

PHA Plans

Streamlined 5-Year/Annual Version

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

OMB No. 2577-
0226
(exp 05/31/2006)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief to certain PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined 5-Year Plan for Fiscal Years 2010 - 2014

Streamlined Annual Plan for Fiscal Year 2010

McCOMB HOUSING AUTHORITY

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.

Streamlined Annual PHA Plan
PHA Fiscal Year 2010
[24 CFR Part 903.12(b)]

Table of Contents

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

A. ANNUAL STREAMLINED PHA PLAN COMPONENTS

Attachment "A" MS003A01

Civil Rights Certifications (included with PHA Certifications of Compliance) and Significant Amendment

Attachment "B" MS003B01

Violence Against Women Act

Attachment "C" MS003C01

Resident Advisory Board and Comments

Attachment "D" MS002D01

Capital Fund Program Original Annual Statement FY2010

Attachment "E" MS003E01

P&E Statements for CFP FY 2009

Attachment "F" MS003F01

P&E Statements for CFP FY 2009 Stimulus

Attachment "G" MS003G01

P&E Statements for CFP FY 2008

Attachment "H" MS003H01

CFP Five Year Action Plan

MS003V01

PHA 5 Year and Annual Plan

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>McComb Housing Authority</u> PHA Code: <u>MS26P003</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>04/2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>435</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 Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from 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. The PHA continues to improve the quality of assisted housing: The Housing Authority is meeting this goal with the main accomplishments being ongoing efforts to raise the standards of public housing with the use of CFP program funds. The PHA established the goal to improve apartments to achieve compatibility with private market rentals. Improvements are currently in progress with the use of CFP funds and the Housing Authority is on schedule to meeting this goal. The Housing Authority has met or exceeded all goals and missions stated in the Five-Year Plan, therefore, no modifications were made. Progress achieved on quantifiable goals are as follows: The PHA continues its goal of increasing working families. This goal is being achieved. The PHA continues to increase accessible units over and above 504 requirements if there is a need. The PHA continues to reduced vacancies with improved maintenance techniques, improved management and occupancy controls along with capital fund improvements. The PHA continues to improved public housing management and improved advisory score to a high performer level. The PHA goal to renovate or modernize public housing units with Capital Fund Program funds is being achieved and is on schedule. The PHA continues its efforts to improve security by providing drug prevention programs and private security. The PHA continues to partnership with community agencies to provide residents drug prevention, educational and recreational programs. The PHA continues its goal to ensure equal access to assisted housing. The PHA continues to counseled with residents on homeownership and pledged our support if they choose to pursue homeownership. The Housing Authority will adopted new policies and procedures to comply with current regulations.				

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: NONE</p> <p>The PHA held its Public Hearing and Resident Advisory Board meeting on Monday, December 21, 2009 at 5:00 P. M.</p> <p>There were no comments or challenged elements regarding the annual and five year plan.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. McComb Housing Authority 1002 Sedgewick Street McComb, MS 39648</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>The Housing Authority has entered into a contract for strategic planning services for redevelopment. The services include planning for Demolition, Mixed Finance, Capital Fund Leveraging, Property Acquisition, and Homeownership.</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p>

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

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

The PHA continues to improve the quality of assisted housing: The Housing Authority is meeting this goal with the main accomplishments being ongoing efforts to raise the standards of public housing with the use of CFP program funds. The PHA established the goal to improve apartments to achieve compatibility with private market rentals by the year 2016. Improvements are currently in progress with the use of CFP funds and the Housing Authority is on schedule to meeting this goal.

The PHA continues to improve its public housing management and improve advisory score to a higher performer level.

The PHA goal to renovate or modernize our public housing units with Capital Fund program funds is being achieved and is on schedule.

The PHA continues to partnership with community agencies to provide residents drug prevention, educational and recreational programs.

The PHA continues its goal to ensure equal access to assisted housing.

The PHA continues to inspect all housing units on a regular basis.

The PHA continues to counseled with residents on homeownership and pledged our support if they choose to pursue homeownership.

The PHA continues to ensure Equal Opportunity in housing for all applicants regardless of their needs.

The PHA continues to improve the physical condition of its units and grounds.

The PHA established the goal to setup computer laboratories in public housing. The PHA is meeting this goal.

