

5.2 Goals and Objectives. Identify the PHA’s quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

The Negaunee Housing Commission will continue to improve housing security by means of annual preventive maintenance inspections, fire drills, bringing in speakers to speak on topics of concern, and provide information to our residents through our monthly newsletter, resident meetings and notices posted.

The Negaunee Housing Commission will provide or attract supportive services to increase independence for the elderly, families with disabilities and all residents. Services currently available to the residents of Lakeview Apartments include monthly Blood Pressure/Blood Sugar/Cholesterol Screening; commodity distribution (to the resident’s apartment); foot clinic; a local visiting doctor; and a church service.

The Lakeview Apartments are a Title III (*Meals on Wheels*) meal site serving a nutritious meal in our Community Room on Tuesdays, Wednesday, Thursdays and Fridays. Meals-on-Wheels are delivered to residents unable to attend the meals in our Community Room. This past year we were able to provide the Title III meal on Wednesdays also. A coffee fellowship is provided on Monday and Wednesday afternoons to encourage residents to come out of their apartments to socialize, with average attendance of twenty-three. The number of attendees increases greatly for the monthly resident birthday party, resident activity or presentations. A local historian; blind speakers “living with Sight Loss” discussing products and equipment for independent living; Michigan produce coupons and nutritious eating for seniors; home health and hospice service and how services are paid for are examples of presentations that give the residents opportunities to socialize, and increase their knowledge on topics of concern.

The Negaunee Housing Commission will offer housing to families regardless of race, color, religion national origin, sex, familial status, and disability – Equal Housing Opportunity

The Negaunee Housing Commission will provide a suitable living environment for families living in public housing. The Negaunee Housing Commission will make every effort possible to improve and preserve the existing housing and make it an asset to the City of Negaunee. Lakeview Apartments are a community within a community.

The Lakeview Apartments currently has five (5) apartments that meet 504 (ADA) regulations that are available to persons with disabilities. The Negaunee Housing Commission continues to work with the service providers in an effort to provide greater housing opportunities for households with special needs.

The Negaunee Housing Commission continues extensive outreach including rural areas to assist individuals in need. We are available to meet potential applicants and families at their convenience, such as after regular business hours and on weekends.

The Negaunee Housing Commission will utilize all capital funds to maintain, and modernize our apartments, common areas and property. Capital Funds are used for modernization and energy- saving items to attract applicants/residents in a very competitive area.

The Negaunee Housing Commission is available to assist victims of domestic violence. If we do not have an apartment suitable to accommodate the household, we will provide information for immediate assistance at the ‘Domestic Abuse Information & Treatment Center’ in Marquette (Harbor House Domestic Abuse shelter), and/or the National Domestic Violence Hotline that they can contact by phone or by internet.

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:</p> <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>
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.</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>
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.</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>
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>

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

- (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

The Negaunee Housing Commission has established a reputation of a caring community, while providing safe and affordable housing, with options that promote maximum independence and dignity, yet making available services necessary to insure security and peace of mind for the residents.

The Negaunee Housing Commission has seen many dramatic changes in the housing market over the past several years, which has created many challenges. The Negaunee Housing Commission strives hard to turn all challenges into opportunities. Though the Lakeview Apartment building is not new, the Negaunee Housing Commission makes a conscious effort to use the funds available to benefit our residents and provide appealing, safe, and affordable housing to residents, as well as creating curb appeal. Updates and improvements include, but are not limited to: a new heating system, new roof, siding, ventilation, ceiling fans, handrails, heated sidewalks in two main locations, kitchen and lavatory updates, carpeting, windows, doors with door assists, beauty salon, lighting, additional parking, park lot and sidewalk repairs.

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

- Any essential change in order from the established 5-Year Plan as described in the Agency Plan
- The Negaunee Housing Commission recognizes HUD's definition – Definition of "Substantial Deviation" and "Significant Amendment or Modification" [903.7r]
- The Negaunee Housing Commission defines substantial deviation or significant amendments or modifications as changes in the plans or policies of the housing commission that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval by the Board of Commissioners.

