| PHA 5-Year and Annual Plan | U.S. Department of Housing and Urban Development<br>Office of Public and Indian Housing | OMB No. 2577-0226<br>Expires 4/30/2011 |
|---|---|---|

**1.0 PHA Information**

PHA Name: COLUMBIANA METROPOLITAN HOUSING AUTHORITY PHA Code: OH026

PHA Type: ☐ Small ☐ High Performing ☑ Standard ☐ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): 07/1/2010

**2.0 Inventory** (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: 479 Number of HCV units: 562

**3.0 Submission Type**

☑ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only

**4.0 PHA Consortia** ☐ 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 | |
|---|---|---|---|---|---|
| | | | | PH | 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:

The Columbiana Metropolitan Housing Authority has the responsibility to provide safe, decent and affordable housing to its residents as well as promote customer satisfaction, pride and respect by working with strong and safe neighborhoods

**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.

1. EXPAND THE SUPPLY OF ASSISTED HOUSING
   Use all available vouchers to assist the maximum number of families
   Reduce public housing vacancies

**6.0 PHA Plan Update**

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

Amending Admission Policy - Utility Allowances
To add additional items to capital fund program for ARRA
Creating a Capital Fund Stimulus Grant Procurement Policy
Public Records Policy

(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 Office of the Housing Authority, 325 Moore St., East Liverpool, Ohio

**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 *Capital Fund Program Annual Statement/Performance and Evaluation Report*, 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 *Capital Fund Program Five-Year Action Plan*, 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).**

☐ 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.<br>The housing needs as discussed at the Housing Advisory Committee meeting for the CHIS were the following: Fair Housing, Private Rehabilitation, Rental Rehab, Down Payment Assistance, Housing Counseling and Tenant Based Assistance. Columbiana County also has a real need for housing for single males. There seem to be plenty of housing types & bedroom sizes, but there is a great need for rental |
| **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.**<br>The only two areas that the Housing Authority can address is Fair Housing and Tenant Based Assistance. The Housing Authority sent all our housing managers, Section 8 Coordinator and Assistance and Executive Director to Fair Housing training. We also provide landlords with information about Fair Housing. Tenant Based Assistance is conducted through the HOME Program by the Housing Authority for the two largest |
| **10.0** | **Additional Information**. Describe the following, as well as any additional information HUD has requested.<br><br>(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.<br>The Housing Authority has in cooperation with the County Mental Health Agency received additional HCV also in cooperation with the Family Recovery Center we also received additional HCV. We have hired an outside contractor to assist in painting vacant units to speed the turnover of units. We have remained a High Performer in the HVC Program. Our Capital Improvements to our Public Housing units have continued to modernize and upgrade all our units. We have community policing at our two family sites also with private security. We advertise in several different medias to enable minorities and disabled individuals to access housing. We have 75 mainstream vouchers and 45 SPC vouchers to assist the handicapped.<br><br>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"<br><br>Significant Amendments and Substantial Deviation/Modification:<br>- Additions of non-emergency work item (item not included in the current Annual Statement or 5-year Action Plan) or changes in the use of Replacement reserves funds under the Capital Fund.<br>- Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. |

| | |
|---|---|
| **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.<br><br>(a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)<br>(b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only)<br>(c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only)<br>(d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only)<br>(e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only)<br>(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.<br>(g) Challenged Elements<br>(h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only)<br>(i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only) |

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

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

# Instructions form HUD-50075

**Applicability**. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

**1.0 PHA Information**
Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

**2.0 Inventory**
Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

**3.0 Submission Type**
Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

**4.0 PHA Consortia**
Check box if submitting a Joint PHA Plan and complete the table.

**5.0 Five-Year Plan**
Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

**5.1 Mission**. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan**.**

**5.2 Goals and Objectives**. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

**6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

**(a)** Identify specifically which plan elements have been revised since the PHA's prior plan submission.

**(b)** Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central off ice of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

**PHA Plan Elements**. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.

3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.

4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.

5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.

6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1**) development name and number; **2**) designation type; **3**) application status; **4**) date the designation was approved, submitted, or planned for submission, and; **5**) the number of units affected.

7. **Community Service and Self-Sufficiency.** A description of: (**1**) Any programs relating to services and amenities provided or offered to assisted families; (**2**) Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**

8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: **1)** Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; **2)** Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and **3)** Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

**7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers**

**(a) Hope VI or Mixed Finance Modernization or Development.** **1)** A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and **2)** A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm

**(b) Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: **(1)** A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and **(2)** A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
**Note:** This statement must be submitted to the extent **that approved and/or pending** demolition and/or disposition has changed.

**(c) Conversion of Public Housing.** With respect to public housing owned by a PHA: **1)** A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert; **2)** An analysis of the projects or buildings required to be converted; and **3)** A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/conversion.cfm

**(d) Homeownership**. A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

**(e) Project-based Vouchers**. If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

**8.0 Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

**8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

**(a)** To submit the initial budget for a new grant or CFFP;

**(b)** To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and

**(c)** To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;

2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and

3. Upon completion or termination of the activities funded in a specific capital fund program year.

**8.2 Capital Fund Program Five-Year Action Plan**

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

**8.3 Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at: http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm

**9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

**9.1 Strategy for Addressing Housing Needs.** Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

**10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:

**(a) Progress in Meeting Mission and Goals. P**HAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan**. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**(b) Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

**(c)** PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

**11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

**(a)** Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*

**(b) F**orm HUD-50070, *Certification for a Drug-Free Workplace* **(PHAs receiving CFP grants only)**

**(c)** Form HUD-50071, *Certification of Payments to Influence Federal Transactions* **(PHAs receiving CFP grants only)**

**(d)** Form SF-LLL, *Disclosure of Lobbying Activities* **(PHAs receiving CFP grants only)**

**(e)** Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* **(PHAs receiving CFP grants only)**

**(f)** Resident Advisory Board (RAB) comments.

**(g)** Challenged Elements. Include any element(s) of the PHA Plan that is challenged.

**(h)** Form HUD-50075.1**, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (Must be attached electronically for PHAs receiving CFP grants only).** See instructions in 8.1.

