

Call 1-800-FYI-CALL, M-F 8:30 AM - 8:30 PM EST, or  
E-mail [gethelp@ncvc.org](mailto:gethelp@ncvc.org) .

Office of Violence Against Women, U. S. Department of Justice

Call: 1-800-799-SAFE

TTY: 1-800-787-3224

E-mail: [www.enditnow.gov](http://www.enditnow.gov)

Rape, Abuse, and Incest National Network

Call: 1-800-656-HOPE (1-800-656-4673)

Louisiana Coalition Against Domestic Violence

P.O. Box 77308

Baton Rouge, LA 70879

(225) 752-1296 Fax: (225) 751-8927

Website: [www.lcadv.org](http://www.lcadv.org)

## 7.0 NOT APPLICABLE

## 8.0 Capital Improvements:

- 8.1: (a) The PHA has completed and attached the initial budget for the 2010 Capital Fund Program.
- 8.1: (b) A performance and evaluation report for each open capital fund grant is attached.

**8.2: Capital Fund Program Five-year Action Plan is submitted as an attachment.**

**8.3: Not applicable**

**9.0 Narrative on housing needs:**

**Housing Needs of Families in the Jurisdiction/s Served by the PHA**

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford- ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access- ibility</b>	<b>Size</b>	<b>Loca- tion</b>
Income <= 30% of AMI	34	N/A	N/A	N/A	N/A	N/A	N/A
Income >30% but <=50% of AMI	23	N/A	N/A	N/A	N/A	N/A	N/A
Income >50% but <80% of AMI	16	N/A	N/A	N/A	N/A	N/A	N/A
Elderly	12	N/A	N/A	N/A	N/A	N/A	N/A
Families with Disabilities	3	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity Caucasian	59	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity Black American	12	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity Asian	1	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity							

Sources of information:

Consolidated Plan of the Jurisdiction/s: 2010

### Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- Section 8 tenant-based assistance  
 Public Housing  
 Combined Section 8 and Public Housing  
 Public Housing Site-Based or sub-jurisdictional waiting list (optional)  
 If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	59		6
Extremely low income <=30% AMI	27	43.3%	
Very low income (>30% but <=50% AMI)	19	46.7%	
Low income (>50% but <80% AMI)	13	10.0%	
Families with children	49	43.3%	
Elderly families	10	26.7%	
Families with Disabilities	0	0.0%	
Race/ethnicity Black American	10	66.7%	
Race/ethnicity Caucasian	48	33.3%	
Race/ethnicity Asian	1	0.0%	
Race/ethnicity			

Characteristics by Bedroom Size (Public Housing Only)	Waiting List	Percent	
1BRm	22	37%	
2 BRm	12	20%	
3BRm	25	43%	
4BRm			

**ATTACHMENT:**

**LIST OF RESIDENT ADVISORY BOARD MEMBERS:**

Linda Abshire  
Apt 10 Park Village  
Kaplan, LA 70548

John Rushion  
911 Faye Street, Apt 116  
Kaplan, LA 70548

Shirley Chauvin  
Apt 52 Park Village  
Kaplan, LA 70548

Cynthia LeBeouf  
Apt 22 Park Village  
Kaplan, LA 70548

**RESIDENT COMMISSIONERS:**

Mayola Domingue  
Apt 48 Park Village  
Kaplan, LA 70548

John Rushion  
911 Faye Street, Apt 116  
Kaplan, LA 70548

**NOTE:** No comments were received relevant to plan except that more funding would be desirable so more could be done annually.

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](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.

<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the Town of Kaplan</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: LA48PO26501 10 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
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	11,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	124,465			
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	150			
17	1499 Development Activities <sup>4</sup>				

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

<b>Part I: Summary</b>						
<b>PHA Name: Housing Authority of the Town of Kaplan</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: LA48P02650110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>		
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	135,615				
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					
<b>Signature of Executive Director</b>		<b>Date 4/15/2010</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

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

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

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

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









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

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

<b>Part I: Summary</b>						
PHA Name/Number Housing Authority of the Town of Kaplan LA026		Locality/Country & State Kaplan, Vermilion, La. 70548			Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name Housing Authority of the Town of Kaplan LA026	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	Gutting and complete modernization of units dwelling units	Gutting and complete modernization of units dwelling units	Gutting and complete modernization of units dwelling units	Gutting and complete modernization of units dwelling units and replace plumbing outside units
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Fees & Cost					
F.	Other-Relocation Cost					
G.	Operations					
H.	Demolition					
I.	Dwelling Structure					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		135,615	135,615	135,615	135,615













<b>Part I: Summary</b>		
<b>PHA Name: HOUSING AUTHORITY OF THE TOWN OF KAPLAN</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: LA48P026-501-07 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval: 2007</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/2009       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13,000.00	13,000.00	13,000.00	13,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	108,305.00	114,868.00	114,868.00	114,868.00
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	200.00	200.00	200.00	200.00
17	1499 Development Activities <sup>4</sup>				

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

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

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

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

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> KAPLAN		<b>Grant Type and Number</b> Capital Fund Program Grant No: LA48P026-501-07 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2007</b> <b>FFY of Grant Approval: 2007</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	121,525.00	128,068.00	128,068.00	128,068.0007	
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					
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

