



6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <ol style="list-style-type: none"> <li>1. No Revision from previous Annual Plan</li> <li>2. No Revision from previous Annual Plan</li> <li>3. No Revision from previous Annual Plan</li> <li>4. No Revision from previous Annual Plan</li> <li>5. No Revision from previous Annual Plan</li> <li>6. Designated Housing for Elderly and Disabled Families:  Development Name: MI078-2: Harborview Apartments  Designation: Elderly and Disabled Persons  Application Status: Yet to be submitted to HUD (<i>was previously submitted and denied because of failure to indicate on prior annual plan documentation</i>)  Date: Date plan intends to be submitted is by 06/30/2010  Number of effected units: 52 (all in Harborview Apartments)</li> <li>7. Community and Self-Sufficiency:  The Manistee Housing Commission currently has two ROSS Grants that are being administered to Elderly and Disabled and Families of the MHC  Newly created programs under the ROSS Grant include: <ul style="list-style-type: none"> <li>- Resident Foot Care Clinic</li> <li>- Community Theater outings</li> <li>- Community Gardens</li> <li>- A to Z presentations (<i>entails: monthly presenter informs residents of area resources and public education on services and continuing educational opportunities</i>)</li> <li>- Community Meal programs</li> <li>- Manistee Co. Outreach Library</li> <li>- Computer Lab Education and Use Programs</li> <li>- Monthly Food Pantry for all residents</li> <li>- Housekeeping Educational Seminars</li> </ul> </li> <li>8. No Revision from previous Annual Plan</li> <li>9. No Revision from previous Annual Plan</li> <li>10. No Revision from previous Annual Plan</li> <li>11. No Revision from previous Annual Plan</li> <li>12. No Revision from previous Annual Plan</li> <li>13. No Revision from previous Annual Plan</li> </ol> <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.  <b>PHA plans are made available for public access, and display locations and supporting documents are all made available at the main administrative office of the Manistee Housing Commission, located at 273 6<sup>th</sup> Avenue, Manistee, Michigan.</b></p>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><b>The Manistee Housing Commission has:</b> based its statements of needs of families on its waiting lists on the needs expressed in the Consolidated Plan, participated in any consultation process organized and offered by the Consolidated Plan agency, and has consulted with the Consolidated Plan agency during the development of the PHA plan.</p> <p><b>The Manistee Housing Commission has identified the primary need of housing pertains to a shortage of affordable housing for all eligible populations</b></p> <p><b>Additional Information:</b> The Manistee Housing Commission is currently leading the effort in developing a comprehensive county wide needs assessment. The MHC is in collaboration with the Manistee County Human Services Collaborative Board (HSCB), The City of Manistee, The local chapter of the United Way, the Manistee County Department of Human Services, and many others.</p>

9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p>The Manistee Housing Commission will attempt to maximize the number of affordable units available to the PHA within its current resources by: Employing effective maintenance and management policies to minimize the number of public housing units offline, reduce turnover time for vacated public housing units and reduce time to renovate public housing units. The MHC will also target available assistance to families at or below 30% and 50% of AMI by adopting rent policies to support and encourage work.</p> <p>The Manistee Housing Commission is also in the process of demolition and replacement of units to better suit the bedroom size needs for area low income families.</p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The Manistee Housing Commission has been able to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination through the utilization of previous Capital funds and the proper application of our public housing policies. The Manistee Housing Commission's addition of the ROSS Grant staff has further advanced the progress in our mission by providing numerous beneficial programs utilized by many PHA residents.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>The Manistee Housing Commissions Definition of Substantial Deviation and Significant Amendment or Modification is as follows:</p> <ul style="list-style-type: none"> <li>- Changes to rent or admissions policies or organizations of the waiting list;</li> <li>- Additions of non-emergency work items (items not intended in the current 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and</li> <li>- Any change with regard to demolition or disposition, designation, homeownership programs or conversions activities</li> <li>- Findings from studies such as Physical Needs Assessments (PNA).</li> <li>- Opportunity to expand public housing with potential partnerships with privately leveraged funds.</li> </ul>
11.0	<p><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.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

