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: **Seminole Housing Authority** PHA Code: Ok032

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

PHA Fiscal Year Beginning: (MM/YYYY): 07/01/2010

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

Number of PH units: **120** Number of HCV units: 189

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: **To supply safe, affordable decent housing to as many low-income families as possible and continue to shelter those residents who fall under the Violence Against Women Act.**

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. **Our goal is the same as our mission, to supply safe, affordable decent housing to as many low-income families as possible and continue to shelter those residents who fall under the Violence Against Women Act. It is also our goal to reach full occupancy within the Public Housing Program and sheltering more families with the Voucher program.**

6.0 PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: **Revised ACOP to include the mandatory use of EIV**

(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. **111 Randolph Street**
Seminole, Ok 74868

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. **In this area of Oklahoma there is a shortage of affordable housing for families. The Seminole Housing Authority has 70 elderly units and frequently maintains 3+ vacancies in these units while family units consist of 50 units and a waiting list to accommodate vacancies as they arise. The privately owned dwellings are limited as well. Many of our vouchers expire during the search period due to lack of housing availability. With the decline of the economy, affordable housing is much in demand. We strive to re-rent a vacated unit as quickly as possible. Our Public housing units are easily accessible to downtown Seminole for shopping and within walking distance to several churches and within two miles of Physician offices and a hospital. There is a local service to transport seniors for shopping and physician appointments.**

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. The Housing Authority strives to maintain at least 95% occupancy in the low rent housing by re-renting vacated apartments as quickly as make ready is complete. We also stay in touch with the city planners in hopes of solicitation of multi-dwelling development for placement of Section 8 Voucher holders.**
10.0	**Additional Information**. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. **We are striving to maintain 95%+ occupancy, police patrol regularly and additional lighting and security cameras are to be installed utilizing our Capital Funds Program**. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" **Any change that substantially modifies the policies of the PHA .**

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

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Type or clearly print the following information:)

Applicant Name: Housing Authority of the City of Seminole

Project Name: Public Housing

Location of the Project: 111 Randolph Street
Seminole, OK 74868

Name of the Federal Program to which the applicant is applying: Capital Fund Program

Name of Certifying Jurisdiction: State of Oklahoma

Certifying Official of the Jurisdiction Name: Vaughn Clark

Title: Director, Community Development

Signature:

Date: 4-23-10

Minutes of the Meeting
Of the Phoenix Resident Council
March 11, 2010 at 4:00 p.m.
Scheduled and held for the sole purpose of discussion and input into the Housing Authority's 5-Year and Annual Plan

Present:

April Haggard, President.
Pam Green, Secretary
Jennifer Mashtare, Member
Larry Haggard, Member
Shannon Haggard, Member
David Green, Member
Nancy Hester, Executive Director of HA

April turned the floor over to Nancy to discuss the 5Yr and Annual Plan. Nancy went over the plan with those present explaining how the activities are chosen by Tenant Survey, Resident Council Recommendation, Work order history, Inspections of units, Reac Inspections, and personal observations.

The activities that were already included in the plan were discussed and the council expressed their appreciation of items. Nancy asked for any recommendations from those present.

April Haggard ask that when we install cabinets, the floor of the cabinet beneath the sink not be made with cork.

Jennifer Mashtare requested the Director check with the City to make sure the water/sewer manholes be made safe.

No other suggestions were made.

Nancy informed those present of the activities on the 2009 CFP and they were very appreciative of the additional lighting and the security cameras that are to be installed. This concluded the meeting.

April dismissed the meeting.

April Haggard, President

PUBLIC HEARING
SCHEDULED FOR 3:00 PM,
APRIL 20, 2010
FOR THE PURPOSE OF RECEIVING COMMENTS ON THE PUBLICIZED 2010-1014 FIVE YEAR AND ACTION PLAN.

Having been out for public view and comment for the 45 day comment period, the Public hearing has been scheduled for public comments on the plan.

There were no residents or other guests present so the Chair moved to the next item on the agenda.

Nancy Hester

Nancy Hester, Executive Director

RESOLUTION 349
APPROVAL OF 2010 – 2015 FIVE-YEAR AND ANNUAL PLAN
APRIL 20, 2010

The Board was presented the proposed 2010-2014 Five-Year and Annual Plan. Following discussion of the plan, Commissioner Carter moved to approve the 5 Year and annual plan as presented. Commissioner Davis seconded. The resolution passed.