The PHA established the goal to continue the policy to assure affirmative equal access for all applicants. The PHA is meeting this goal.

10.0 The PHA established the goal to make handicapped modifications to units exceeding 504 requirements based on individual need. The PHA is meeting this goal.

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

Criteria for Substantial Deviations and Significant Amendments

(I) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

Authority does recognize the need for public notification for items contained within the 5-Year and Annual Plans. This authority shall make proper for any Substantial Deviations from these plans as required under law. The exception to this definition is if the change has been made to meet compliance with The U.S. Department of Housing and Urban Development requirements. Substantial deviation or Significant amendment or shall mean those of the mission statement, goals and objective, capital fund program or changes in significant expenditures. And changes in requirement for administration of Public Housing requiring public comment and/or public hearing.

B. Significant Amendment or Modification to the Annual Plan

A Significant Amendment or Modification to the Annual Plan shall be construed to mean the following:

- Changes to rent or admissions policies or organization of the waiting list;
- Additions of non-emergency work items not currently included in the Annual Statement or the 5-Year Action Plan or changes in use of replacement reserve funds under the Capitol Fund;
- Any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.

These issues, if required, shall be raised with proper public notification. The Housing Authority acknowledges that an exception will be made by HUD to comply with the above changes that are adopted to reflect changes in HUD regulatory requirements: such changes will not be considered significant amendments by HUD.

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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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

ATTACHMENT “A”

Civil Rights Certifications

[24 CFR Part 903.12 (b), 903.7 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations. It is the policy of the Housing Authority to comply with all Federal, State, and local nondiscrimination laws and with rules and regulations governing Fair Housing and Equal Opportunity in housing and employment. The Housing Authority will comply with all laws relating to Civil Rights, including: Title VI and VIII of the Civil Rights Act, Executive Order 11063, Section 504, Age Discrimination Act and American With Disabilities Act.

To further our commitment to fully comply with applicable Civil Rights laws, the Housing Authority will provide Federal/State/Local information to public housing residents regarding “discrimination” and any recourse available to them during resident orientation session, resident meetings and reexaminations.

Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

The Housing Authority does recognize the need for public notification for items contained within the 5-Year and Annual Plans. This authority shall make proper notification for any Substantial Deviations from these plans as required under law. The exception to this definition is if the change has been made to meet regulatory compliance with The U.S. Department of Housing and Urban Development requirements. Substantial deviation or Significant amendment or Modification shall mean those of the mission statement, goals and objective, capital fund program or changes in significant expenditures. And changes in statutory requirement for administration of Public Housing requiring public comment and/or public hearing.

B. Significant Amendment or Modification to the Annual Plan

A Significant Amendment or Modification to the Annual Plan shall be construed to mean the following:

- Changes to rent or admissions policies or organization of the waiting list;

- Additions of non-emergency work items not currently included in the Annual Statement or the 5-Year Action Plan or changes in use of replacement reserve funds under the Capitol Fund;
- Any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.

These issues, if required, shall be raised with proper public notification. The Housing Authority acknowledges that an exception will be made by HUD to comply with the above changes that are adopted to reflect changes in HUD regulatory requirements: such changes will not be considered significant amendments by HUD.

ATTACHMENT “B”

McCOMB HOUSING AUTHORITY POLICY ON VIOLATION AGAINST WOMEN (VAWA) AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

The VAWA prohibits the McComb Housing Authority (MHA) to evict or remove assistance from certain persons (including members of the victim’s immediate family) living in the MHA developments if the asserted grounds for such action is an instance of domestic violence, dating violence, sexual assault, or stalking, as described in Section 3 of the U.S. Housing Act of 1937, and amended by the Violence Against Women Reauthorization Act (VAWA) of 2005.

The MHA will accept certification from alleged victims in verifying this claim by a MHA resident.

The VAWA provides “criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of the tenancy or occupancy rights, if the tenant or immediate family member of the tenant’s family is the victim or threatened victim of that abuse.” VAWA further provides that incidents of actual or threatened domestic violence, dating violence, or stalking may not be construed either as serious or repeated violations of the lease by the victim of such violence or as good cause for terminating the tenancy or occupancy rights of the victim of such violence.

VAWA does not limit the MHA’s authority to terminate the tenancy of any tenant if the MHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property.