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: Manistee Housing Commission-MI078</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P078501-10 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	40,000			
3	1408 Management Improvements	25,000			
4	1410 Administration (may not exceed 10% of line 21)	24,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	138,836			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	8,000			
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  
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 Capital Fund Financing Program

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Manistee Housing Commission - MI078		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P078501-10 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</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)	245,836				
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> 10-29-09		<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: Manistee Housing Commission-MI078			<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P078501-10 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Housing Operations	1406	16%	40,000				
HA Wide	Staff Training	1408	10%	25,000				
HA Wide	Partial Salary/Benefits (CFP Staff)	1410	10%	24,000				
HA Wide	Professional Services	1430	4%	10,000				
MI078-1	Comp Mod	1460	3 units (15%)	36,836				
MI078-1	Stove Replacement (Phase 3 of 3)	1460	15 units (4%)	9,000				
MI078-2	Comp Mod	1460	1 bldg. (38%)	93,000				
HA Wide	Replace Equipment	1475	(3%)	8,000				
	<b>GRAND TOTAL</b>		100%	245,836				

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

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Manistee Housing Commission-MI078				Federal FFY of Grant: 2010	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	12/31/2012		12/31/2014		
MI078-1	12/31/2012		12/31/2014		
MI078-2	12/31/2012		12/31/2014		

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

<b>Part I: Summary</b>						
PHA Name/Number <b>Manistee Housing Commission – MI078</b>			Locality (City/County & State) <b>Manistee/Manistee, Michigan, 49660</b>		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
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	121,836	121,836	116,836	121,836
C.	Management Improvements		25,000	25,000	25,000	25,000
D.	PHA-Wide Non-dwelling Structures and Equipment		10,000	10,000	15,000	10,000
E.	Administration		24,000	24,000	24,000	24,000
F.	Other		25,000	25,000	25,000	25,000
G.	Operations		40,000	40,000	40,000	40,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		245,836	245,836	245,836	245,836
L.	Total Non-CFP Funds					
M.	Grand Total	<b>245,836</b>	<b>245,836</b>	<b>245,836</b>	<b>245,836</b>	<b>245,836</b>









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>FFY of Grant: 2009</b>	
<b>PHA Name: Manistee Housing Commission-MI078</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33S078501-09 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant Approval:</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
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)	31,281			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	281,533			

<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  
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 Capital Fund Financing Program

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Manistee Housing Commission - MI078		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33S078501-09 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</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)	312,814				
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> 10-29-09		<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.  
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Annual Statement/Performance and Evaluation Report  
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 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name: Manistee Housing Commission-MI078		Grant Type and Number Capital Fund Program Grant No: MI33P078501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	40,000	40,000		
3	1408 Management Improvements	25,000	25,000		
4	1410 Administration (may not exceed 10% of line 21)	24,000	24,000		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	23,200	10,000		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	124,127	88,741		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	10,000	10,000		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	0	48,095		

<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> Manistee Housing Commission - MI078		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P078501-09 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	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)	247,127	245,836			
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> 10-29-09		<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.

Part II: Supporting Pages								
PHA Name: Manistee Housing Commission-MI078			Grant Type and Number Capital Fund Program Grant No: MI33P078501-09 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Housing Operations	1406	16%	40,000	40,000			
HA Wide	Staff Training	1408	10%	25,000	25,000			
HA Wide	Partial Salary/Benefits (CFP Staff)	1410	10%	24,800	24,000			
HA Wide	Professional Services	1430	4%	23,200	10,000			
MI078-1	Comp Mod	1460	6 units (15%)	60,000	36,385			
MI078-1	Stove Replacement (Phase 1/2 of 3)	1460	15 units (4%)	0	10,000			
MI078-2	Comp Mod	1460	1 bldg. (17%)	64,127	42,356			
HA Wide	Replace Equipment	1475	(4%)	10,000	10,000			
MI078-1	Development Activities	1499	4 units (20%)	0	48,095			
	<b>GRAND TOTAL</b>		<b>100%</b>	<b>247,127</b>	<b>245,836</b>			