**(i)** Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* **(Must be attached electronically for PHAs receiving CFP grants only).** See instructions in 8.2.

**ATTACHMENT 7.0**

SECTION 8 HOMEOWNERSHIP PROGRAM

SECTION CMHA 8 HOMEOWNERSHIP PROGRAM

The following are the policies governing this program:

- Must be 1st time homeowners (within last three years)
- Must work full time (except elderly & handicapped)
- Must have an annual income of $15,000 (SSI - $6768)
- Must attend & complete homeownership counseling
- If mortgage is > $20,000, Section 8 payment for 15 years
- If mortgage is < $20,000, Section 8 payment for 10 years

Columbiana County Community Action Agency will provide Homeowner counseling and first time home buyers financial assistance with down payment assistance.

The Columbiana Metropolitan Housing Authority has no plans for Hope VI, Mixed Finance Modernization, Development, demolition or disposition , Conversion of Public Housing or Project Based Vouchers this Agency Plan year.

**VAWA**

CMHA is a member of the Tri County Violence Prevention Coalition – we post information and have flyers available

Help Hotline has a 211 Crisis Center, which we pass out cards with their 211 number

CMHA works with Christina House on Domestic Violence Victimization

Staff attended a "Choose Your Partner Wisely" sponsored by Columbiana County Children Services

We refer residents to the Family Recovery Center for assistances in cases of domestic violence, dating violence. We have community policing at our two family sites, the officers assist with incidents of sexual assault and stalking.

When the policy was approved, letters were sent to all residents informing them of their rights under the policy. We have a copy of the policy posted at all managers' offices.

**RESIDENT ADVISORY BOAR MEETING WAS HELD ON MARCH 12, 2010**

The following attended:

Helen Pugliano - Shoub Towers
Virginia Reynolds - Shoub Towers
Laura Roberts – Shoub Towers
Reba Kellogg -= Fawcett Apartments
Sherry Shreve – Fawcett Apartments
Arlene Shuman – River View Towers
Carol O'Hara – RiverView Towers

There were four requests made during the meeting:

Reba – Something be done about the heat controls in the Apartments – this will be referred to maintenance

Carol – River View would like new refrigerators & stoves - it will be noted , but River View is not yet in rotation for new stoves or refrigerators.

Carol – A couple of the tubs need replaced or refinished – this will be referred to maintenance

Carol – Could the smoke eater in the lounge be replaced with a ceiling fan – this will be referred to maintenance.

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: Columbiana Metropolitan Housing Authority** | **Grant Type and Number**<br>Capital Fund Program Grant No: OH12PO2650110<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | **FFY of Grant: 2010**<br>**FFY of Grant Approval:** |
|---|---|---|

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

| **Line** | **Summary by Development Account** | **Total Estimated Cost** | | **Total Actual Cost [1]** | |
|---|---|---|---|---|---|
| | | **Original** | **Revised[2]** | **Obligated** | **Expended** |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) [3] | $139,475.00 | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | $ 69,738.00 | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | $ 50,000.00 | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | $ 67,670.00 | | | |
| 10 | 1460 Dwelling Structures | $ 352,500.00 | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities [4] | | | | |

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



form **HUD-50075.1** (4/2008)

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: Columbiana Metropolitan Housing Authority** | **Grant Type and Number**<br>Capital Fund Program Grant No: OH12PO2650110<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | **FFY of Grant:2010**<br>**FFY of Grant Approval:** |
|---|---|---|

**Type of Grant**
**Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** **X Revised Annual Statement (revision no: 1 )**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

| **Line** | **Summary by Development Account** | **Total Estimated Cost** | | **Total Actual Cost [1]** | |
|---|---|---|---|---|---|
| | | **Original** | **Revised [2]** | **Obligated** | **Expended** |
| 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) | $ 18,000.00 | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | $ 697,383.00 | | | |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |

| **Signature of Executive Director** | **Date** | **Signature of Public Housing Director** | **Date** |
|---|---|---|---|
| | | | |

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



form **HUD-50075.1** (4/2008)

**Part II: Supporting Pages**

| PHA Name: Columbiana Metropolitan Housing Authority | **Grant Type and Number**<br>Capital Fund Program Grant No: OH12PO2650110<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: | **Federal FFY of Grant: 2010** |
|---|---|---|

| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
|---|---|---|---|---|---|---|---|---|
| | | | | Original | Revised [1] | Funds Obligated[2] | Funds Expended[2] | |
| AMP 1 | New Maintenance Doors | 1460 | | $ 2,500.00 | | | | |
| Fawcett Apt | Replace Generator | 1460 | | $100,000.00 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Operations | Operations | 1406 | | $10,000.00 | | | | |
| Fees & Costs | A & E Fees | 1430 | | $12,000.00 | | | | |
| Administration | Executive Director | 1410 | | $ 5,050.00 | | | | |
| | Accountant | 1410 | | $10,876.00 | $10,138.00 | | | |
| | Modernization Clerk | 1410 | | $19,500.00 | | | | |
| | | | | | | | | |
| | **Sub-Total AMP 1** | | | **$159,926.00** | **$165,188.00** | | | |
| | | | | | | | | |
| AMP 2 | Install Fencing@ 400 Parking Lot | 1450 | | $ 18,000.00 | | | | |
| Woodland Hills | Finish Retaining Wall | 1450 | | | $ 47,670.00 | | | |
| Riverview Towers | Seal Parking Lot | 1450 | | $ 2,000.00 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Operations | Operations | 1406 | | $40,000.00 | $ 64,738.00 | | | |
| Administration | Executive Director | 1410 | | $ 2,525.00 | | | | |
| | Accountant | 1410 | | $ 4,876.00 | $ 5,300.00 | | | |
| | Modernization Clerk | 1410 | | $ 9,760.00 | $ 9,700.00 | | | |
| | | | | | | | | |
| | **Sub-total AMP 2** | | | **$ 77,161.00** | **$$155,933.00** | | | |
| | | | | | | | | |
| AMP 3 | Replace front & rear doors, install steel | 1460 | | $200,000.00 | | | | |
| Ind. Square | frames | | | | | | | |
| Shoub Towers | Replace & upgrade fire alarm | 1460 | | $ 50,000.00 | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| Operations | Operations | 1406 | | $ 40,000.00 | $ 64,737.00 | | | |
| Fees & Costs | A & E Fees | 1430 | | $ 38,000.00 | | | | |
| Administration | Executive Director | 1410 | | $ 2,525.00 | | | | |
| | Accountant | 1410 | | $ 4,976.00 | $ 5,300.00 | | | |
| | Modernization Clerk | 1410 | | $ 9,750.00 | $ 9,700.00 | | | |
| | | | | | | | | |
| | **Sub-total AMP 3** | | | **$345,251.00** | **$376,262.00** | | | |
| | | | | | | | | |
| Contingency | Contingency | 1502 | | $ 18,000 | | | | |
| | | | | | | | | |