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- 11.0** **Required Submission for HUD Field Office Review.** In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office.
- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)
 - (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (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. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
 - (g) Challenged Elements
 - (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only)
 - (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
HS/pres 1/30/2011

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official (Chair or Board of Commissioners), I approve the submission of the Plan for the PHA of which this document is a part and make the following declaration and agreement with the Department of Housing and Urban Development (HUD), in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Negotiated Housing Councils Ltd.

HE068-01 and H0368-02

PHA Name

PHA Number/HA Code

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name _____

Nogales Housing Commission

Project/Activity/Receiving Federal Grant Funding _____

Operating Budget: OZF

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will ensure I continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the criminal manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program for all employees:

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee who is employed in the performance of the grant be given a copy of the statement required by paragraph a.);

d. Notifying the employees in the statement required by paragraph (a) that such notification under the grant, the Employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee or whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each title of grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking no associate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse awareness or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list on separate sheets the sites for the performance of work done in connection with the HUD funding of its program(s) as shown above. Each site of performance shall include the street address, city, county, State, and zip code. (Agency or list sheet with the Applicant name and address and the program activity covered by grant funding.)

Check here if there are work sites on a list sheet attached on the attached sheets.

I declare under penalty of perjury that the information above herein, as well as any other information provided in the accompanying attachments, is true and accurate. Warning: Filing a false statement is a crime and a violation of law. Falsification may result in criminal and/or civil penalties. (28 U.S.C. 1001, 1341, 1343; 31 U.S.C. 3729, 3802)

Signature (last, first, initial)

Maria L. M. Martinez

Signature

X *Maria L. M. Martinez*

Date

09/11/2009

Date

09/11/2009



Negaunee Housing Commission



98 Croix Street
Negaunee, Michigan 49866
Phone: (906) 475-9107
Fax: (906) 475-6225

**2009 5-Year and Annual Plan
Resident Advisory Board Meeting
Friday, July 31, 2009 at 2:00 P.M.**

Membership of the Resident Advisory Board

- Mrs. Marie Carlson, 98 Croix Street #241, Negaunee, Michigan 49866
- Mr. Ernest Burgess, 98 Croix Street #112, Negaunee, Michigan 49866
- Mr. Lowell Sidlow, 98 Croix Street #242, Negaunee, Michigan 49866
- Mrs. Irene Nykanen, 98 Croix Street #247, Negaunee, Michigan 49866
- Mrs. Elvie Wickstrom, 98 Croix Street #262, Negaunee, Michigan 49866

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Other Residents in attendance that did not choose to be a member of the Resident Advisory Board
(Residents interested in what is going on, however, chose not to be an active member of the Resident Advisory Board)

- Mrs. Betty Hockin, 98 Croix Street #267, Negaunee, Michigan 49866
- Ms. Lillian Cardone, 98 Croix Street #238, Negaunee, Michigan 49866
- Mr. Scott Tuttila, 98 Croix Street #245, Negaunee, Michigan 49866
- Mrs. Sannie Luokkala, 98 Croix Street #127, Negaunee, Michigan 49866
- Mrs. Donna Luokkala, 98 Croix Street #118, Negaunee, Michigan 49866
- Mrs. Harriet Anderson, 98 Croix Street #265, Negaunee, Michigan 49866
- Mrs. Doris Couture, 98 Croix Street #243, Negaunee, Michigan 49866
- Mrs. Ethel Ovink, 98 Croix Street #121, Negaunee, Michigan 49866
- Mr. Bill Maki, 98 Croix Street #119, Negaunee, Michigan 49866
- Mrs. Marilyn Hoffman, 98 Croix Street #259, Negaunee, Michigan 49866
- Mrs. Donna Johnson, 98 Croix Street #233, Negaunee, Michigan 49866
- Ms. Miriam Leppaluoto, 98 Croix Street #248, Negaunee, Michigan 49866
- Mrs. Agnes Morrisette, 98 Croix Street #131, Negaunee, Michigan 49866
- Mrs. Nancy Finnial, 98 Croix Street #106, Negaunee, Michigan 49866

A total of nineteen residents attended the Resident Advisory Board Meeting. This meeting was very positive and productive.