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

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Manistee Housing Commission-MI078				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	12/31/2011		12/31/2013		
MI078-1	12/31/2011		12/31/2013		
MI078-2	12/31/2011		12/31/2013		

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

<b>Part I: Summary</b>		<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>
<b>PHA Name: Manistee Housing</b> <b>Commission-MI078</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P078501-08 Replacement Housing Factor Grant No: Date of CFFP:	

**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 <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>	40,000	40,000	40,000	40,000
3	1408 Management Improvements	25,000	25,000	11,448.26	11,448.26
4	1410 Administration (may not exceed 10% of line 21)	20,000	20,000	17,614.50	17,614.50
5	1411 Audit	8,000	0	0	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000	15,000	4,818.77	4,818.77
8	1440 Site Acquisition	0	48,000	0	0
9	1450 Site Improvement				
10	1460 Dwelling Structures	114,759	52,903	15,008.50	15,008.50
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	24,368	30,224	10,224.95	10,224.95
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	0	16,000	0	0

<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> Manistee Housing Commission - MI078		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P078501-08 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Final Performance and Evaluation Report		
Line	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)	247,127	247,127	99,114.98	99,114.98	
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> 10-29-09		<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: Manistee Housing Commission-MI078			Grant Type and Number Capital Fund Program Grant No: MI33P078501-08 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Housing Operations	1406	16%	40,000	40,000	40,000	40,000	100% Complete
HA Wide	Staff Training	1408	10%	25,000	25,000	11,448.26	11,448.26	46% Complete
HA Wide	Partial Salary/Benefits (CFP Staff)	1410	10%	20,000	20,000	17,614.50	17,614.50	88% Complete
HA Wide	Audit Fees	1411	0%	8,000	0	0	0	-
HA Wide	Professional Services	1430	6%	15,000	15,000	4,818.77	4,818.77	32% Complete
HA Wide	Site Acquisition	1440	1 Site (19%)	0	48,000	0	0	0% Complete
MI078-1	Comp Mod	1460	3 units (21%)	57,380	52,903	15,008.50	15,008.50	29% Complete
HA Wide	Replace Office Equipment	1475	(12%)	24,368	30,224	10,224.95	10,224.95	31% Complete
MI078-1	Development Activities	1499	4 units (6%)	0	16,000	0	0	0% Complete
GRAND TOTAL			100%	247,127	247,127	99,114.98	99,114.98	40% Complete

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

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					<b>Federal FFY of Grant: 2008</b>
PHA Name: Manistee Housing Commission-MI078					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	12/31/2010	06/12/2010	12/31/2012	06/12/2012	
MI078-1	12/31/2010	06/12/2010	12/31/2012	06/12/2012	
MI078-2	12/31/2010	06/12/2010	12/31/2012	06/12/2012	

<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.

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>FFY of Grant: 2007</b>	
<b>PHA Name: Manistee Housing Commission-MI078</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: ME33P078501-07 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	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>	40,000	40,000	40,000	40,000	
3	1408 Management Improvements	25,000	25,000	11,448.26	11,448.26	
4	1410 Administration (may not exceed 10% of line 21)	20,000	20,000	17,614.50	17,614.50	
5	1411 Audit	9,479	9,479	9,479	9,479	
6	1415 Liquidated Damages					
7	1430 Fees and Costs	20,000	20,000	20,000	20,000	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	102,759	107,759	107,759	21,067.62	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	10,000	10,000	10,000	10,000	
14	1485 Demolition	24,000	19,000	19,000	19,000	
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.