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

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

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: HOUSING AUTHORITY OF THE OF KAPLAN			<b>Grant Type and Number</b> Capital Fund Program Grant No: LA48P026-501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2007</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
LA 26-1 &2	FEES AND COSTS	1430		13,000.00	13,000.00	13,000.00	13,000.00	
	Retain A/E to prepare plans and contract documents and inspect work							
	Retain coordinator to assist PHA							
LA 26-1 &2	DWELLING UNITS	1460	2	108,325.00	114868.00	114868.00	114868.00	
	Gut units & install new doors, walls, floor tile, kitchen cabinets, sink, appliances, bathroom, vanity, lavatory, toilet, manmade marble for tub, hot water tank, central air and heat, & update electrical work to code							
LA 26-1 &2	RELOCATION		2	200.00	200.00	200.00	200.00	
	Relocate tenants during construction							

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

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









<b>Part I: Summary</b>	
<b>PHA Name: HOUSING AUTHORITY OF THE TOWN OF KAPLAN</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: LA48P026-501-08 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>	

Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no: )     
  Final Performance and Evaluation Report  
 Performance and Evaluation Report for Period Ending: 12/31/2009

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13,000.00	11,000.00	11,000.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	114,868.00	124,465.00	97,725.00	97,725.00
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	200.00	150.00	0.00	0.00
17	1499 Development Activities <sup>4</sup>				

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

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

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

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

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> KAPLAN		<b>Grant Type and Number</b> Capital Fund Program Grant No: LA48P026-501-08 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2008</b> <b>FFY of Grant Approval: 2008</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: )		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009			<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	128,068.00	135,615.00	108,725.00	108,725.00	
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					
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

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

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

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: HOUSING AUTHORITY OF THE TOWN OF KAPLAN			<b>Grant Type and Number</b> Capital Fund Program Grant No: LA48P026-501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	FEES & COSTS	1430		13,000.00	11,000.00	11,000.00	0.00	
	Retain A/E to prepare plans and contract documents and inspect work							
	Retain coordinator to assist PHA							
LA 26-1 & 2	DWELLING STRUCTURES	1460	2	114,868.00	124,465.00	0.00	.00	
	Gut units & install new doors, walls, floor tile, kitchen cabinets, sink, appliances, bathroom, vanity, lavatory, toilet, manmade marble for tub, hot water tank, central air and heat, & update electrical work to code							
LA 26-1 & 2	RELOCATION		2	200.00	150.00	0.00	0.00	
	Relocate tenants during construction							

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

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









<b>Part I: Summary</b>		
PHA Name: HOUSING AUTHORITY OF TOWN OF KAPLAN	<b>Grant Type and Number</b> Capital Fund Program Grant No: LA48P026-501-09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>

Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 12/31/2009     
  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	11,000.00		0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	123,637.00		0.00	0.00
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	100.00		0.00	0.00
17	1499 Development Activities <sup>4</sup>				

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

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

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

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

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> KAPLAN		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009			<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	134,737.00		0.00	0.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>			<b>Date</b>	<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

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

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

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: HOUSING AUTHORITY OF KAPLAN			<b>Grant Type and Number</b> Capital Fund Program Grant No: LA48P-026-501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PJA-WIDE	FEES & COSTS	1430		11,000.00		0.00	0.00	
	Retain A/E to prepare plans and contract documents and inspect work							
	Retain coordinator to assist PHA							
LA 26-1 & 2	DWELLING STRUCTURES	1460	2	123,637.00		0.00	0.00	
	Gut units & install new doors, walls, floor tile, kitchen cabinets, sink, appliances, bathroom, vanity, lavatory, toilet, manmade marble for tub, hot water tank, central air and heat, & update electrical work to code, install handicap ramps at front entrance							
LA 26-1 & 2	RELOCATION		2	100		0.00	0.00	
	Relocate tenants during construction							

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

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









<b>Part I: Summary</b>		
<b>PHA Name:</b> HOUSING AUTHORITY OF TOWN OF KAPLAN	<b>Grant Type and Number</b> Capital Fund Program Grant No: LA48S026-501-09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009S</b> <b>FFY of Grant Approval: 2009S</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/2009       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	18,025.00		18,025.00	5,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	153,636.00		153,636.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> KAPLAN	<b>Grant Type and Number</b> Capital Fund Program Grant No: LA48S026-501-09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2009S</b> <b>FFY of Grant Approval: 2009S</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	171,661.00		171,661.00	5,000.00
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				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

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

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

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: KAPLAN			<b>Grant Type and Number</b> Capital Fund Program Grant No: LA48S026-501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009S</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	FEES & COSTS	1430		18,025.00		18,025.00	5,000.00	
	Retain A/E to prepare plans and contract documents and inspect work							
	Retain coordinator to assist PHA							
LA 26-1 &2	DWELLING UNITS	1460	2	153,636		153,636.00	0.00	
	Replace front and rear doors							
	Replace sheetrock walls & ceilings							
	Replace vinyl tile over existing							
	Install electric smoke detectors							
	Replace kitchen cabinets & tops							
	Install SS sinks, faucets & trim							
	Replace interior doors & frames							
	Install water heaters							
	Replace all bath fixtures							
	Install manmade marble tub surrounds							
	Install heater-light-vent in bathrooms							
	Replace light fixtures							
	Install central heat & air							
	Upgrade electrical							





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