When a tenant family is facing lease termination because of the actions of a tenant, household member, guest, or other person under the tenant’s control and a tenant or immediate family member of the tenant’s family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating violence, or stalking, the MHA will require the individual to submit documentation affirming that claim.

The documentation must include two elements:

A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking

One of the following:

A police or court record documenting the actual or threatened abuse

A statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to the MHA within 14 business days after the individual claiming victim status receives a request for such certification. The MHA, owner or manager will be aware that the delivery of the certification form to the tenant in response to an incident via mail may place the victim at risk, e.g., the abuser may monitor the mail. The MHA may require that the tenant come into the office to pick up the certification form and will work with tenants to make delivery arrangements that do not place the tenant at risk. This 14-day deadline may be extended at the MHA's discretion. If the individual does not provide the required certification and supporting documentation within 14 business days, or the approved extension period, the MHA may proceed with assistance termination.

The MHA also reserves the right to waive these victim verification requirements and accept only a self-certification from the victim if the MHA deems the victim's life to be in imminent danger.

In extreme circumstances when the MHA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's (including the victim's) tenancy is not terminated, the MHA will bypass the standard process and proceed with the immediate termination of the family's assistance.

The MHA will request that a victim of the domestic violence described in this policy to provide evidence or certify to the MHA that the incident or incidents of abuse are bona fide

All information provided to the MHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared data base nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

The MHA's five-year and Annual Plan contains information regarding any goals, activities, objectives, policies, or programs of the MHA that are intended to support assist victims of domestic violence described above.

Required Attachment _C_: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

1. Ms. Hilda Magee, 1009 Witterman Street, McComb, MS 39648
2. Ms. Clara Beecham, 1019 Witterman Street, McComb, MS 39648
3. Mr. Charles Holmes, 404 MLK Dr., McComb, MS 39648
4. Ms. Jacqueline Williams, 1032 LaBranch St., McComb, MS 39648
5. Ms. Bonnie Washington, 1030 LaBranch St., McComb, MS 39648
6. Ms. Linda Conerly, 1005 Witterman Street, McComb, MS 39648

SELECTION OF RESIDENT ADVISORY BOARD MEMBERS:

The Resident Advisory Board consists of six (6) members. They are selected by the housing authority and resident body.

CHALLENGED ELEMENTS: NONE

Resident Advisory Board Recommendations

- a. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

If yes, provide the comments below:

- b. In what manner did the PHA address those comments? (select all that apply)

- Considered comments, but determined that no changes to the PHA Plan were necessary. N/A
- The PHA changed portions of the PHA Plan in response to comments
List changes below:
- Other: (list below)

The PHA held its Public Hearing and Resident Advisory Board meeting on Monday, December 21, 2009 at 5:00 P. M.

There were no comments or challenged elements regarding the annual and five year plan.

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: McCOMB CITY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MS26P003501-10 Replacement Housing Factor Grant No: Date of CFFP:		FY of Grant: 2010 FY of Grant Approval:	
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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"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	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		150,000			
3	1408 Management Improvements		98,068			
4	1410 Administration (may not exceed 10% of line 21)		77,027			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		56,000			
8	1440 Site Acquisition					
9	1450 Site Improvement		10,000			
10	1460 Dwelling Structures		368,182			
11	1465.1 Dwelling Equipment—Nonexpendable		11,000			
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					

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: MCCOMB CITY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MS26P003501-10 Replacement Housing Factor Grant No: Date of CFPP:	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:)
 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)		770,277				
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			90,000			
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director		Date	Signature of Public Housing Director		Date		

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFPP Grants for operations.
⁴ RHP 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
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 Expires 4/30/2011

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2010		Status of Work	
PHA Name: McCOMB CITY HOUSING AUTHORITY		Capital Fund Program Grant No MS26P003501-10					
		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		
COCC	Management Fees	1410		Original 77,027	Revised ¹	Funds Obligated ²	Funds Expended ²
AMP 1	Operations	1406		63,750			
	Security	1408		38,700			
	Training	1408		3,430			
	A/E Services	1430		8,500			
	Inspections, Surveys, Test, Applications	1430		6,800			
	Consultant Services	1430		8,500			
	Site Improvements	1450		4,250			
	Water Heaters	1460	8	2,125			
	Space Heaters	1460	8	4,250			
	Modernization & UPICS Compliance:	1460	250	52,500			
	Force Account & Contract Activities at Designated Apts. & Buildings						
	Stoves	1465.1	5	1,275			
	Refrigerators	1465.1	9	3,400			
AMP 2	Operations	1406		86,250			
	Security	1408		51,300			
	Training	1408		4,638			
	A/E Services	1430		11,500			
	Inspections, Surveys, Test, Applications	1430		9,200			
	Consultant Services	1430		11,500			