Executive Director Marcia Waters began the meeting by welcoming everyone and expressing appreciation for their attending the Resident Advisory Board Meeting.

To begin, Marcia Waters gave a brief history and overview of the agency plan purpose and the process of reviewing and updating the 5-Year and Annual Plan. The PHA Plan is a comprehensive guide to the housing commission's policies, programs, operations, and strategies for meeting the housing commission's mission, housing needs in the area and current and future goals of our housing commission.

There are two parts to the PHA Plan: the 5-Year Plan, which every PHA submits to HUD once every five years, and the Annual Plan, which is submitted to HUD every year.

Next, discussed what certifications must be submitted and what they represent. The required certifications include: FORM HUD-50077, - PHA Certifications of Compliance with the PHA Plans and Related Regulations; Form HUD-50070 - Certification for a Drug-Free Workplace; Form HUD-50071 - Certification of Payments to Influence Federal Transactions; Form SF-LLL - Disclosure of Lobbying Activities; Form SF-LLL-A - Disclosure of Lobbying Activities Continuation Sheet; Form HUD-50075.1 - Capital Fund Program Annual Statement/Performance and Evaluation Report; and Form HUD-50075.2 Capital Fund Program Five-Year Action Plan.

We then moved into specific topics that directly affect the residents which included the following:

- **Flat Rent** - Rent surveys were sent out and are slowly coming back. We take the results of the rent surveys from all of Marquette County for an overview of rental charges in Marquette County. HUD Final FY 2009 Fair Market Rent Documentation information, NHC current expenses to maintain an apartment and other factors are reviewed. Taking all that information, the NHC set the Flat Rent for the upcoming fiscal year. The new Flat Rent, once determined will be Effective January 1, 2010. The Flat Rent rate for a 1 bedroom apartment is \$416.00 and the 2 bedroom apartment rate is \$521.00.
- **NHC Smoke Free** - The Negaunee Housing Commission is a smoke free housing commission. It became smoke free September 11, 2008. At that time there were many smokers living at Lakeview Apartments. The number of smokers has decreased significantly. We will be revisiting this subject.
- **Recertification** - The recertification process will remain the same. Annual recertification will continue to be started two months prior to the household's anniversary month. Any changes in a household must be reported within 10 days of the change. Interim recertification will be done when necessary. Third Party Verification forms are created in the office - residents will sign a verification authorization release for the housing commission to send to verify family income, assets and medical (when applicable). *Note: recently, it is becoming more difficult for the housing commission to get the third party verifications back in a timely manner. A few cases of verifications coming back different than what the resident has told has resulted in the housing commission having to do an interim, due to incorrect information provided.* Medical deductions are for **REGULAR, REOCCURRING** expenses for the upcoming year. Residents are asked to keep and have receipts for their current medications. This would apply to other routine medical expenses also. Getting a third party anticipated amount for medication expenses is almost impossible. Residents are asked to keep that information together and

available for documentation purposes. Staff may have to look at the past year to determine for example the number of times you see the doctor and what your co-pay (if any) is for each visit. **Large - one time medical expenses** - (example: hearing aides purchase, major dental work, etc.) must be reported to the office within **10 days** so an interim can be scheduled.

- **Capital Funds** - The next five years (2010 - 2014) Capital Fund Budgets were developed. Future Capital Fund items/projects include but are not limited to: Review the Capital Fund Budgets. Note: our secretary position is funded through Capital Funds.

Residents seemed please with the projected Capital Funds Five-Year Action Plan work items we hope to undertake and complete the Capital Funds dollars.

A HUGE topic of concern by the Residents was the current cable TV service available to the residents of Lakeview Apartments. Currently the residents receive cable TV service through the City of Negaunee Cable TV Service. The monthly rate for cable TV through the City of Negaunee has more then doubled, going from \$11.97 to \$25.00 per month. To add insult to injury, the rate increased significantly and the City of Negaunee dropped a number of regular channels that our residents watched regularly. We had been looking into other options prior to this meeting. It was explained to the resident that there are certain steps that must be followed as we pursue alternate service providers. Request for proposals will be sought. We will move forward as rapidly as possible to better serve our residents.