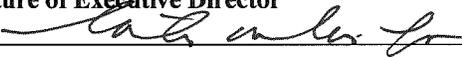
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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> Manistee Housing Commission - MI078		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P078501-07 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2007</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	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)	251,238	251,238	251,238	164,546.62
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> 10-29-09		<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: Manistee Housing Commission-MI078			Grant Type and Number Capital Fund Program Grant No: MI33P078501-07 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Housing Operations	1406	16%	40,000	40,000	40,000	40,000	100% Complete
HA Wide	Staff Training	1408	10%	25,000	25,000	25,000	25,000	100% Complete
HA Wide	Partial Salary/Benefits (CFP Staff)	1410	8%	20,000	20,000	20,000	20,000	100% Complete
HA Wide	Audit Fees	1411	4%	9,479	9,479	9,479	9,479	100% Complete
HA Wide	Professional Services	1430	8%	20,000	20,000	20,000	20,000	100% Complete
MI078-1	Comp Mod	1460	4 units (13%)	40,000	31,759	31,759	21,067.62	66% Complete
MI078-1	Boiler Replacement	1460	7 units (8%)	0	21,000	21,000	0	0% Complete
MI078-2	Comp Mod	1460	1 bldg. (22%)	57,759	55,000	55,000	0	0% Complete
HA Wide	Maintenance Equipment	1475	(4%)	10,000	10,000	10,000	10,000	100% Complete
MI078-1	Demolition	1485	2 sites (7%)	24,000	19,000	19,000	19,000	100% Complete

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

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					Federal FFY of Grant: 2007
PHA Name: Manistee Housing Commission-MI078					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	12/31/2009	09/12/2009	12/31/2011	09/12/2011	
MI078-1	12/31/2009	09/12/2009	12/31/2011	09/12/2011	
MI078-2	12/31/2009	09/12/2009	12/31/2011	09/12/2011	

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

<b>Part I: Summary</b>					<b>FFY of Grant: 2006</b>	
<b>PHA Name: Manistee Housing Commission-MI078</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P078501-06 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	40,000		40,000	40,000	
3	1408 Management Improvements	22,500		22,500	22,500	
4	1410 Administration (may not exceed 10% of line 21)	27,836		27,836	27,836	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	20,000		20,000	20,000	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	131,423		131,423	131,423	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	7,143		7,143	7,143	
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> Manistee Housing Commission - MI078	<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P078501-06 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2006</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	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)	248,902		248,902	248,902
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> 10-29-09		<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>		<b>Grant Type and Number</b>		<b>Federal FFY of Grant: 2006</b>				
PHA Name: Manistee Housing Commission-MI078		Capital Fund Program Grant No: MI33P078501-06 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
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>	
HA Wide	Housing Operations	1406	16%	40,000		40,000	40,000	100% Complete
HA Wide	Staff Training	1408	10%	22,500		25,000	22,500	100% Complete
HA Wide	Partial Salary/Benefits (CFP Staff)	1410	11%	27,836		27,836	27,836	100% Complete
HA Wide	Professional Services	1430	8%	20,000		20,000	20,000	100% Complete
MI078-1 & MI078-3B	Comp Mod	1460	6 units (24%)	60,000		60,000	60,000	100% Complete
MI078-3A	Comp Mod	1460	1 bldg (5%)	11,423		11,423	11,423	100% Complete
MI078-2	Comp Mod	1460	6 units (24%)	60,000		60,000	60,000	100% Complete
HA Wide	Equipment	1475	(2%)	7,143		7,143	7,143	100% Complete
	<b>GRAND TOTAL</b>		100%	248,902		248,902	248,902	100% Complete

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

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Manistee Housing Commission-MI078					Federal FFY of Grant: 2006
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	07/17/2008	06/30/2008	07/17/2010	06/30/2010	
MI078-1	07/17/2008	06/30/2008	07/17/2010	06/30/2010	
MI078-2	07/17/2008	06/30/2008	07/17/2010	06/30/2010	
MI078-3A/B	07/17/2008	06/30/2008	07/17/2010	06/30/2010	

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

<b>Part I: Summary</b>					<b>FFY of Grant: 2005</b>	
<b>PHA Name: Manistee Housing Commission-MI078</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P078501-05 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	40,000		40,000	40,000	
3	1408 Management Improvements	30,000		30,000	30,000	
4	1410 Administration (may not exceed 10% of line 21)	27,836		27,836	27,836	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	30,000		30,000	30,000	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	130,531		130,531	130,531	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	20,000		20,000	20,000	
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.