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
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Part I: Summary		PHA Name: McCOMB CITY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MS26P003501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval:	
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/09	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:01) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Obligated	Total Actual Cost ¹	
				Original	Revised ²		Expended	
1.	Total non-CFFP Funds							
2	1406 Operations (may not exceed 20% of line 21) ³		150,000	150,000		150,000		0
3	1408 Management Improvements		98,068	94,000		91,188		0
4	1410 Administration (may not exceed 10% of line 21)		77,027	77,027		77,027		0
5	1411 Audit							
6	1415 Liquidated Damages							
7	1430 Fees and Costs		56,000	40,000		0		0
8	1440 Site Acquisition							
9	1450 Site Improvement		10,000	24,250		15,558.53		0
10	1460 Dwelling Structures		138,182	186,500		120,725.47		0
11	1465.1 Dwelling Equipment—Nonexpendable		11,000	28,500		16,586		0
12	1470 Non-dwelling Structures		230,000	170,000		151,250		0
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 CFFP 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: MCCOMB CITY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MS26P003501-09 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant Approval:	

Type of Grant Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 01)
 Performance and Evaluation Report for Period Ending: 9/30/09 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)	770,277	770,277	622,335	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	90,000			
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	

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 CFPP 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: McCOMB CITY HOUSING AUTHORITY		Grant Type and Number		Federal FFY of Grant: 2009		
				Capital Fund Program Grant No: MS26P003501-09				
				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	
COCC	Management Fees	1410		77,027	77,027	77,027	0	
AMP 1	Operations	1406		63,750	63,750	63,750	0	
	Security	1408		38,700	38,700	38,700	0	
	Training	1408		3,430	1,000	0	0	
	Computer Upgrades	1408		0	2,000	1,188	0	
	A/E Services	1430		8,500	8,500	0	0	
	Inspections, Surveys, Test, Applications	1430		6,800	5,000	0	0	
	Consultant Services	1430		8,500	4,000	0	0	
	Site Improvements	1450		4,250	4,250	2,000	0	
	Water Heaters	1460	8	2,125	6,000	2,125	0	
	Space Heaters	1460	8	4,250	4,250	0	0	
	Modernization & UPCS Compliances:	1460	250	52,500	73,159	52,500	0	
	Force Account & Contract Activities at							
	Designated Apartments & Buildings							
	Stoves	1465.1	5	1,275	5,000	1,830	0	
	Refrigerators	1465.1	9	3,400	8,500	8,300	0	
	Office Addition	1470	1	230,000	170,000	151,250	0	
AMP 2	Operations	1406		86,250	86,250	86,250	0	

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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		PHA Name: MCCOMB CITY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MS26S003501-09 Replacement Housing Factor Grant No: Date of CFFP: N/A		FY of Grant: 2009 FY of Grant Approval:	
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Line	Type of Grant <input checked="" 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		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)	98,460			98,460		3,724.48
5		1411 Audit						
6		1415 Liquidated Damages						
7		1430 Fees and Costs	70,500			6,475		1,330
8		1440 Site Acquisition						
9		1450 Site Improvement	165,648					
10		1460 Dwelling Structures	500,000					
11		1465.1 Dwelling Equipment—Nonependable						
12		1470 Non-dwelling Structures	150,000			150,000		35,914.75
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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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
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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		FFY of Grant: 2009	
PHA Name: MCCOMB CITY	Grant Type and Number Capital Fund Program Grant No: MS26S003501-09 Replacement Housing Factor Grant No: Date of CFPP: N/A	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)	984,608		254,935	40,969.23
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date

¹ To be completed for the Performance and Evaluation Report.
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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