There was good participation, with the residents asking very good questions. Overall this was a great meeting for all in attendances. All residents were very positive and commended the staff of the Negaunee Housing Commission for all their hard work and genuine concern for each and every resident and the resident's family. It is a great comfort to the residents and their families.

Mrs. Irene Nykanen made a motion, supported by Mr. Lowell Sidlow to adjourn the Resident Advisory Board Meeting. All were in agreement. The meeting adjourned at 2:58.

Certification of Payments to Influence Federal Transactions

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

Agency Name

Regional Housing Commission

Program/Activity/Reporting/Reporting/Grant Funding

Operating Budget, CFP

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL—Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 41, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information given to you is true, as any information provided on the accompanying herewith is true and accurate.

Warning: HUD will prosecute false claims & statements. Civil fines may result in criminal and/or civil sanctions.

(18 U.S.C. 1001, 1010; 42 U.S.C. 8702, 8703)

Name of Authorized Official

Title

Marcia M. Waters

Executive Director

Signature

Date (mm/dd/yyyy)

09/11/2009

DISCLOSURE OF LOBBYING ACTIVITIES N/A

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 10357

Approved by OMB
GPO 5040

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. cost insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. cost account	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee For _____ #Auction: _____	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: 	
6. Federal Department/Agency: _____		7. Federal Program Name/Description: _____ ODA Number, if applicable: _____
8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): _____	b. Individuals Performing Services (including persons if different from No. 10(a)) (last name, first name, MI): _____	
11. The contractor used to report this information is a lobbyist under the ODA. The disclosure of lobbying activities is a federal requirement of no consequence and is not subject to any laws or regulations that prohibit the disclosure of information. This disclosure is required pursuant to 31 U.S.C. 10357. The ODA does not collect, disseminate, or use this information for any purpose other than to comply with the ODA reporting requirements. Any person who provides false information to the ODA may be subject to civil or criminal penalties.	Signature: _____ Print Name: <u>Merle J. Waters</u> Title: <u>Executive Director</u> Telephone No.: <u>(909) 470-9100</u> Date: <u>05/11/2009</u>	
Federal Use Only: _____	Authorized for Local Reproduction Standard Form LLL (Rev. 7-87)	

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, or its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or 5-Year Annual PIA Plan for the PIA fiscal year beginning 2010. I hereby certify, as of the date of such this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in accordance with the requirements of the Plan and applicable regulations:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or new plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Financial Needs for Fair Housing Grants for the PHA's jurisdiction, a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program Replacement Housing) under Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement Annual Statement(s) Finance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards (and membership of which represents the residents assisted by the PHA), consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available to public inspection at least 45 days before the hearing, published a notice that a hearing would be held, and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining both programs or programs programs identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and assist in carrying out these analyses and actions.
8. The PHA Plan that includes a policy for site-based waiting lists:
 - The PHA regularly submits required data to HUD's 50055 PICTURES Model in an accurate, complete and timely manner (as specified in PHA Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending litigation brought by HUD;
 - The PHA shall take reasonable measures to ensure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with all applicable laws and certifications, as specified in 24 CFR part 903.13(c)(1).
9. The PHA will comply with the provisions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 119, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 5 of the Housing and Urban Development Act of 1968, Homeownership Opportunities for Lower or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and retention requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1990 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will make appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR § 8.25(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 28 or Part 50, respectively.
15. With respect to public housing, the PHA will comply with Davis-Bacon or HITI determined wage rate requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR § 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-89 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are allowable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements in the primary business office of the PHA and at all other jurisdictions identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Megaunee Housing Commission

MI068-01 and MT068-02

PHA Name:

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2014

Annual PHA Plan for Fiscal Years 2010 - 2010

I hereby certify that the information provided herein is true and correct to the best of my knowledge and belief. (18 U.S.C. 1001, 1011, 1012, 31 U.S.C. 8729, 8829)

Name of Authorizing Official

Title

Henry J. Kucerman

President - Megaunee Housing Commission

Signature

Date

09/11/2009

**Certification by State or Local Official of PHA Plans Consistency with
the Consolidated Plan**

I, Martha Baumgart the State of Michigan Consolidated Plan Coordinator certify that the Five Year
and Annual PHA Plan of the Negaunee Housing Commission is consistent with the Consolidated
Plan of the State of Michigan prepared pursuant to 24 CFR Part 91.