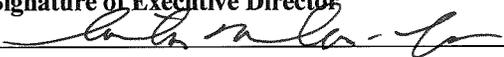
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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> Manistee Housing Commission - MI078		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P078501-05 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2005</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	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)	278,367		278,367	278,367
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> 10-29-09		<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: Manistee Housing Commission-MI078			<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P078501-05 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2005		
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>	
HA Wide	Housing Operations	1406	14%	40,000		40,000	40,000	100% Complete
HA Wide	Staff Training	1408	11%	30,000		30,000	30,000	100% Complete
HA Wide	Partial Salary/Benefits (CFP Staff)	1410	10%	27,836		27,836	27,836	100% Complete
HA Wide	Professional Services	1430	11%	30,000		30,000	30,000	100% Complete
MI078-1 & MI078-3B	Comp Mod	1460	6 units (22%)	60,000		60,000	60,000	100% Complete
MI078-3A	Comp Mod	1460	1 bldg (3%)	10,531		10,531	10,531	100% Complete
MI078-2	Comp Mod	1460	1 bldg (22%)	60,000		60,000	60,000	100% Complete
HA Wide	Equipment	1475	(7%)	20,000		20,000	20,000	100% Complete
	<b>GRAND TOTAL</b>		100%	278,367		278,367	278,367	100% Complete

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

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



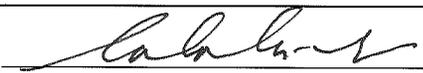
<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Manistee Housing Commission-MI078				Federal FFY of Grant: 2005	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	08/17/2007	07/31/2007	08/17/2009	07/31/2009	
MI078-1	08/17/2007	07/31/2007	08/17/2009	07/31/2009	
MI078-2	08/17/2007	07/31/2007	08/17/2009	07/31/2009	
MI078-3A/B	08/17/2007	07/31/2007	08/17/2009	07/31/2009	

<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.

# DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse side for instructions and Public Reporting burden statement)

<b>1. Type of Federal Action</b> <input checked="" type="checkbox"/> <b>B</b> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action</b> <input checked="" type="checkbox"/> <b>A</b> a. bid/offer/application b. initial award c. post-award	<b>3. Report Type</b> <input checked="" type="checkbox"/> <b>A</b> a. initial filing b. material change <b>For Material Change Only:</b> year (yyyy) _____ quarter _____ date of last report (mm/dd/yyyy) _____
<b>4. Name and Address of Reporting Entity</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee    Tier _____, if known:  Manistee Housing Commission 273 6 <sup>th</sup> Ave. Manistee, MI 49660-1398  Congressional District, if known: _____	<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>  <p style="text-align: center;">N/A</p> Congressional District, if known: _____	
<b>6. Federal Department/Agency</b>  <p style="text-align: center;">U.S. Department of HUD</p>	<b>7. Federal Program Name/Description</b>  <p style="text-align: center;">Capital Fund Program</p> CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known</b>  <p style="text-align: center;">MI33P078501-10</p>	<b>9. Award Amount, if known</b> \$ _____	
<b>10a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI)  <p style="text-align: center;">None</p>	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI)  <p style="text-align: center;">N/A</p>	
(attach continuation sheet(s), if necessary)		
<b>11. Amount of Payment (check all that apply)</b> \$ <u>N/A</u> <input type="checkbox"/> actual <input type="checkbox"/> planned	<b>13. Type of Payment (check all that apply)</b> <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____	
<b>12. Form of Payment (check all that apply):</b> <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature <u>N/A</u> value _____	<p style="text-align: right;">N/A</p>	
<b>14. Brief Description of Services Performed or to be Performed and date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated in item 11</b>  <p style="text-align: center;">None</p>		
(attach continuation sheet(s), if necessary)		
<b>15. Continuation Sheets attached</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>16. Information requested through this form is authorized by Sec. 319, Pub. L. 101-121, 103 Stat. 750, as amended by sec. 10, Pub. L. 104-65, Stat. 700 (31 U.S.C. 1352). This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>	Signature <u></u> Print Name <u>Clinton McKiven-Copus</u> Title <u>Executive Director</u> Telephone No. <u>(231) 723-6201</u> Date (mm/dd/yyyy) <u>09/23/2009</u>	
<b>Federal Use Only:</b>	Authorized for Local Reproduction Standard Form-LLL (7/97)	