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

[2] To be completed for the Performance and Evaluation Report.

## Part I: Summary

| PHA Name/Number<br>Columbiana Metropolitan Housing Authority | | | Locality (City/County & State)<br>East Liverpool, Columbiana County, OH | | ☐**Original 5-Year Plan** **XRevision No: 1** | |
|---|---|---|---|---|---|---|
| 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 | $ 382,000.00 | $ 382,000.00 | $ 382,000.00 | $ 382,000.00 |
| C. | Management Improvements | | | | | |
| D. | PHA-Wide Non-dwelling Structures and Equipment | | | | | |
| E. | Administration | | $ 70,000.00 | $ 70,000.00 | $ 70,000.00 | $ 70,000.00 |
| F. | Other | | $158,000.00 | $158,000.00 | $158,000.00 | $158,000.00 |
| G. | Operations | | $ 90,000.00 | $ 90,000.00 | $ 90,000.00 | $ 90,000.00 |
| H. | Demolition | | | | | |
| I. | Development | | | | | |
| J. | Capital Fund Financing – Debt Service | | | | | |
| K. | Total CFP Funds | | $ 700.000.00 | $700,000.00 | $700,000.00 | $700,000.00 |
| L. | Total Non-CFP Funds | | | | | |
| M. | Grand Total | | $700,000.00 | $700,000.00 | $700,000.00 | $700,000.00 |

## Part II: Supporting Pages – Physical Needs Work Statement(s)

| Work Statement for Year 1 FFY _____ | Work Statement for Year _____2011__(Year 2)___ FFY _6/30/2012_____ | | | Work Statement for Year: ___2012__(Year 3)____ FFY __6/30/2013_____ | | |
|---|---|---|---|---|---|---|
| | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost |
| | **AMP 1 Fawcett Apts** | | | **AMP 1 Fawcett Apt.** | | |
| | New Entrance Door & Wall Panel | | $10,000.00 | | | |
| | Security Enclosure (Fire Escape) | | $40,000.00 | | | |
| | | | | | | |
| | **Oper** Operations | | $10,000.00 | Replace Drain Pipes | | |
| | **Admin** Executive Director | | $2,600.00 | | | $ 482,900.00 |
| | Accountant | | $5,300.00 | **Oper** Operations | | |
| | Modernization Clerk | | $9,800.00 | **Admin** Executive Director | | $10,000.00 |
| | | | | Accountant | | $2,600.00 |
| | **AMP 2 Scattered Sites** | | | Modernization Clerk | | $5,300.00 |
| | Replace Closet Doors 10 units | | $ 8,000.00 | | | $9,800.00 |
| Annual | Replace Patio Doors 21 units | | $ 31,000.00 | **AMP 2 Woodland Hills** | | |
| Statement | Front Screen Door (10) | | $5,500.00 | | | |
| | **Oper** Operations | | $65,000.00 | **Oper** Operations | | |
| | **Fees** A & E Fees | | $3,000.00 | **Fees** A & E Fees | | $65,000.00 |
| | **Admin** Executive Director | | $2,600.00 | **Admin** Executive Director | | $3,000.00 |
| | Accountant | | $5,300.00 | Accountant | | $2,600.00 |
| | Modernization Clerk | | $9,800.00 | Modernization Clerk | | $5,300.00 |
| | | | | | | $9,800.00 |
| | **AMP 3 Shoub Towers** | | | **AMP 3 Shoub Towers** | | |
| | Replace Roof | | $100,000.00 | | | |
| | Replace furnace, Community Kitchen | | $ 10,000.00 | **Oper** Operations | | |
| | **AMP 3 Scattered Sites** | | | **Fees** A & E Fees | | $65,000.00 |
| | Replace Closet Doors 15 units | | $ 13,000.00 | **Admin** Executive Director | | $3,000.00 |
| | Rehab 2 Units for Handicap | | $ 213,000.00 | Accountant | | $2,600.00 |
| | Front Storm Door (15) | | $8,400.00 | Modernization Clerk | | $5,300.00 |
| | | | | | | $9,800.00 |
| | **Oper** Operations | | $65,000.00 | | | |
| | **Fees** A & E Fees | | $47,000.00 | | | |
| | **Admin** Executive Director | | $2,600.00 | | | |
| | Accountant | | $5,300.00 | | | |
| | Modernization Clerk | | $9,800.00 | | | |
| | | | | | | |
| | **Contingency** | | $18,000.00 | **Contingency** | | $18,000.00 |
| | **SUBTOTAL OF COST** | | **$700.000.00** | **SUBTOTAL OF COST** | | **$700,000.00** |