Laura Rose
Chair

Nancy Foster 4/20/2010
Secretary

RESOLUTION 350APPROVAL OF SUPPORTING DOCUMENTS FOR THE 5 YR PLAN.
APRIL 20, 2010

Hud Form 50077cf – Certificate of Civil Rights,
Hud Form 50077 – Certification of Compliance,
Hud Form 50070 – Certification of a Drug-Free Workplace
Hud Form 50071 – Certification of Payments to Influence Federal Transaction,
Hud Form LLL – Disclosure of Lobbying Activities

Following discussions concerning the forms required to accompany the 5 yr plan, Commissioner Davis made the motion to approve the forms as presented for submission to HUD. Commissioner Carter seconded the motion. The resolution was approved.

Laura Rose
Chair

Nancy Hester 4/20/2010
Secretary

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

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

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

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

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

Housing Authority of the City of Seminole	ok03200001
PHA Name	PHA Number/HA Code

X
_____ 5-Year PHA Plan for Fiscal Years 20 10 - 20 14

_____ Annual PHA Plan for Fiscal Years 20____ - 20____

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

Name of Authorized Official	Title
Laura Rose	Chairperson
Signature: Laura Rose	Date: 4/20/2010

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

Civil Rights Certification

Annual Certification and Board Resolution

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

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

Housing Authority of the City of Seminole	Ok032000001
PHA Name	PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official: Laura Rose	Title: Chairperson
Signature: Laura Rose	Date: 4/20/2010

OMB Approval No. 2577-0157 (Exp. 3/31/2010)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of the City of Seminole

Program/Activity Receiving Federal Grant Funding

Capital Funds Program

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

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

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

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

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

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

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Laura Rose	Chairperson

Signature	Date (mm/dd/yyyy)
Laura Rose	4-20-2010

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handboooks 7417.1, 7475.13, 7485.1, & 7485.3

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the City of Seminole

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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

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

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

b. Establishing an on-going drug-free awareness program to inform employees ---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Name of Authorized Official	Title
Nancy Hester	Executive Director

Signature: x Nancy Hester

Date: 4/20/2010

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
[B] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	[B] a. bid/offer/application b. initial award c. post-award	[A] a. initial filing b. material change **For Material Change Only:** year _____ quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
[x] Prime [ ] Subawardee Tier _____, *if known*: **Congressional District**, *if known*: 4c	**Congressional District**, *if known*:
6. Federal Department/Agency: Department of Housing and Urban Development	**7. Federal Program Name/Description:** 2010 CFP CFDA Number, *if applicable*: _____
8. Federal Action Number, *if known*: OK56P03250109	**9. Award Amount**, *if known*: $
10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*): NA	**b. Individuals Performing Services** (*including address if different from No. 10a*) (*last name, first name, MI*):

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: Nancy Hester
Print Name: Nancy Hester
Title: Executive Director
Telephone No.: 405-382-3081 x 5 Date: 4/20/2010

Federal Use Only:

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Standard Form LLL (Rev. 7-97)

RESOLUTION 333
Upfront Income Verification (UIV) and Mandatory use of EIV
CHANGES TO ACOP AND
SECTION 8 ADMIN POLICIES INCLUDING
SECURITY POLICY AND PROCEDURES

The Seminole Housing Authority ACOP and Section 8 Administration Policy shall reflect this policy. The purpose of the UIV/EIV system is to provide income verification on applicants/tenants and reduce incidences of fraud in reporting of income.

The designated Security Officer for purposes of the UIV procedure, shall be delegated to the Public Housing Manager and Section 8 Coordinator. He/She shall be verified through the EIV system. EIV shall be accessed no less than every 30 days.