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

## Manistee Housing Commission

Applicant Name

## Capital Fund Program

Program/Activity Receiving Federal Grant Funding

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

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

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

b. Establishing a drug-free awareness program to inform employees ---

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

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

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

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

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

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

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

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

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

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

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

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

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

MI 78-1 273 6th Ave., Manistee, Manistee County, MI, 49660, Capital Fund Program

MI 78-2 273 6th Ave., Manistee, Manistee County, MI, 49660, Capital Fund Program

Check here  if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Clinton McKiven-Copus

Title

Executive Director

Signature

x 

Date:

9-23-09

**Certification of Payments  
to Influence Federal Transactions**

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

Manistee Housing Commission

Applicant Name

Capital Fund Program

Program/Activity Receiving Federal Grant Funding

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

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

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

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

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,3802)

Name of Authorized Official

Title

Clinton McKiven-Copus

Executive Director

Signature

Date

X 

9-23-09

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the  5-Year and/or  Annual PHA Plan for the PHA fiscal year beginning 01/01/2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

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

Manistee Housing Commission

MI 078

PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20<sup>09</sup> - 20<sup>14</sup>

Annual PHA Plan for Fiscal Years 20<sup>10</sup> - 20<sup>11</sup>

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

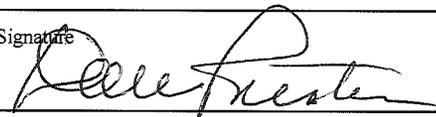
Name of Authorized Official

Title

Dale Priester

City of Manistee Housing Commission Board President

Signature



Date

September 23, 2009

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the streamlined Annual PHA Plan for PHA fiscal year beginning 01/01/2010, hereinafter referred to as the Streamlined Annual Plan, of which this document is a part and make the following certifications, agreements with, and assurances to the Department of Housing and Urban Development (HUD) in connection with the submission of the Streamlined Plan and implementation thereof:*

1. The streamlined Annual Plan is consistent with the applicable comprehensive housing affordability strategy (or any streamlined Plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, and provided this Board or Boards an opportunity to review and comment on any program and policy changes since submission of the last Annual Plan.
3. The PHA made the proposed streamlined Annual Plan, including policy and program revisions since submission of the last Annual Plan, and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the streamlined Plan and invited public comment.
4. The PHA will carry out the streamlined Annual 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.
5. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
6. For streamlined Annual Plans that include a policy or change in policy for site-based waiting lists:  
The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely manner (as specified in PIH Notice 99-2);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(b)(2).
7. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
8. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
9. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
10. The PHA has submitted with the streamlined Plan a certification with regard to a drug-free workplace required by 24 CFR Part 24, Subpart F.
11. The PHA has submitted with the streamlined Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.