## Part II: Supporting Pages – Physical Needs Work Statement(s)

| Work Statement for Year 1 FFY ___ | Work Statement for Year ___2013 (Year 4)_____ FFY ___6/30/2014_____ | | | Work Statement for Year: __2014 (Year 5)_____ FFY __6/30/2015____ | | |
|---|---|---|---|---|---|---|
| | Development Name /General Description of Major Work Categories | Quantity | Estimated Cost | Development Name /General Description of Major Work Categories | Quantity | Estimated Cost |
| See | **AMP 1 Fawcett Apt** | | | **AMP 1 Fawcett Apt** | | |
| Annual | Replace Drain Pipes | | $ 482,900.00 | | | |
| Statement | | | | Paint Apts. & Hallways | | $ 81,500.00 |
| | **Oper** Operations | | $10,000.00 | Carpet Units | | $115,900.00 |
| | **Admin** Executive Director | | $2,600.00 | | | |
| | Accountant | | $5,300.00 | | | |
| | Modernization Clerk | | $9,800.00 | **Oper** Operations | | $10,000.00 |
| | | | | **Admin** Executive Director | | $2,600.00 |
| | **AMP 2 Woodland Hills** | | | Accountant | | $5,300.00 |
| | **Oper** Operations | | $65,000.00 | Modernization Clerk | | $9,800.00 |
| | | | | | | |
| | | | | | | |
| | **Admin** Executive Director | | $2,600.00 | **AMP 2 Woodland Hills** | | |
| | Accountant | | $5,300.00 | Replace Interior handrails | | $55,500.00 |
| | Modernization Clerk | | $9,800.00 | **Scattered Sites** | | |
| | | | | | | |
| | **AMP 3 Shoub Towers** | | | | | |
| | | | | **Oper** Operations | | $65,000.00 |
| | **Oper** Operations | | $65,000.00 | **Admin** Executive Director | | $2,600.00 |
| | **Admin** Executive Director | | $2,600.00 | Accountant | | $5,300.00 |
| | Accountant | | $5,300.00 | Modernization Clerk | | $9,800.00 |
| | Modernization Clerk | | $9,800.00 | | | |
| | | | | **AMP 3 Shoub Towers** | | |
| | **Contingency** | | $18,000.00 | Replace Fire Pump | | $ 100,000.00 |
| | | | | Paint Hallways | | $ 5,000.00 |
| | | | | **AMP 3 Scattered Sites** | | |
| | | | | | | |
| | | | | Rehab 1 unit for handicap | | $ 125,000.00 |
| | | | | | | |
| | | | | | | |
| | | | | **Oper** Operations | | $65,000.00 |
| | | | | **Admin** Executive Director | | $2,600.00 |
| | | | | Accountant | | $5,300.00 |
| | | | | Modernization Clerk | | $9,800.00 |
| | | | | | | |
| | | | | **Contingency** | | $18,000.00 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | Subtotal of Estimated Cost | | $ 700.000.00 | Subtotal of Estimate Cost | | $ 700,000.00 |

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**

| | | |
|---|---|---|
| **PHA Name: Columbiana Metropolitan Housing Authority** | **Grant Type and Number**<br>Capital Fund Program Grant No: OH12PO2650109<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | **FFY of Grant: 2009**<br>**FFY of Grant Approval:** |

**Type of Grant**
**Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no: )**
X☐ **Performance and Evaluation Report for Period Ending: 03/31/2010** ☐ **Final Performance and Evaluation Report**

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost [1] | |
|---|---|---|---|---|---|
| | | Original | Revised[2] | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) [3] | $ 90,000.00 | $ 147,140.00 | $ 147,140.00 | $ 120,000.00 |
| 3 | 1408 Management Improvements | $ 147,000.00 | 0 | 0 | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | $ 73,100.00 | $ 68,812.00 | $ 68,812.00 | $ 57,343.00 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | $ 43,600.00 | $ 27,690.35 | $ 27,690.35 | $ 3,035.04 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | $ 241,000.00 | $ 236,426.22 | $ 236,426.22 | $ 93,678.91 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | $ 106,000.00 | $ 109,058.43 | $ 49,272.00 | $ 49,272.00 |
| 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**

| **PHA Name: Columbiana Metropolitan Housing Authority** | **Grant Type and Number**<br>Capital Fund Program Grant No: OH12PO2650109<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | **FFY of Grant:2009**<br>**FFY of Grant Approval:** |
|---|---|---|

**Type of Grant**
**Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no: )**
X☐ **Performance and Evaluation Report for Period Ending: 03/31/2010** ☐ **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) | $ 35,000.00 | $ 18,000.00 | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | $ 735,700.00 | $ 688,127.00 | $ 545,340.57 | $ 323,328.95 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |

| **Signature of Executive Director** | **Date** | **Signature of Public Housing Director** | **Date** |
|---|---|---|---|
| | | | |

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



form **HUD-50075.1** (4/2008)

**Part II: Supporting Pages**

| PHA Name: Columbiana Metropolitan Housing Authority | **Grant Type and Number**<br>Capital Fund Program Grant No: OH12PO2650109<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: | **Federal FFY of Grant: 2009** |
|---|---|---|

| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
|---|---|---|---|---|---|---|---|---|
| | | | | Original | Revised [1] | Funds Obligated[2] | Funds Expended[2] | |
| AMP 1 | Recaulk & Paint Dryvit | 1460 | | $ 90,000.00 | 0 | | | |
| Fawcett Apartments | Installation of Shower Bases | 1460 | | $140,000.00 | $54,994.05 | $ 54,994.05 | $ 54,994.05 | completed |
| | Operations | 1406 | | $ 40,000.00 | $45,000.00 | $ 45,000.00 | $ 45,000.00 | completed |
| | Finish Front Awning | 1460 | | | $ 2,834.86 | $ 2,834.86 | $ 2,834.86 | completed |
| | Administration Executive Director | 1410 | | $ 5,050.00 | $ 4,906.00 | $ 4,906.00 | $ 4,906.00 | |
| | Accountant | 1410 | | $12,000.00 | $10,000.00 | $ 10,000.00 | $ 8,601.40 | |
| | Modernization Clerk | 1410 | | $ 19,500.00 | $19,500.00 | $ 19,500.00 | $ 17,202.90 | |
| | A & E Fees | 1430 | | $ 30,000.00 | 0 | | | |
| | Staff Training | 1408 | | | $ 6,000.00 | $ 6,000.00 | | |
| AMP 2 Woodland Hills | Install Vinyl Flooring | 1460 | | | $43,341.00 | | | |
| | Replace 2 Retaining Walls | 1450 | | $ 25,000.00 | 0 | | | |
| | Replace Mailboxes | 1465 | | $ 18,000.00 | $18,000.00 | | | |
| | Operations | 1406 | | $ 25,000.00 | $53,570.00 | $53,570.00 | $ 40,000.00 | |
| | Security | 1408 | | $ 23,500.00 | 0 | | | |
| | Police | 1408 | | $ 50,000.00 | 0 | | | |
| | Administration Executive Director | 1410 | | $ 2,525.00 | $2,453.00 | $ 2,453.00 | $ 2,421.10 | |
| | Accountant | 1410 | | $ 6,000.00 | $5,000.00 | $ 5,000.00 | $ 2,293.70 | |
| | Modernization Clerk | 1410 | | $ 9,750.00 | $9,750.00 | $ 9,750.00 | $ 8,601.40 | |
| | A & E Fees | 1430 | | $ 3,600.00 | $18,890.35 | $ 18,890.35 | $ 1,879.52 | |
| | Staff Training | 1408 | | | $ 6,000.00 | $ 6,000.00 | | |