PHA Name: MCCOMB CITY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MS26P003501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval:
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/09	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1	Total non-CFFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³		138,750	138,750	138,750	138,750
3	1408 Management Improvements		101,000	110,290.83	110,290.83	110,290.83
4	1410 Administration (may not exceed 10% of line 21)		77,700	77,700	77,700	77,700
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		35,500	15,975	15,975	15,975
8	1440 Site Acquisition					
9	1450 Site Improvement		10,000	104,025.94	104,025.94	104,025.94
10	1460 Dwelling Structures		295,500	290,316.24	290,316.24	290,316.24
11	1465.1 Dwelling Equipment—Nonexpendable		15,375	17,045	17,045	17,045
12	1470 Non-dwelling Structures		74,028	0	0	0
13	1475 Non-dwelling Equipment		23,000	16,749.99	16,749.99	16,749.99
14	1485 Demolition		7,000	7,000	7,000	7,000
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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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		FFY of Grant: 2008	
PHA Name: McCOMB CITY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MS26P003501-08 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)	777,853	777,853	777,853	777,853
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		110,290.83	110,290.83	110,290.83
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Type of Grant: Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: 09/30/09 Revised Annual Statement (revision no:)
 Final Performance and Evaluation Report

Signature of Executive Director:  Date: 4-10

Signature of Public Housing Director: _____ Date: _____

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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 II: Supporting Pages		PHA Name: McCOMB CITY HOUSING AUTHORITY		Grant Type and Number		Federal FFY of Grant: 2008	
				Capital Fund Program Grant No: MS26P003501-08			
				CFRP (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
COCC	Management Fees	1410		77,700	77,700	77,700	77,700
AMP I	Operations	1406		59,000	59,000	59,000	59,000
	Security	1408		42,365	47,425.10	47,425.10	47,425.10
	Training	1408		1,000	0	0	0
	A/E Services	1430		17,500	0	0	0
	Inspections, Surveys, Applications	1430		4,000	2,100	2,100	2,100
	Consultant Services	1430		5,000	0	0	0
	Site Improvements	1450		5,000	50,506.26	50,506.26	50,506.26
	Water Heaters @ 300/ea	1460		2,100	7,699.75	7,699.75	7,699.75
	Space Heaters @ 800/ea	1460		4,000	0	0	0
	Modernization & UPCS Compliance:	1460		120,000	58,897.64	58,897.64	58,897.64
	Force Account & Contract Activities at						
	Designated Apartments & Buildings						
	Dryer Vents & Circuitry @ 300/ea						
	Water Heater Code Upgrades @ 400/ea						
	Flooring - 900 sq ft @ \$2.00/sq ft						
	Kitchen Cabinets @ \$3,000/ea						
	Interior Paint/Plaster Repairs @ \$2,500						
	Interior Doors/Hardware @ \$250/ea						

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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 II: Supporting Pages

PHA Name: McCOMB CITY HOUSING AUTHORITY Grant Type and Number
 Capital Fund Program Grant No: MS26P003501-08
 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	
	Window/Screen Replacements							
	Stoves @ \$275/ea	1465.1	15	1,650	4,594.55	4,594.55	4,594.55	
	Refrigerators @ \$375/ea	1465.1	6	5,625	2,734.80	2,734.80	2,734.80	
	Office Addition	1470		74,028	0	0	0	
	Office Equipment Upgrades	1475		7,500	8,495.44	8,495.44	8,495.44	
	Maintenance Equipment	1475		3,000	2,017.93	2,017.93	2,017.93	
	Demolition	1485		7,000	7,000	7,000	7,000	
AMP II	Operations	1406		79,750	79,750	79,750	79,750	
	Security	1408		56,635	62,865.73	62,865.73	62,865.73	
	Training	1408		1,000	0	0	0	
	A/E Services	1430		0	13,125	13,125	13,125	
	Inspections, Surveys, Applications	1430		4,000	750	750	750	
	Consultant Services	1430		5,000	0	0	0	
	Site Improvements	1450		5,000	53,519.68	53,519.68	53,519.68	
	Water Heaters @ 300/ea	1460		3,000	10,206.60	10,206.60	10,206.60	
	Space Heaters @ 800/ea	1460		6,400	0	0	0	
	Modernization & UPCS Compliance:	1460		160,000	213,512.25	213,512.25	213,512.25	
	Force Account & Contract Activities at							
	Designated Apartments & Buildings							
	Dryer Vents & Circuitry @ 300/ea							
	Water Heater Code Upgrades @ 400/ea							
	Flooring - 900 sq ft @ \$2.00/sq ft							
	Kitchen Cabinets @ \$3,000/ea							

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

² To be completed for the Performance and Evaluation Report.

