

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

1.0	PHA Information PHA Name: <u>Housing Authority of the City of Potosi</u> PHA Code: <u>MO 21</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>01/01/2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>116</u> Number of HCV units: _____				
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
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the PHA is the same as that of the Dept. of Housing and Urban Dev. To promote adequate and affordable housing, economic opportunity and a suitable living environment free of 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 .Reducing vacancies, increase tenant satisfaction , renovate and modernize housing units and undertake affirmative measures to ensure access to 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: (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. Adding a preference for veterans				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>				
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.				

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.

**Housing Needs of Families in the Jurisdiction
By Family Type**

Family type family	wait list	Afford	Supply	quality	Access	Size	Location
Income							
< 30% AMI	69	5 *	5	5	n/a	5	5
>30% <50%	20	3	3	3	n/a	3	3
>50%<80%	14	3	3	3	n/a	3	3
Elderly							
Fam/Disability	21	5	5	5	5	n/a	5
Families	18	5	5	5	5	n/a	5
Work families	40	1	1	1	1	n/a	1
	24	5	5	5	5	n/a	5
Race/ Ethnic							
White	91	1	1	1	1	1	1
Black	12	1	1	1	1	1	1
Total Families	103						

9.0

- Needs depicted on a scale of 1-5, 5 representing highest to lowest.

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Reduce turnover time for vacated public housing units, reduce time to renovate public housing units, pursue housing resources other than public housing, target available assistance to families with disabilities, affirmatively market to local non-profit agencies that assist families with disabilities, unrelated single disabled individuals are included in definition of "family" and five percent of Public Housing units are accessible to person with disabilities.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>

- 11.0 Required Submission for HUD Field Office Review.** In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office.
- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)
 - (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only)
 - (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only)
 - (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only)
 - (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only)
 - (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
 - (g) Challenged Elements
 - (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only)
 - (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

VIOLENCE AGAINST WOMEN

Resident Notice:

The Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162), (VAWA), was signed into law January 05, 2006 and is now in effect. The primary objective of VAWA is to reduce violence against women who are victims of abuse. This includes families participating in the Public Housing program. This law prohibits the eviction of victims of domestic violence in the violence is the sole reason for the eviction. Although the title of the law appears to make it applicable only to protect women, it actually protects children and male victims as well.

What this means to you as a tenant is that if you are being evicted due to acts of domestic violence including disturbing the neighbors or damages to the unit, and if you sign a certification that you are a victim of domestic violence, the Housing Authority can only proceed with the eviction against the abuser, and not the remainder of the family. The victim must complete a certification form which is available in our office, and return it with 14 business day, stating that they are a victim and stating the name of the abuser. The victim may be required to provide official documentation or physical proof. In lieu of the certification, the victim may provide documentation by:

1. A Federal, State, tribal, territorial, or local police or court records; or
2. Documents signed by an employee, agent or volunteer of a victim service provider, attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence. The professional must attest under penalty of perjury to their belief that the incidents in question are bona fide.

If the victim does not provide the certification and /or verification, the FHA may proceed with the eviction against the whole family.

PLEASE BE AWARE THAT THIS DOES NOT LIMIT AN EVICTION DUE TO ANY LEASE VIOLATION NOT BASED ON AN ACT OF VIOLENCE AGAINST A FAMILY MEMBER, OR AN EVICTION BECAUSE THE OCCUPANT CAN BE DEMONSTRATED TO POSE AN ACTUAL OR IMMINENT THREAT TO OTHER TENANTS OR THE PROPERTY'S EMPLOYEES.

If you have any questions, or would like guidance in situations covered under VAWA, you may contact the Housing Authority of the City of Potosi at 438-2362 or feel free to come by our office at any time.

Resident Comments – Annual Plan 2010 thru 2014

Tenants would like to see an addition of dividers on their front porches for more privacy.
Tenants agree with the five year action plan and the annual plan for 2010. Tenants especially like the addition of central ac units instead of the window units currently available.

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary

PHA Name/Number	Locality (City/County & State)	<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number and Name Housing Authority of the City of Potosi MO021000001	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	Approved Statement	144,000	122,200	130,000	140,000
C. Management Improvements					
D. PHA-Wide Non-dwelling Structures and Equipment					
E. Administration					
F. Other					
G. Operations					
H. Demolition					
I. Development					
J. Capital Fund Financing – Debt Service					
K. Total CFP Funds					
L. Total Non-CFP Funds					
M. Grand Total					

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 (Continuation)

PHA Name/Number A.	Development Number and Name	Work Statement for Year 1 FFY_2010	Locality (City/county & State)		Original 5-Year Plan <input checked="" type="checkbox"/> Work Statement for Year 4 FFY_2013	Revision No: <input type="checkbox"/> Work Statement for Year 5 FFY_2014
			Work Statement for Year 2 FFY_2011	Work Statement for Year 3 FFY_2012		
	MO021000001 Loomis	Annual Statement	Add Central AC - 94 units \$144,000.00		Replace roofs 130,000.00	Replace roofs 140,000.00
	MO021000001 Valley View			kitchen cabinet -\$44,000		
	MO021000001 Valley View			Repl shrubbery-\$7,200.00		
	MO021000001 Valley View			Park grounds-\$5,000.00		
	MO021000001 Valley View			Repl ac/furnace -\$66,000.00		