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

**Part II: Supporting Pages**

| PHA Name: Columbiana Metropolitan Housing Authority | **Grant Type and Number**<br>Capital Fund Program Grant No: OH12PO2650109<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: | **Federal FFY of Grant: 2009** |
|---|---|---|

| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
|---|---|---|---|---|---|---|---|---|
| | | | | Original | Revised [1] | Funds Obligated[2] | Funds Expended[2] | |
| AMP 3 | Replace 61 Refrigerators | 1465 | | $38,000.00 | $ 29,276.80 | $ 29,276.80 | $ 29,276.80 | completed |
| Ind. Square | Replace 61 Ranges | 1465 | | $25,000.00 | $19,995.20 | $19,995.20 | $ 19,995.20 | completed |
| | Install Vinyl Flooring | 1460 | | 0 | $119,497 | $119,497.31 | | |
| | | | | | | | | |
| Shoub Towers | 52 A/C Boxes | 1460 | | $ 4,000 | $ 17,500.00 | $ 17,500.00 | | |
| | Dock for Trash | 1460 | | $ 7,000 | $ 41,600.00 | $ 41,600.00 | | |
| | Operations | 1406 | | $ 25,000 | $ 48,570.00 | $ 48,570.00 | $35,000.00 | |
| | Security | 1408 | | $23,500 | 0 | | | |
| | Police | 1408 | | $ 50,000 | 0 | | | |
| | Administration Executive Director | 1410 | | $ 2,525.00 | $ 2,453.00 | $2,453.00 | $ 2,421.10 | |
| | Accountant | 1410 | | $ 6,000.00 | $ 5,000.00 | $ 5,000.00 | $2,293.70 | |
| | Modernization Clerk | 1410 | | $ 9,750.00 | $ 9,750.00 | $ 9,750.00 | $ 8,601.70 | |
| | A & E Fees | 1430 | | $10,000.00 | $ 8,800.00 | $ 8,800.00 | $ 1,155.52 | |
| | Staff Training | 1408 | | | $ 6,000.00 | | | |
| | | | | | | | | |
| Contingency | Contingency | 1502 | | $35,000.00 | 0 | | | |
| | | | | | | | | |
| | | | | | | | | |
| | TOTAL | | | $735,700.00 | $688,127.00 | | | |

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

**Part I: Summary**

| **PHA Name:** | **Grant Type and Number** | **FFY of Grant:** |
|---|---|---|
| **Columbiana Metropolitan Housing Authority** | Capital Fund Program Grant No: OHS02650109<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | **FFY of Grant Approval:** |

**Type of Grant**
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no:3 )**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

| **Line** | **Summary by Development Account** | **Total Estimated Cost** | | **Total Actual Cost** [1] | |
|---|---|---|---|---|---|
| | | **Original** | **Revised**[2] | **Obligated** | **Expended** |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) [3] | | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | $ 93,000.00 | $ 93,086.13 | $93,086.13 | $ 65,197.89 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | $ 39,400.00 | $ 51,465.47 | $ 51,465.47 | $ 45,478.35 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | $ 891,935.00 | $ 786,783.40 | $ 786,783.40 | $ 607,520.50 |
| 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**

| **PHA Name:** | **Grant Type and Number** | **FFY of Grant:** |
|---|---|---|
| **Columbiana Metropolitan Housing Authority** | Capital Fund Program Grant No: OHS02650109<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | **FFY of Grant Approval:** |

**Type of Grant**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 3 )**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

| **Line** | **Summary by Development Account** | **Total Estimated Cost** | | **Total Actual Cost [1]** | |
|---|---|---|---|---|---|
| | | **Original** | **Revised [2]** | **Obligated** | **Expended** |
| 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) | $ 931,335.00 | $ 931,335.00 | $ 931,335.00 | $ 718,196.74 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |

| **Signature of Executive Director** | **Date** | **Signature of Public Housing Director** | **Date** |
|---|---|---|---|
| | | | |

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



form **HUD-50075.1** (4/2008)

**Part II: Supporting Pages**

| PHA Name: Columbiana Metropolitan Housing Authority | **Grant Type and Number** Capital Fund Program Grant No: OHS02650109 CFFP (Yes/ No): no Replacement Housing Factor Grant No: | **Federal FFY of Grant:** |
|---|---|---|