> At least annually, the Seminole Housing Authority will conduct a mandatory re-examination of family income and circumstances. The results of the reexamination determine (1) the rent the family will pay, and (2) whether the family is housed in the correct unit size. The Housing Authority **will** utilize the Upfront Income Verification using the EIV system through the Secure System. EIV is the system that cross matches participants' Social Security numbers with the Social Security Administration and employers' reports to verify income and employment. The Housing Authority will use any government-supplied means of verifying income and wages to deter fraud. A participant may request to view information obtained. Copies will be made for the participant upon request. The cost of such copies will be borne by the tenant. All information received concerning participants shall be kept in a secure area and monitored for such security. Any information received from EIV will be maintained for 2 years after which time such information will be destroyed.

The purpose of using the system is to identify and prevent fraudulent reporting of income. The housing Authority will pursue recapture of funds owed by under-reporting income. The housing authority may pursue legal charges.

Other tools that may be used by the Housing Authority for verification purposes are listed, but not limited to, the following:

Employers
Department of Human Resources
Veteran's Administration
Private Retirement Providers
Any HUD mandated providers via Internet or other sources.

All tenant records shall be kept in a secure area. Keys to files shall be kept secured. The Executive Director shall monitor the security of these files. Failure to secure files will result in; first incidence, a verbal warning. A second violation shall result in a written reprimand. A third violation will result in termination of employment.

Each designated EIV user shall use his/her User ID and password. Sharing User ID and password is strictly forbidden. Failure to comply with this may result in termination of employment. Each employee shall properly safeguard his/her User ID and password.

The Seminole Housing Authority shall maintain copies of signed access authorization and rules of behavior/user agreement forms for each EIV user.

Each employee is assigned a set of keys for secured rooms, buildings and file cabinets. Each employee will be held responsible for his/her keys.

UIV Records shall be destroyed (shredded) after two years. Resident files shall be destroyed (shredded) after five years of vacating. A record shall be kept of all destroyed files.

The Seminole Housing Authority shall document any improper disclosures of UIV information, in writing and shall immediately report such to the designated HUD field officer.

Part I: Summary						
PHA Name/Number **OK032000001**			**Seminole, Oklahoma, Seminole County**		☐**Original 5-Year Plan** ☐**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~~	151,424.	151,424.	151,424.	151,424.
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other		16,825	168,825.	16,825.	16,825.
G	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		168,249	168,249.	168,249.	168,249.
L.	Total Non-CFP Funds					
M.	Grand Total		168,249.	168,249.	168,249.	168,249.

Part I: Summary (Continuation)

PHA Name/Number **OK032000001**			**Seminole, Oklahoma, Seminole County**		☐ **Original 5-Year Plan**	☐ **Revision No:**
A.	Development Number and Name	Work Statement for Year 1 FFY2010_____	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_____
	HA Wide	Annual Statement				

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

Work Statement for Year 1 FFY 2010_____	Work Statement for Year __2011_____ FFY __2011_____			Work Statement for Year: __2012_____ 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	**OK03200001**			**OK032000001**		
Annual	1430-Architect Service A8		16,825.	1430-Architect Service – A8		16,825.
Statement	1460-Replace HVAC - C3i	29	116,116.	1460 – Removal of brick wing walls – C3i	46	12,880.
	1460-Prep for stackable washer/dryer- C3i	70	26,900.	1460 – Bathtub liners – C3i	44	13,1600.
	1460-Rebuild wall in shower – C3i	1	3,000.	1465.1-Purchase appliances – B4	10	3,500.
	1502-Contingency		1,460.	1502-Contingency		3,444.
	Subtotal of Estimated Cost		$168,249.	Subtotal of Estimated Cost		$ 168,249.

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

Work Statement for Year 1 FFY 2010	Work Statement for Year 2013 FFY 2013			Work Statement for Year: 2014 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	**OK032000001**			**OK032000001**		
Annual	Architect Service – A8		16,825.	Architect Service – A8		16,825.
Statement	Replace Storm doors with heavy duty – C3i	94	33,370.	Replace kitchen cabinets at Randolph	27 units	151,4254.
	Replace interior hollow doors with solid doors	166	29,054.			
	Replace flooring	50 Units	89,000.			
	Subtotal of Estimated Cost		$ 168,249.	Subtotal of Estimated Cost		$ 168,249.

Part III: Supporting Pages -- Management Needs Work Statement(s)				
Work Statement for Year 1 FFY ____	Work Statement for Year ___2011___ FFY _2011___		Work Statement for Year: ___2012___ FFY ___2012_	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	None	0.	None	0.
	Subtotal of Estimated Cost	$0.	Subtotal of Estimated Cost	$ 0.