Martha Baumgart October 9, 2009

Signed/Dated by Appropriate State or Local Official

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: Negaunee Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33P06850106 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2006 FFY of Grant Approval: 2006	

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	8,600.00	10,600.00	13,361.68	13,361.68
3	1408 Management Improvements	4,500.00	4,500.00	3,558.58	3,558.58
4	1410 Administration (may not exceed 10% of line 21)	14,500.00	14,500.00	9,116.48	9,116.48
5	1411 Audit	.00	.00	.00	.00
6	1415 Liquidated Damages	.00	.00	.00	.00
7	1430 Fees and Costs	1,000.00	1,000.00	1,665.00	1,665.00
8	1440 Site Acquisition	.00	.00	.00	.00
9	1450 Site Improvement	5,000.00	5,000.00	5,150.30	5,150.30
10	1460 Dwelling Structures	33,122.00	33,122.00	41,108.07	41,108.07
11	1465.1 Dwelling Equipment—Nonexpendable	10,328.00	10,328.00	10,224.00	10,224.00
12	1470 Non-dwelling Structures	.00	.00	.00	.00
13	1475 Non-dwelling Equipment	7,833.00	7,833.00	2,698.89	2,698.89
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: Negaunee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P06850106 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2006 FFY of Grant Approval: 2006	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" 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)	86,883.00	86,883.00	86,883.00	86,883.00	
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			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: Negaunee Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P06850106 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-WIDE	Operations	1406		8,600.00	10,600.00	13,361.68	13,361.68	100%
HA-WIDE	Management Improvements	1408		4,500.00	4,500.00	3,558.58	3,558.58	100%
HA-WIDE	Office Secretary; Maintenance Overtime, Maintenance Emergencies; Advertisement; Capital Fund Oversight	1410		14,500.00	14,500.00	9,116.48	9,116.48	100%
HA-WIDE	Architectural Fees	1430		1,000.00	1,000.00	1,665.00	1,665.00	100%
HA-WIDE	Sidewalk & Landscape Improvements (include path to drug store, parking lots, heated sidewalk installation - entrance 4 & 5)	1450		5,000.00	5,000.00	5,150.30	5,150.30	100%
HA-WIDE	Floor Covering Replacement (apartments & store entrance)	1460		3,000.00	3,000.00	3,000.00	3,000.00	100%
HA-WIDE	Hallway Smoke Detector Update	1460		1,000.00	1,000.00	1,716.00	1,716.00	100%
PROJECT I	Carpet/Tile Replacement (first floor including Community Room)	1460		19,222.00	19,222.00	18,257.71	18,257.71	100%
PROJECT I	Electrical Improvements (replace fluorescent lighting in hallways with improved energy efficient lights, outside light at sign & flag, and additional hall outlets)(Painting & Building Sign Identification)	1460		3,400.00	3,400.00	2,467.36	2,467.36	100%
PROJECT I	Rain Gutter Replacement	1460		1,500.00	1,500.00	.00	.00	
HA-WIDE	Appliance Replacement	1465		10,328.00	10,328.00	10,224.00	10,224.00	100%
HA-WIDE	Maintenance/Office Equipment (push mover, computer, printers, etc.)	1475		3,500.00	3,500.00	2,698.89	2,698.89	100%
PROJECT I	Elevator Control - ADA Improvements and updates	1490		2,000.00	.00	.00	.00	
HA-WIDE	Furniture (Hallways, Community Room,	1475		4,333.00	4,333.00	.00	.00	