| 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] | |
| AMP 1 | | | | | | | | |
| Fawcett Apts | Replace Closet Doors | 1460 | | $ 42,790.00 | $42,790.00 | $42,790.00 | $26,802.10 | |
| | Recaulk & Paint Dryvit | 1460 | | $ 90,000.00 | $130,570.00 | $130,570.00 | | |
| | Purchase Showers | 1460 | | $140,000.00 | $ 94,760.40 | $ 94,760.40 | $ 94,760.40 | complete |
| | A&E Fees | 1430 | | $ 7,400.00 | $ 19,833.56 | $19,833.56 | $ 13,846.44 | ** |
| | | | | | | | | |
| AMP 2 | | | | | | | | |
| Woodland Hills | Replace Closet Doors | 1460 | | $ 85,580.00 | $ 85,580.00 | $ 85,580.00 | $ 85,580.00 | complete |
| | Replace Kitchen Cabinets | 1460 | | $298,700.00 | $298,700.00 | $298,700.00 | $265,995.00 | |
| | Administration Fees | 1410 | | $ 46,500.00 | $ 46,586.13 | $ 46,586.13 | $ 35,197.89 | ** |
| | A&E Fees | 1430 | | $ 32,000.00 | $ 31,631.91 | $ 31,631.91 | $ 31,631.91 | ** |
| | | | | | | | | |
| AMP 3 | Install Heat Pumps | 1460 | | $131,931.00 | $134,383.00 | $134,383.00 | $134,383.00 | complete |
| Ind. Square | Trash Dock | 1460 | | $ 9,934.00 | 0 | 0 | | |
| | Administration Fees | 1410 | | $ 46,500.00 | $ 46,500.00 | $46,5000.00 | $30,000.00 | |
| | | | | | | | | |
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[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:** Columbiana Metropolitan Housing Authority | **Grant Type and Number**<br>Capital Fund Program Grant No: OH12PO2650108<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | **FFY of Grant: 2008**<br>**FFY of Grant Approval:** |
|---|---|---|

**Type of Grant**
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** X **Revised Annual Statement (revision no: 4 )**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

| **Line** | **Summary by Development Account** | **Total Estimated Cost** | | **Total Actual Cost** [1] | |
|---|---|---|---|---|---|
| | | **Original** | **Revised**[2] | **Obligated** | **Expended** |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) [3] | $ 90,000.00 | $ 90,000.00 | $ 90,000.00 | $ 90,000.00 |
| 3 | 1408 Management Improvements | $ 140,000.00 | $ 140,000.00 | $ 140,000.00 | $ 140,000.00 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | $ 70,000.00 | $ 70,000.00 | $ 70,000.00 | $ 69,999.96 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | $ 40,000.00 | $ 33,898.86 | $ 33,898.86 | $ 29,435.98 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | $ 315,000.00 | $ 366,401.09 | $ 366,104.09 | $ 354,066.23 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | $ 40,000.00 | $ 35,467.05 | $ 35,467.05 | |
| 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**

| **PHA Name:** Columbiana Metropolitan Housing Authority | **Grant Type and Number**<br>Capital Fund Program Grant No: OH12PO2650108<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | **FFY of Grant:2008**<br>**FFY of Grant Approval:** |
|---|---|---|

**Type of Grant**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** X **Revised Annual Statement (revision no: 4 )**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost [1] | |
|---|---|---|---|---|---|
| | | Original | Revised [2] | Obligated | Expended |
| 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) | $ 5,000.00 | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | $ 700,000.00 | $ 735,767.00 | $ 735,767.00 | $ 683,502.17 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |

| **Signature of Executive Director** | **Date** | **Signature of Public Housing Director** | **Date** |
|---|---|---|---|
| | | | |

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



form **HUD-50075.1** (4/2008)

**Part II: Supporting Pages**

| PHA Name: Columbiana Metropolitan Housing Authority | **Grant Type and Number**<br>Capital Fund Program Grant No: OH12PO2650108<br>CFFP (Yes/ No):<br>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] | |
| AMP 1 | Replace Domestic Water Heater | 1460 | | Emergency | $20,767.00 | $20,767.00 | $20,767.00 | Complete |
| | Finish Front Entrance Canopy | 1460 | | 0 | $12,334.86 | $12,334.86 | | From CFP 2007 |
| | | | | | | | | |
| | | | | | | | | |
| AMP 2 | | | | | | | | |
| Woodland Hills | Replace Slave Gas Boilers | 1460 | | $60,000.00 | $57,000.00 | $57,000.00 | $57,000.00 | Complete |
| Riverview Towers | Add Chiller Unit to air intake | 1460 | | $50,000.00 | $30,051.00 | $30,051.00 | $30,051.00 | Complete |
| | | | | | | | | |
| | | | | | | | | |
| AMP 3 | | | | | | | | |
| Shoub Towers | Repair Parking Lot | 1465 | | $40,000.00 | $35,467.05 | $ 35,467.05 | | |
| | Re-Key Lock System | 1460 | | 0 | $ 9,421.87 | $ 9,421.87 | $ 9,421.87 | Complete |
| | Replace Intercom System | 1460 | | 0 | $4,121.27 | $ 4,121.27 | $4,121.27 | Complete |
| Ind. Square | Heat Pumps | 1460 | | $205,000.00 | $232,705.09 | $232,705.09 | $232,705.09 | Complete |
| | | | | | | | | |
| | | | | | | | | |
| | SUBTOTAL | | | $335,000.00 | $401,868.14 | $366,401.09 | 4354,166.23 | |
| | | | | | | | | |
| | | | | | | | | |

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

**Part II: Supporting Pages**

| PHA Name: Columbiana Metropolitan Housing Authority | **Grant Type and Number**<br>Capital Fund Program Grant No: OH12PO2650108<br>CFFP (Yes/ No):<br>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] | |
| AMP 1 | Security | 1408 | | $11,064.00 | $11,064.00 | $11,064.00 | $11,064.00 | complete |
| | | | | | | | | |
| | | | | | | | | |
| AMP 2 | Security | 1408 | | $16,272.00 | $16,272.00 | $16,272.00 | $16,272.00 | complete |
| | Police | 1408 | | $50,000.00 | $50,000.00 | $50,000.00 | $50,000.00 | complete |
| | | | | | | | | |
| | | | | | | | | |
| AMP 3 | Security | 1408 | | $12,664.00 | $12,664.00 | $12,664.00 | $12,664.00 | complete |
| | Police | 1408 | | $50,000.00 | $50,000.00 | $50,000.00 | $50,000.00 | complete |
| | | | | | | | | |
| | | | | | | | | |
| | SUBTOTAL | | | $140,000.00 | $140,000.00 | $140,000.00 | $140,000.00 | complete |
| | | | | | | | | |
| | | | | | | | | |
| HA Wide | Operations | 1406 | | $ 90,000.00 | $ 90,000.00 | $ 90,000.00 | $ 90,000.00 | complete |
| | | | | | | | | |
| | | | | | | | | |
| | SUBTOTAL Operations | | | $ 90,000.00 | $ 90,000.00 | $ 90,000.00 | $ 90,000.00 | |
| | | | | | | | | |