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		FFY of Grant: 2008	
PHA Name: Housing Authority of the City of Potosi		FFY of Grant Approval:	
Grant Type and Number		Capital Fund Program Grant No: MO36P02150108	
Replacement Housing Factor Grant No:		Date of CFFP:	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Summary by Development Account	Original	Revised Annual Statement (revision no:1) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹
				Total Estimated Cost	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)				
5		1411 Audit				
6		1415 Liquidated Damages				
7		1430 Fees and Costs				
8		1440 Site Acquisition				
9		1450 Site Improvement	139,934	153,998	153,998	138,021.71
10		1460 Dwelling Structures				
11		1465.1 Dwelling Equipment—Nonependable				
12		1470 Non-dwelling Structures				
13		1475 Non-dwelling Equipment				
14		1485 Demolition				
15		1492 Moving to Work Demonstration				
16		1495.1 Relocation Costs				
17		1499 Development Activities ⁴				

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

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

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

Part I: Summary		FFY of Grant: 2008	
PHA Name: Housing Authority of the City of Potosi	Grant Type and Number Capital Fund Program Grant No: MO36P02150108 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant Approval:	

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)	139,934	153,998	153,998	138,021.71
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 12/31/2009	Signature of Public Housing Director		Date

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

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		FFY of Grant: 2009	
PHA Name: Housing Authority of the City of Potosi		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: MO36P0215109		Date of CFFP:	
Replacement Housing Factor Grant No:			

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:1) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Obligated	Total Actual Cost ¹	
			Original	Revised ²		Expended	
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures		153,998	153,503	-0-		
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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

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

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

Part I: Summary		FFY of Grant: 2009	
PHA Name: Housing Authority of the City of Potosi		FFY of Grant Approval:	
Grant Type and Number: Capital Fund Program Grant No: MO36P02150109			
Replacement Housing Factor Grant No:			
Date of CFFP:			

Line	Type of Grant	Performance and Evaluation Report for Period Ending:		Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²		
		<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report			
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)	153,998	153,503	- 0 -	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 09/10/2009 12/31/09		Signature of Public Housing Director	
				Date	

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

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		FFY of Grant: 2009	
PHA Name: Housing Authority of the City of Potosi		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: MO36S02150109			
Replacement Housing Factor Grant No: Date of CFFP:			

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Summary by Development Account	Original	Total Estimated Cost		Obligated	Total Actual Cost ¹
				Revised ²	Final Performance and Evaluation Report		
1		Total non-CFP Funds					
2		1406 Operations (may not exceed 20% of line 21) ³					
3		1408 Management Improvements					
4		1410 Administration (may not exceed 10% of line 21)					
5		1411 Audit					
6		1415 Liquidated Damages					
7		1430 Fees and Costs	-0-	4800.00	4800.00	-0-	
8		1440 Site Acquisition					
9		1450 Site Improvement					
10		1460 Dwelling Structures	194,931	190,131	190,131	-0-	
11		1465.1 Dwelling Equipment—Nonexpendable					
12		1470 Non-dwelling Structures					
13		1475 Non-dwelling Equipment					
14		1485 Demolition					
15		1492 Moving to Work Demonstration					
16		1495.1 Relocation Costs					
17		1499 Development Activities ⁴					

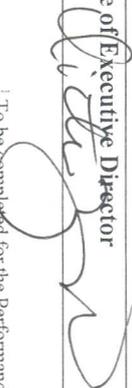
¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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

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

Part I: Summary		FFY of Grant: 2009	
PHA Name: Housing Authority of the City of Potosi	Grant Type and Number Capital Fund Program Grant No: MO36S02150109 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: Revised Annual Statement (revision no: 1)
 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)	194,931	194,931	194,931		
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director		Date	Signature of Public Housing Director		Date	
		12/31/09				

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

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

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

Part II: Supporting Pages		PHA Name: Housing Authority of the City of Potosi		Grant Type and Number		Federal FY of Grant: 2009		
				Capital Fund Program Grant No: MO36S02150109				
				CFPP (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 ¹	Funds Obligated ²	Funds Expended ²	
MO021000001	replace kitchen cabinets	1460	74	140,620.00		140,620.00	-0-	bid complete
MO021-1								
MO021000001	replace kitchen cabinets	1460	20	49,511.00		45,511.00	-0-	not complete
MO021-2								
MO021000001	A & E Fees	1430		4,800.00		4,800.00	-0-	75 % complete

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

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

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

Part I: Summary					
PHA Name: Housing Authority of the City of Potosi		Grant Type and Number Capital Fund Program Grant No: MO365021501010 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2010 FFY of Grant Approval:	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) Final Performance and Evaluation Report <input type="checkbox"/>	Total Estimated Cost		Total Actual Cost ¹	
				Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures			144,000			
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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

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		FFY of Grant: 2010	
PHA Name: Housing Authority of the City of Potosi	Grant Type and Number Capital Fund Program Grant No: MO365021501010 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	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)	144,000				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director Victoria Yount 8/24/09		Date	Signature of Public Housing Director		Date	
		12/31/09				

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.