Part III: Supporting Pages -- Management Needs Work Statement(s)

Work Statement for Year 1 FFY ____	Work Statement for Year _2013_ FFY ___2013_		Work Statement for Year: __2014_ FFY ___2014_	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	None	0.	None	0.
	Subtotal of Estimated Cost	0.	Subtotal of Estimated Cost	$ 0.

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: Seminole Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: Ok56P03250110 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2010** **FFY of Grant Approval: 2010**

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]				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16,825.			
8	1440 Site Acquisition				
9	1450 Site Improvement	59,112.			
10	1460 Dwelling Structures	89,312.			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	3,000.			
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: Seminole Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P03250110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2010 FFY of Grant Approval: 2010

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
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)				
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 Nancy Foster **Date** 3/10/2010 **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: Seminole Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: OK56P032501 10 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
HA Wide - A8	Hire Architect	1430		16825.				
HA Wide - C3iii	Remove Sliding Glass door & replace with metal break-a-way door in comm. rm.	1470	2	3000.				
OK032000001	Replace bathroom windows on Randolph St.	1460	47	16450.				
OK032000001	Weatherstrip and replace threshholds	1460	120	16,862.				
OK032000001	Convert to tankless water heaters	1460	70	56,000.				
OK032000001	Create Gabon Drainage system	1450	1	10,000.				
OK032000001	Correct drainage problem at Admin. Bldg.	1450		1,500.				
OK032000001	Correct drainage on Randolph Street	1450		47,612.				

[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: Seminole Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: OK56P032501 10 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Seminole Housing Authority					**Federal FFY of Grant: 2010**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA - Wide	6/2013		6/2014		
OK0000001	6/2013		6/2014		

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Seminole Housing Authority					**Federal FFY of Grant: 2010**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

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

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

Part I: Summary

PHA Name: SEMINOLE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P03250107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval: 2007

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no:1)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **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]	937.	0	0	0
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	17,000.	13,365.	13,365.	13,365.
8	1440 Site Acquisition				
9	1450 Site Improvement	30,000.	36,177.	36,177.	36,177.
10	1460 Dwelling Structures	100,000.	100,095.	100,095.	100,095.
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	9,000.	7,300.	7,300.	7,300.
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: SEMINOLE HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: OK56P03250107 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2007** **FFY of Grant Approval: 2007**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no: 1)**

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

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost [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)	156,937.	156,937.	156,937.	156,937.
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**
Nancy Ester	3/2/2010		

[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.

Part II: Supporting Pages

PHA Name: SEMINOLE HOUSING AUTHROITY	**Grant Type and Number** Capital Fund Program Grant No: OK56P03250107 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2007**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
HA WIDE - B3	OPERATIONS	1406		937.	0.	0.	0.	
HA WIDE - A8	ARCHITECT SERVICES	1430		17,000.	13,365.	13,365.	13,365.	100%
HA WIDE - A 3	PURCHASE MOWER	1475	1	9,000.	7,300.	7,300.	7,300.	100%
01 - C3iii	REPAIR/REPLACE SIDEWALK AT $35.LF	1450	649LF	15,000.	18,088.	18,088.	18,088.	100%
02 - C3i	REPLACE EXISTING FURNACE, COOLING COIL, REFRIGERANT LINE AND CONDENSING UNIT WITH NEW EQUIPMENT	1460	18	100,000.	100,095.	100,095.	100,095.	100%
02 - C3iii	REPAIR/REPLACE SIDEWALK @ $35. LF.	1450	649	15,000.	18,089.	18,089.	18,089.	100%

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: SEMINOLE HOUSING AUTHORITY					**Federal FFY of Grant: 2007**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-WIDE	09/12/09	07/21/2009	09/12/2011	09/12/2009	
01	09/12/09	07/21/2009	09/12/2011	09/12/2009	
02	09/12/09	07/21/2009	09/12/2011	09/12/2009	