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: Negaunee Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33P068501-07 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2007 FFY of Grant Approval: 2007	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:1)
 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	8,400.00/11,000.00	19,400.00	2,606.54	2,606.54
3	1408 Management Improvements	4,500.00	4,500.00	1,708.14	1,708.14
4	1410 Administration (may not exceed 10% of line 21)	14,814.00	14,814.00	7,211.29	7,211.29
5	1411 Audit	.00	.00	.00	.00
6	1415 Liquidated Damages	.00	.00	.00	.00
7	1430 Fees and Costs	1,505.00	1,505.00	2,135.00	2,135.00
8	1440 Site Acquisition	.00	.00	.00	.00
9	1450 Site Improvement	1,200.00	1,200.00	937.14	937.14
10	1460 Dwelling Structures	33,000.00	33,000.00	59,346.60	59,346.60
11	1465.1 Dwelling Equipment—Nonexpendable	4,000.00	4,000.00	9,264.00	9,264.00
12	1470 Non-dwelling Structures	.00	.00	.00	.00
13	1475 Non-dwelling Equipment	6,000.00	6,000.00	493.97	493.97
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: Negaunee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P068501-07 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2007 FFY of Grant Approval: 2007	
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 type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" 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)	84,419.00	84,419.00	84,419.00	84,419.00	
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			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: Negaunee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P068501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-WIDE	Operations	1406		8,400.00	19,400.00	2,606.54	2,606.54	100%
HA-WIDE	Management Improvements	1408		4,500.00	4,500.00	1,708.14	1,708.14	100%
HA-WIDE	Office Secretary; Advertisement; CF Oversight;	1410		14,814.00	14,814.00	7,211.29	7,211.29	100%
HA-WIDE	A/E	1430		1,505.00	1,505.00	2,135.00	2,135.00	100%
HA-WIDE	Sidewalk/Landscape Improvements	1450		1,200.00	1,200.00	937.14	937.14	100%
PROJECT I	North Wing Entrance - 1 st Floor Foyer	1460		9,800.00	9,800.00	21,025.85	21,025.85	100%
PROJECT I	South Wing Entrance - 1st Floor Foyer	1460		9,800.00	9,800.00	29,593.85	29,593.85	100%
PROJECT I	Patio Entrance/Comm. Room Remodeling	1460		4,000.00	4,000.00	.00	.00	
PROJECT I	Door Unit Ventilation	1460		4,300.00	4,300.00	.00	.00	
HA-WIDE	Floor Covering Replacement	1460		1,900.00	1,900.00	726.90	726.90	100%
HA-WIDE	Smoke Alarm Replacement	1460		1,000.00	1,000.00	8,000.00	8,000.00	100%
HA-WIDE	Water Meter Relocation	1460		2,200.00	2,200.00	.00	.00	
HA-WIDE	Appliance Replacements	1465		4,000.00	4,000.00	9,264.00	9,264.00	100%
HA-WIDE	Maintenance/Office Equipment	1475		6,000.00	6,000.00	493.97	493.97	100%
HA-WIDE	Elevator Control Replacement -ADA Improvements	1490		11,000.00	.00	.00	.00	

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: Negaunee Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33P068501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	8,400.00			
3	1408 Management Improvements	4,500.00			
4	1410 Administration (may not exceed 10% of line 21)	15,000.00			
5	1411 Audit	.00			
6	1415 Liquidated Damages	.00			
7	1430 Fees and Costs	3,000.00			
8	1440 Site Acquisition	.00			
9	1450 Site Improvement	8,419.00			
10	1460 Dwelling Structures	40,100.00			
11	1465.1 Dwelling Equipment—Nonexpendable	1,000.00			
12	1470 Non-dwelling Structures	.00			
13	1475 Non-dwelling Equipment	4,000.00			
14	1485 Demolition	.00			
15	1492 Moving to Work Demonstration	.00			
16	1495.1 Relocation Costs	.00			
17	1499 Development Activities ⁴	.00			