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

| **Part II: Supporting Pages** | | |
|---|---|---|
| PHA Name: Columbiana Metropolitan Housing Authority | **Grant Type and Number**<br>Capital Fund Program Grant No: OH12PO2650108<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: | **Federal FFY of Grant: 2008** |

| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
|---|---|---|---|---|---|---|---|---|
| | | | | Original | Revised [1] | Funds Obligated[2] | Funds Expended[2] | |
| HA Wide | | | | | | | | |
| Administration | Executive Director | 1410 | | $11,200.00 | $11,200.00 | $11,200.00 | $11,200.00 | complete |
| | Accountant | 1410 | | $21,500.00 | $21,500.00 | $21,500.00 | $21,500.00 | complete |
| | Modernization Clerk | 1410 | | $37,300.00 | $37,300.00 | $37,300.00 | $37,299.96 | |
| | | | | | | | | |
| | SUBTOTAL Administration | | | $70,000.00 | $70,000.00 | $70,000.00 | $69,999.96 | |
| | | | | | | | | |
| AMP 1 | A&E Fees | 1430 | | $8,000.00 | $13,714.86 | $13,714.86 | $13,714.86 | |
| | | | | | | | | |
| AMP 2 | A&E Fees | 1430 | | $6,000.00 | $10,285.14 | $10,285.143 | $8,195.03 | |
| | | | | | | | | |
| AMP 3 | A&E Fees | 1430 | | $26,000.00 | $9,898.86 | $9.898.86 | $7,526.09 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | SUBTOTAL A&E Fees | | | $40,000.00 | $33,898.86 | $33,898.86 | $29,435.98 | |
| | | | | | | | | |
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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:** Columbiana Metropolitan Housing Authority | **Grant Type and Number**<br>Capital Fund Program Grant No: OH12PO2650107<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | **FFY of Grant: 2007**<br>**FFY of Grant Approval:** |
|---|---|---|

**Type of Grant**
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** X **Revised Annual Statement (revision no: 7 )**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

| **Line** | **Summary by Development Account** | **Total Estimated Cost** | | **Total Actual Cost [1]** | |
|---|---|---|---|---|---|
| | | **Original** | **Revised[2]** | **Obligated** | **Expended** |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) [3] | $ 85,700.00 | $ 85,700.00 | $ 85,700.00 | $ 85,700.00 |
| 3 | 1408 Management Improvements | $ 140,000.00 | $ 138,205.00 | $ 138,205.00 | $ 138,205.00 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | $ 70,000.00 | $ 69,102.00 | $ 69,102.00 | $ 69,102.00 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | $ 40,000.00 | $ 40,000.00 | $ 40,000.00 | $ 40,000.00 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | $ 295,000.00 | $ 278,779.20 | $ 278,779.20 | $ 241,114.06 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | $ 59,000.00 | $ 79,238.80 | $79,238.80 | $ 79,238.80 |
| 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**

| **PHA Name:** Columbiana Metropolitan Housing Authority | **Grant Type and Number**<br>Capital Fund Program Grant No: OH12PO2650107<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | **FFY of Grant:2007**<br>**FFY of Grant Approval:** |
|---|---|---|

**Type of Grant**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** X **Revised Annual Statement (revision no: 7 )**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost [1] | |
|---|---|---|---|---|---|
| | | Original | Revised [2] | Obligated | Expended |
| 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) | $ 10,300.00 | 0 | 0 | 0 |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | $ 700,000.00 | $ 691,025.00 | $ 691,025.00 | $ 653,359.86 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |

| **Signature of Executive Director** | **Date** | **Signature of Public Housing Director** | **Date** |
|---|---|---|---|
| | | | |

[1] To be completed for the Performance and Evaluation Report.
[2] To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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[4] RHF funds shall be included here.



form **HUD-50075.1** (4/2008)

**Part II: Supporting Pages**

| PHA Name: Columbiana Metropolitan Housing Authority | **Grant Type and Number**<br>Capital Fund Program Grant No: OH12PO2650107<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: | **Federal FFY of Grant: 2007** |
|---|---|---|

| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
|---|---|---|---|---|---|---|---|---|
| | | | | Original | Revised [1] | Funds Obligated[2] | Funds Expended[2] | |
| | Seal Parking Lots | 1465 | | $ 7,000.00 | $4,400.00 | $4,400.00 | $4,400.00 | Complete |
| 26-001 | Upgrade Community Kitchen | 1465 | | $ 7,000.00 | $5,747.59 | $5,747.59 | $5,747.59 | Complete |
| Fawcett Apt | Awning Front of Building | 1460 | | $ 20,000.00 | $ 37,665.14 | $ 37,665.14 | | In process |
| | Upgrade Fire Alarm System | 1460 | | $ 70,000.00 | $ 79,313.00 | $ 79,313.00 | $ 79,313.00 | Complete |
| | Add 2nd Elevator to Emergency Generator | 1460 | | $ 20,000.00 | 0 | 0 | 0 | |
| | Finish Build Driveway | 1465 | | $ 34,256.21 | $ 40,036.21 | $ 40,036.21 | $ 40,036.21 | Complete |
| | Replace Domestic Water Heater | 1460 | | Emergency | $ 4,843.00 | $ 4,843.00 | $ 4,843.00 | Complete |
| | **Subtotal 26-001** | | | **$172,004.94** | **$172,004.94** | **$172,004.94** | **$134,339.80** | |
| 26-002 | | | | | | | | |
| Woodland Hills | Expand Office Area | 1465 | | $ 17,000.00 | $11,841.00 | $11,841.00 | $11,841.00 | Complete |
| | **Subtotal 26-002** | | | **$ 17,000.00** | **$11,841.00** | **$11,841.00** | **$11,841.00** | |
| 26-004 | | | | | | | | |
| Ind. Square | Replace sub floor, cove base, & floor tile | 1460 | | $ 72,000.00 | $ 43,177.28 | $ 43,177.28 | $ 43,177.28 | Complete |
| | **Subtotal 26-004** | | | **$ 72,000.00** | **$ 43,177.28** | **$ 43,177.28** | **$ 43,177.28** | |
| | | | | | | | | |
| 26-005 | Heat Pumps added from 2008 | 1460 | | 0 | $ 43,977.00 | $ 43,977.00 | $ 43,977.00 | Complete |
| Ind. Square | **Subtotal 26-005** | | | **0** | **$ 43,977.00** | **$ 43,977.00** | **$ 43,977.00** | |
| | | | | | | | | |
| 26-006 | Vinyl Siding on 9 houses | 1460 | | $ 40,000.00 | $ 13,852.90 | $ 13,852.90 | $ 13,852.90 | Complete |
| Scattered Sites | **Subtotal 26-006** | | | **$ 40,000.00** | **$ 13,852.90** | **$ 13,852.90** | **$ 13,852.90** | |
| | | | | | | | | |
| 26-008 | Install Bathroom Lavatories & Faucets | 1460 | | $ 53,000.00 | $ 30,714.87 | $ 30,714.87 | $ 30,714.87 | Complete |
| Riverview Towers | Build 2 offices | 1465 | | $ 28,000.00 | $ 17,214.00 | $ 17,214.00 | $ 17,214.00 | Complete |
| | **Subtotal 26-008** | | | | | | | |
| | | | | | | | | |
| | **SUBTOTAL** | | | **$ 334,000.00** | **$332,781.99** | **$332,871.99** | **$295,116.85** | |

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

**Part II: Supporting Pages**

| PHA Name: Columbiana Metropolitan Housing Authority | **Grant Type and Number**<br>Capital Fund Program Grant No: OH12PO2650107<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: | **Federal FFY of Grant: 2007** |
|---|---|---|

| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
|---|---|---|---|---|---|---|---|---|
| | | | | Original | Revised [1] | Funds Obligated[2] | Funds Expended[2] | |
| HA-WIDE | Operations | 1408 | | $85,700.00 | $85,700.00 | $85,700.00 | $85,700.00 | complete |
| OPERATIONS | | | | | | | | |
| | **Subtotal Operations** | | | **$85,700.00** | **$85,700.00** | **$85,700.00** | **$85,700.00** | |
| | | | | | | | | |
| HA –WIDE | Security | 1408 | | $ 40,000.00 | $ 38,205.00 | $ 38,205.00 | $ 38,205.00 | Complete |
| SECURITY | Police Services | 1408 | | $100,000.00 | $100,000.00 | $100,000.00 | $100,000.00 | Complete |
| | | | | | | | | |
| | **Subtotal** | | | **$140,000.00** | **$138,205.00** | **$138,205.00** | **$138,205.00** | |
| | | | | | | | | |
| HA – WIDE | Executive Director | 1410 | | $ 11,200.00 | $ 10,302.00 | $ 10,302.00 | $ 10,302.00 | Complete |
| Administration | Accountant | 1410 | | $ 21,500.00 | $ 21,500.00 | $ 21,500.00 | $ 21,500.00 | Complete |
| | Modernization Clerk | 1410 | | $ 37,300.00 | $ 37,300.00 | $ 37,300.00 | $ 37,300.00 | Complete |
| | | | | | | | | |
| | **Subtotal** | | | **$ 70,000.00** | **$ 69,102.00** | **$ 69, 102.00** | **$ 69,102.00** | |
| | | | | | | | | |
| HA – WIDE | A & E Fees | 1430 | | $ 40,000.00 | $ 40,000.00 | $ 40,000.00 | $ 40,000.00 | Complete |
| Fees & Costs | | | | | | | | |
| | **Subtotal** | | | **$ 40,000.00** | **$ 40,000.00** | **$ 40,000.00** | **$ 40,000.00** | |
| | | | | | | | | |
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[1] To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

[2] To be completed for the Performance and Evaluation Report.

| **Part II: Supporting Pages** | | |
|---|---|---|
| PHA Name: Columbiana Metropolitan Housing Authority | **Grant Type and Number**<br>Capital Fund Program Grant No: OH12PO2650107<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: | **Federal FFY of Grant: 2007** |

| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
|---|---|---|---|---|---|---|---|---|
| | | | | Original | Revised [1] | Funds Obligated[2] | Funds Expended[2] | |
| HA WIDE | 12 x 40 Equipment Building | 1460 | | $ 20,000.00 | $ 25,236.01 | $ 25,236.01 | $ 25,236.01 | Completed |
| | | | | | | | | |
| | **Subtotal** | | | **$ 20,000.00** | **$ 25,236.01** | **$ 25,236.01** | **$ 25,236.01** | |
| | | | | | | | | |
| HA WIDE | Contingency | 1502 | | $ 10,300.00 | 0 | 0 | 0 | |
| Contingency | | | | | | | | |
| | **Subtotal** | | | **$ 10,300.00** | **0** | **0** | **0** | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | **SUBTOTAL 3B** | | | **$366,000.00** | **$ 358,243.01** | **$ 358,243.01** | **$ 358,243.01** | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | **TOTAL** | | | **$700,000.00** | **$691,025.00** | **$691,025.00** | **$653,359.86** | |
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# Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan

I, James Swoger the Mayor of East Liverpool certify that the Five Year and Annual PHA Plan of the Columbiana Metro Housing Auth is consistent with the Consolidated Plan of State of Ohio prepared pursuant to 24 CFR Part 91.

James P. Swoger 4/9/2010

Signed / Dated by Appropriate State or Local Official

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

I, Joseph Surace the Mayor of Wellsville certify that the Five Year and Annual PHA Plan of the Columbiana Metro Housing Auth is consistent with the Consolidated Plan of State of Ohio prepared pursuant to 24 CFR Part 91.

Apr 9, 2010

**Signed / Dated by Appropriate State or Local Official**

for Mayor Surace