

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: _____Ishpeming Housing Commission_____ PHA Code: <u>MI 101</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>127</u> Number of HCV units: <u>0</u>				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
					<input type="checkbox"/> PH <input type="checkbox"/> HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: To assist in the provision of safe, decent, and sanitary housing in the City of Ishpeming. To provide affordable housing to persons with very low to moderate incomes, to offer assistance to low and moderate income households to become economically independent and to provide supportive services for the elderly, physically challenged persons and families, without discrimination.				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Goals and Objectives: (1) Provide decent, safe, and affordable housing. (2) Improve the quality of assisted housing. (3) Improve community quality of life and economic vitality. (4) Promote self-sufficiency and asset development of families and individuals. (5) Ensure Equal Opportunity in housing for all Americans. Our community is not in need of additional housing for the elderly and/or disabled, but has a need for improving the quality of rental units for families. The Ishpeming Housing Commission has and will continue to renovate and modernize our public housing units as needed. Pioneer Bluff Apts. caters to the elderly and disabled who are given priority preference on the waiting list. Security improvements have been implemented through installation of a security camera system throughout the building. Management works closely with various agencies that offer supportive services for the elderly and/or disabled. Agencies such as, Dept. of Social Services, Dept. of Community Health, Commission on Aging, Senior Citizens Center. Affirmative measures are taken to provide a suitable living environment for all families in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: None (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. Main administrative office of the PH.				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable.				

8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	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. The community as a whole has an ample supply of housing to meet the needs of the residents, however, the quality needs to be improved as far as updates and/or modernization. The Ishpeming Housing Commission participates with local government to address the need such as participating in programs to enforce codes and provide funding through grants to assist landlords in improving their properties to better meet tenants needs, as well as maintaining affordability.

9.1	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. Reduce turnover time for vacated public housing units. Ensure access to affordable housing among families assisted by the PHA, regardless of unit size required. Adopt rent policies to support and encourage work. Employ admissions preferences aimed at families who are working. Continue to make units in Pioneer Bluff Apts. a priority for the elderly and/or disabled. The Ishpeming Housing Commission has 10 handicapped units in Pioneer Bluff Apts. and 3 in family housing. However, during the past few years, there have been limited requests for handicapped units.
10.0	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 Ishpeming Housing commission has made significant improvements to modernize senior citizen and family units through use of the capital fund program. The IHC continuously strives to provide supportive services to the senior citizens, handicapped, and families to assure that their needs are met. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Significant amendment or modification is defined as any change that would be inconsistent with or substantially alter the mission statement and objectives of the Housing Commission. Substantial deviation from the 5 year plan is defined as any change that would considerably alter the intent of the Housing Commission in attaining its goals and objectives as set forth in the Mission Statement.

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary		Grant Type and Number	
PHA Name: Ishepung Housing Commission		Capital Fund Program Grant No: ME33P10150108 Replacement Housing Factor Grant No: Date of CFFP:	
FFY of Grant: 2008		FFY of Grant Approval: 2008	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Revised Annual Statement (revision no:)		Total Actual Cost ¹	
			Total Estimated Cost	Revised ²	Obligated	Expended
1	Total non-CFP Funds		Original		Obligated	Expended
2	1406 Operations (may not exceed 20% of line 21) ³		\$1,688.	\$1,688.	0	0
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		\$50,000.	\$50,000.	0	0
11	1465.1 Dwelling Equipment—Nonexpendable		\$118,800.	\$93,800.	\$80,719.	\$22,783.
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment		0	\$25,000.	\$25,000.	\$25,000.
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.

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 Office of Public and Indian Housing
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Part I: Summary		FFY of Grant: 2008	
PHA Name: Ishpeming Housing Commission	Grant Type and Number Capital Fund Program Grant No. ME33P10150108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2008	

Type of Grant Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 6/30/2009 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹	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)	\$170,488.	\$170,488.	\$105,719.	\$47,783.	
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	\$50,000.				
Signature of Executive Director <i>Estelma Valente - Nekiella</i>		Date 2-3-2010	Signature of Public Housing Director		Date	

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Part II: Supporting Pages

PHA Name: Ishpenning Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P10150108 CFPP (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	
MI 101	Install strobe lights in bedrooms at Pioneer Bluff Apts.	1465.1	88	\$55,800.		\$45,750.	\$11,000.	In progress
	Install ceiling fans/lights in bedrooms and living rooms at Pioneer Bluff Apts.	1465.1	98	\$38,000.		\$34,969.	\$11,783	In progress
	Purchase evacuation chairs for Pioneer Bluff Apts.	1475.3	10	\$25,000.		\$25,000.	\$25,000.	Complete
	Replace windows at Willow St. Complex	1460	5/units	\$50,000.		0	0	
	Operations	1406		\$1,688.		0	0	

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Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Ishpeming Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P10150109 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised ²	Total Actual Cost ¹ Expended
1	Total non-CFF Funds	Original	Obligated
2	1406 Operations (may not exceed 20% of line 21) ³	\$440.	
3	1408 Management Improvements	\$6,000.	
4	1410 Administration (may not exceed 10% of line 21)		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	\$74,500.	
11	1465.1 Dwelling Equipment—Nonexpendable	\$89,000.	
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		

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Isbeming Housing Commission		Grant Type and Number Capital Fund Program Grant No.: ME33P10150109 Replacement Housing Factor Grant No.: Date of CFFP:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009		<input type="checkbox"/> Revised Annual Statement (revision no:) <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)	\$169,940.	
21	Amount of line 20 Related to LRP 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	\$74,500.	
Signature of Executive Director <i>Evelyn Galante - Herkela</i>		Signature of Public Housing Director	
Date 2-3-2010		Date	

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Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Isipening Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33S101501 09 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised ¹	Total Actual Cost ¹ Expended
		Original	Obligated
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)	9,204.00	
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	206,600.00	
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		

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Ishpeming Housing Commission		Grant Type and Number Capital Fund Program Grant No: ME33S101501 09 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009 <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Obligated
		Revised ²	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)	215804.00	
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	112,000.00	
Signature of Executive Director <i>Evelyn Valente-Beukela</i>		Date 2/3/2010	Signature of Public Housing Director
			Date

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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			X Original 5-Year Plan		<input type="checkbox"/> Revision No:
PHA Name/Number Ishpeming Housing Commission / MI 101			Locality (City/County & State) Ishpeming, MI		Work Statement for Year 5 FFY 2014
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
A. MI 101					
B. Physical Improvements Subtotal	Annual Statement	\$169,000.	\$169,000.	\$169,000.	\$169,000.
C. Management Improvements					
D. PHA-Wide Non-dwelling Structures and Equipment					
E. Administration					
F. Other					
G. Operations		\$940.	\$940.	\$940.	\$940.
H. Demolition					
I. Development					
J. Capital Fund Financing – Debt Service					
K. Total CFP Funds		\$169,940.	\$169,940.	\$169,940.	\$169,940.
L. Total Non-CFP Funds					
M. Grand Total		\$169,940.	\$169,940.	\$169,940.	\$169,940.