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: Negaunee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P068501-08 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 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	.00				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	.00				
19	1502 Contingency (may not exceed 8% of line 20)	.00				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	84,419.00				
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			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: Negaunee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI3306850108 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	
HA-WIDE	Operation	1406		8,400.00				
HA-WIDE	Management Improvements	1408		4,500.00				
HA-WIDE	Administrations; Office Secretary; Maintenance Emergencies/Over-Time; Advertisement, CF Oversight	1410		15,000.00				
HA-WIDE	A/E Fees; Needs Assessment	1430		3,000.00				
HA-WIDE	Sidewalk/Landscape Improvement	1450		2,619.00				
HA-WIDE	Patch & Seal Parking Lots	1450		5,800.00				
HA-WIDE	Smoke Detector Replacement - All Units 10-Year Limit - New Code Requires AC/DC; Update Fire Alarm	1460		13,500.00				
HA-WIDE	Replace/Retrofit Fluorescent & Incandescent Lamps	1460		4,000.00				
PROJECT I	Lavatory Sink Base Replacement Plus Lines & Shut Offs	1460		9,000.00				
PROJECT II	Re-Route Dryer Vents	1460		10,100.00				
HA-WIDE	Appliance Replacement	1465		1,000.00				
HA-WIDE	Maintenance/Office Equipment; Building Furniture	1475		4,000.00				

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: NEGAUNEE HOUSING COMMISSION	Grant Type and Number Capital Fund Program Grant No: MI33S06850109 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval: 2009	

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				
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	7,900.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	32,000.00			
10	1460 Dwelling Structures	72,884.00			
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 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.

Part I: Summary						
PHA Name: NEGAUNEE HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No: MI33S06850109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval: 2009	
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)	112,784.00				
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 03/24/2009		Signature of Public Housing Director		
				Date		

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Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: NEGAUNEE HOUSING COMMISSION				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-WIDE	03/18/2010		03/17/2012		
PROJECT I	03/18/2010		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: NEGAUNEE HOUSING COMMISSION	Grant Type and Number Capital Fund Program Grant No: MI33P06850109 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval: 2009	

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	23,413.00			
3	1408 Management Improvements	4,700.00			
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	1,500.00			
10	1460 Dwelling Structures	43,401.00			
11	1465.1 Dwelling Equipment—Nonexpendable	9,300.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	4,500.00			
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.

Part I: Summary					
PHA Name: NEGAUNEE HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No: MI33P06850109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval: 2009	
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)	88,814.00			
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	
				Date	

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⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: NEGAUNEE HOUSING COMMISSION			Grant Type and Number Capital Fund Program Grant No: MI33P06850109 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	
HA-WIDE	Operations; Office Sec't.; Main't. OT/Emergencies; Advertisement; CF Oversight	1406		23,413.00				
HA-WIDE	Management Improvements	1408		4,700.00				
HA-WIDE	A/E Fees; Needs Assessment; Environmental Review	1430		2,000.00				
HA-WIDE	Sidewalk/Landscape Improvement	1450		1,500.00				
HA-WIDE	Floor Covering Replacement	1460		2,500.00				
HA-WIDE	Bedroom Fan Installation With Light	1460		22,920.00				
HA-WIDE	Elevator Update	1460		3,000.00				
HA-WIDE	Install Strobe Light Into Emergency Pull Cords	1460		8,000.00				
HA-WIDE	Clean Building Siding	1460		1,981.00				
HA-WIDE	Add Anti-Freeze To Heating System	1460		5,000.00				
HA-WIDE	Appliance Replacement	1465		9,300.00				
HA-WIDE	Maintenance/Office Equipment; Building Furniture	1475		4,500.00				

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.

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: Negaunee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P068501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
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)	88,814.00				
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			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: Negaunee Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P068501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-WIDE	Operation	1406		8,400.00				
HA-WIDE	Management Improvements	1408		4,750.00				
HA-WIDE	Office Secretary; Maintenance Emergencies & Over-Time; Advertisement; EF Oversight	1410		16,500.00				
HA-WIDE	A/E; Needs Assessment	1430		1,500.00				
HA-WIDE	Sidewalk/Landscape	1450		1,000.00				
HA-WIDE	Floor Covering Replacement	1460		2,300.00				
HA-WIDE	Window Replacements	1460		41,364.00				
HA-WIDE	Appliance Replacement	1465		9,000.00				
HA-WIDE	Maintenance/Office Equipment; Building Furniture	1475		4,000.00				