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number McComb City Housing Authority		Locality (City/County & State) McComb, Pike, MS			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	302,558	197,854	233,798	199,094
C.	Management Improvements		107,000	107,000	107,000	107,000
D.	PHA-Wide Non-dwelling Structures and Equipment		0	104,704	142,354	0
E.	Administration		77,000	77,000	77,000	77,000
F.	Other		144,969	144,969	71,375	71,375
G.	Operations		138,750	138,750	138,750	138,750
H.	Demolition					177,058
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		770,277	770,277	770,277	770,277
L.	Total Non-CFP Funds					
M.	Grand Total		770,277	770,277	770,277	770,277

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 McComb City Housing Authority		Locality McComb, Pike, MS			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name Number	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
		Annual Statement				
	COCC		77,000	77,000	77,000	77,000
	AMP I		274,094	340,897	354,479	280,885
	AMP II		419,183	352,380	338,798	412,392
	TOTAL		770,277	770,277	770,277	770,277

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011			Work Statement for Year: 3 FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	COCC	Management Fees	77,000	COCC	Management Fees	77,000
	AMP I	Operations	59,000	AMP I	Operations	59,000
		A/E Fees	10,000		A/E Fees	10,000
		Consultant Fees	10,000		Consultant Fees	10,000
		Inspections, Applications, Survey	8,000		Inspections, Applications, Survey	8,000
		Site Improvements	5,000		Site Improvements	5,000
		Force Account/Contract:	122,354		Force Account/Contract:	115,563
		Comprehensive Interior/Exterior Renovations			Comprehensive Interior/Exterior Renovations	
		Water Heaters	2,100		Water Heaters	2,100
		Space Heaters	4,000		Space Heaters	4,000
		HVAC Replacements			HVAC Replacements	
		Stoves	1,650		Stoves	1,650
		Refrigerators	5,625		Refrigerators	5,625
		Office Renovations			Office Renovations	
		Warehouse Renovations			Warehouse Renovations	
		Office Equipment			Office Equipment	
		Maintenance Equipment			Maintenance Equipment	
		Demolition			Demolition	
					Acquisition	73,594
	AMP II	Operations	79,750	AMP II	Operations	79,750
		A/E Fees	10,000		A/E Fees	10,000
		Consultant Fees	10,000		Consultant Fees	10,000
		Inspections, Applications, Survey	8,000		Inspections, Applications, Survey	8,000
		Site Improvements	5,000		Site Improvements	8,000
		Force Account/Contract:	154,704		Site Improvements	5,000
		Subtotal of Estimated Cost	\$		Subtotal of Estimated Cost	\$

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY 2013			Work Statement for Year: 5 FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	COCC	Management Fees	77,000	COCC	Management Fees	77,000
	AMP I	Operations	59,000	AMP I	Operations	59,000
		A/E Fees	10,000		A/E Fees	10,000
		Consultant Fees	10,000		Consultant Fees	10,000
		Inspections, Applications, Survey	8,000		Inspections, Applications, Survey	8,000
		Site Improvements	5,000		Site Improvements	5,000
		Force Account/Contract:	50,000		Force Account/Contract:	50,000
		Comprehensive Interior/Exterior Renovations			Comprehensive Interior/Exterior Renovations	
		Water Heaters	2,100		Water Heaters	2,100
		Space Heaters	4,000		Space Heaters	4,000
		Renovations/Handicapped Access.	73,594		Stoves	1,650
		Stoves	1,650		Refrigerators	5,625
		Refrigerators	5,625		Office Renovations	
		Office Renovations			Warehouse Renovations	
		Warehouse Renovations	49,145		Office Equipment	
		Office Equipment	5,000		Maintenance Equipment	
		Maintenance Equipment	25,000		Demolition	79,145
		Demolition			Acquisition	
	AMP II	Operations	79,750	AMP II	Operations	79,750
		A/E Fees	10,000		A/E Fees	10,000
		Consultant Fees	10,000		Consultant Fees	10,000
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