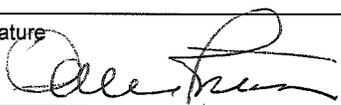
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments) and 24 CFR Part 85 (Administrative Requirements 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 streamlined Annual Plan in a manner consistent with its streamlined Annual Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its streamlined Plan.
20. All certifications and attachments (if any) to the streamlined Plan have been and will continue to be available at all times and all locations that the PHA streamlined Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the streamlined Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its streamlined Annual Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA certifies that the following policies, programs, and plan components have been revised since submission of its last Annual PHA Plan (check all policies, programs, and components that have been changed):
- 903.7a Housing Needs
  - 903.7b Eligibility, Selection, and Admissions Policies
  - 903.7c Financial Resources
  - 903.7d Rent Determination Policies
  - 903.7h Demolition and Disposition
  - 903.7k Homeownership Programs
  - 903.7r Additional Information
    - A. Progress in meeting 5-year mission and goals
    - B. Criteria for substantial deviation and significant amendments
    - C. Other information requested by HUD
      - 1. Resident Advisory Board consultation process
      - 2. Membership of Resident Advisory Board
      - 3. Resident membership on PHA governing board
22. The PHA provides assurance as part of this certification regarding its streamlined annual PHA Plan 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.

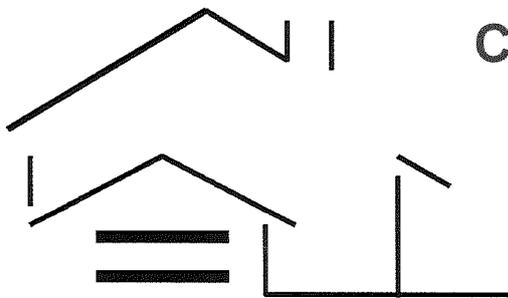
Manistee Housing Commission  
PHA Name

MI 078  
PHA Number

Streamlined-Annual PHA Plan for Fiscal Year: 1/01/2010

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Dale Priester	Title City of Manistee Housing Commission Board President
Signature x 	Date September 23, 2009



# City of Manistee Housing Commission

273 Sixth Avenue  
Manistee, MI 49660

Phone: (231) 723-6201

Fax: (231) 723-8900

TDD/TTY: (800) 545-1833, ext. 870

Email: [manisteehousing@manisteehousing.com](mailto:manisteehousing@manisteehousing.com)

## Resolution 2009-15

### Adoption of 2010 Annual And Five-Year Action Plan

**WHEREAS**, the City of Manistee Housing Commission has reviewed the Public Housing Authority Plans for fiscal year 2010;

**WHEREAS**, the approved PHA plan for fiscal year 2010 stated a budget of \$245,836;

**NOW, THEREFORE**, on the motion of Harvey Good, supported by Elbert Purdom, and voted upon as follows, **BE IT RESOLVED**, that the CMHC adopt the following resolution:

**NOW, THEREFORE, IT IS HEREBY RESOLVED** that the Board of Commissioners of CMHC adopts the 2010 Public Housing Authority Annual and Five-Year Action Plan for fiscal year 2010.

**BE IT FURTHER RESOLVED** that the Board of Commissioners have approved the 2010 Public Housing Authority Annual and Five-Year Action Plan for fiscal year 2010 for submission to HUD.

**Those voting in favor:**

Dale Priester                  Harvey Good                  Elbert Purdom

**Those voting against:**

None

**Those absent or abstaining:**

Doug Parkes    Donna Korzeniewski

**RESOLUTION DECLARED PASSED.**

## CERTIFICATION

I, Clinton McKinven-Copus of the City of Manistee Housing Commission, do hereby **CERTIFY** that the foregoing is a true and correct copy of the Resolution adopted by the City of Manistee Housing Commission at a special called meeting held on the 22<sup>nd</sup> day of September 2009.

A handwritten signature in black ink, appearing to read 'Clinton McKinven-Copus', written over a horizontal line.

Clinton McKinven-Copus, Secretary

**Civil Rights Certification**

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

**Civil Rights Certification**

**Annual Certification and Board Resolution**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

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

Manistee Housing Commission

MI 078

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

DALE W PRIESTER

Title

PRESIDENT

Signature



Date

10/13/2009