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 Negaunee Housing Commission MI068-01 MI068-02		Locality (City/County & State) Negaunee, Marquette, Michigan			X Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	54,464.00	55,814.00	46,401.00	38,451.00
C.	Management Improvements		4,200.00	4,000.00	4,800.00	4,800.00
D.	PHA-Wide Non-dwelling Structures and Equipment		2,500.00	3,000.00	3,713.00	4,200.00
E.	Administration		16,650.00	17,800.00	18,000.00	18,250.00
F.	Other		3,600.00	1,200.00	7,500.00	15,000.00
G.	Operations		7,400.00	7,000.00	7,500.00	8,113.00
H.	Demolition		.00	.00	.00	.00
I.	Development		.00	.00	.00	.00
J.	Capital Fund Financing – Debt Service		.00	.00	.00	.00
K.	Total CFP Funds		88,814.00	88,814.00	88,814.00	88,814.00
L.	Total Non-CFP Funds		.00	.00	.00	.00
M.	Grand Total		88,814.00	88,814.00	88,814.00	88,814.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year <u>2</u> FFY <u>2011</u>			Work Statement for Year: <u>3</u> FFY <u>2012</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	HA-WIDE	Operations	7,400.00	HA-WIDE	Operations	7,000.00
Annual	HA-WIDE	Office Secretary; Maintenance Emergencies; Maintenance Over-Time; Advertisements; CF Oversight	16,650.00	HA-WIDE	Office Secretary; Maintenance Emergencies; Maintenance Over-Time; Advertisements; CF Oversight	17,800.00
Statement	HA-WIDE	Management Improvements	4,200.00	HA-WIDE	Management Improvements	4,000.00
	HA-WIDE	A/E Fees	2,700.00	HA-WIDE	A/E Fees	3,000.00
	HA-WIDE	Sidewalk/Landscape Improvements	1,000.00	HA-WIDE	Sidewalk/Landscape Improvements	1,000.00
	HA-WIDE	Floor Covering Replacements	4,500.00	HA-WIDE	Floor Covering Replacements	2,000.00
	PROJECT I	Window Replacements	46,264.00	PROJECT I	Window Replacements	49,814.00
	HA-WIDE	Appliance Replacement	3,600.00	HA-WIDE	Appliance Replacement	1,200.00
	HA-WIDE	Maintenance/Office Equipment; Building Furniture	2,500.00	HA-WIDE	Maintenance/Office Equipment; Building Furniture	3,000.00
	Subtotal of Estimated Cost		\$88,814.00	Subtotal of Estimated Cost		\$ 88,814.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year: <u>4</u> FFY <u>2013</u>			Work Statement for Year: <u>5</u> FFY <u>2014</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	HA-WIDE	Operations	8,400.00	HA-WIDE	Operations	8,113.00
Annual	HA-WIDE	Office Secretary; Maintenance Emergencies; Maintenance Over-Time; Advertisements; CF Oversight	18,000.00	HA-WIDE	Office Secretary; Maintenance Emergencies; Maintenance Over-Time; Advertisements; CF Oversight	18,250.00
Statement	HA-WIDE	Management Improvements	4,800.00	HA-WIDE	Management Improvements	4,800.00
	HA-WIDE	A/E Fees	500.00	HA-WIDE	A/E Fees	2,000.00
	HA-WIDE	Sidewalk/Landscape Improvements; Heated Sidewalk - Commissioners Entrance	12,000.00	HA-WIDE	Sidewalk/Landscape Improvements	1,000.00
	HA-WIDE	Floor Covering Replacements	15,901.00	HA-WIDE	Floor Covering Replacements	6,851.00
	PROJECT I	Fire Alarm Update	12,000.00	PROJECT I	Boiler Replacement	10,000.00
	HA-WIDE	Appliance Replacement	7,500.00	HA-WIDE	Restroom Renovation	4,000.00
	HA-WIDE	Maintenance/Office Equipment; Building Furniture	3,713.00	PROJECT I	Bathroom Door Replacement	11,600.00
	PROJECT II	Toilet Replacement	6,000.00	HA-WIDE	Appliance Replacement	15,000.00

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**

				HA-WIDE	Outside Sitting Area	3,000.00
				HA-WIDE	Maintenance/Office Equipment; Building Furniture	4,200.00
	Subtotal of Estimated Cost		\$88,814.00	Subtotal of Estimated Cost		\$88,814.00

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	\$