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

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

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

Part I: Summary

PHA Name: Seminole Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: OK56P03250108 Replacement Housing Factor Grant No. Date of CFFP:	**FFY of Grant: 2008** **FFY of Grant Approval: 2008**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no:1)**
☒ **Performance and Evaluation Report for Period Ending: 12/30/2009** ☐ **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]	11,759.	11,759.	11,759.	400.
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16,000.	13,920.	13,920.	13,640.
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	140,770.	139,080.	106,373.	79,307.
11	1465.1 Dwelling Equipment—Nonexpendable	0.	3770.	3770.	3770.
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: Seminole Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: OK56P03250108 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2008** **FFY of Grant Approval: 2008**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1)**

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

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost [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)	168,529	168,529.	135,822.	96,717.
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**
Nancy Lester	3/1/2010		

[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.

Part II: Supporting Pages

PHA Name: Seminole Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: OK56P03250108 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2008**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
HA-Wide B-3	Operations	1406		11759.	11759.	0	0.	0%
HA-Wide A-8	Hire Architect	1430		16000.	13920.	13920.	13640.	98%
01 - B-4	Purchase Water heaters	1465.1	5	1835.	1885.	0.	0.	0%
01- C3i	Replace Guttering	1460	2908 lf	17450.	18283.	18283.	4401.	.24%
01 - C3i	Replace Downspouts	1460	33 ea	2600.	1676.	1656.	1656.	100%
02 - B4	Purchase Water heaters	1465.1	5	1835.	1885.	0	0.	0.
02 - C3i	Replace Guttering	1460	2908 lf.	17450.	18283.	18283.	0.	0%
02 - C3i	Install downspouts	1460	72	3600.	3600.	3600.	0.	0%
02 - C3i	Replace existing furnace, cooling coil, refrigerant lines and condensing unit with new equipment, paint closet interior	1460	20	96000.	80080.	80080.	77020.	97%
HA-WIDE	Contingency	1502		0.	17158.	0.	0.	0.

[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: Seminole Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: OK56P03250108 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2008**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

[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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Seminole Housing Authority					**Federal FFY of Grant: 2008**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-Wide	06/12/2010		06/12/2012		
01	06/12/2010		06/12/2012		
02	06/12/2010				

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

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

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

Part I: Summary

PHA Name: Seminole Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: OK56S03250109 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval: 2009**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **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)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	21333.	19393.	19393.	18848.
8	1440 Site Acquisition				
9	1450 Site Improvement	1600.	1600.	1600.	0.
10	1460 Dwelling Structures	148236.	148277.	148277	120258..
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	42155.	42155.	44054	39195.
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: SEMINOLE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56S03250109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval: 2009

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
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)	213324.		213324.	178301.
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	21333.	19393.	19393.	18848.
24	Amount of line 20 Related to Security - Hard Costs	191991.	193931.	193931.	159453.
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director Nancy Hester **Signature of Public Housing Director** **Date**
Date 03/01/2010
Nancy Hester 3/1/2010

[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.

Part II: Supporting Pages

PHA Name: Seminole Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: OK56S03250109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
HA WIDE A8	ARCHITECT SERVICE	1430		21333.	19393.	19393.	18884.	98%
HA WIDE C3iii	RENOVATE RENTAL OFFICE TO ASSURE SECURITY AND EFFICIENCY	1470		10350.	10955.	10955.	10407	87%
HA WIDE C3iii	REPLACE TOILETS, URINALS, STALLS & LAVATORIES IN RESTROOM, REPLACE CARPET WITH TILE, PAINT & REPLACE APPLIANCES IN COMMUNITY CENTER	1470		31805.	33099.	33099.	28784..	89%
01 C3i	REPLACE EXISTING FURNACE, COOLING COIL, REFRIGERANT LINES AND CONDENSATING UNIT WITH NEW EQUIPMENT	1460	6	30000.	24023.	24023.	17749	74%
01 C3i	INSTALL FIRE EXTINGUISHERS	1460	50	6000.	3966.	3966.	3966.	100%
01 C3i	REPLACE LIVING ROOM LIGHTING WITH MORE ENERGY EFFICIENT LIGHTING/FAN COMBO	1460	50	12500.	12605.	12605.	12605.	100%
01 C1	REPLACE MISSING SPLASH BLOCKS	1450	160	1600.	1600.	1600.	0.	0%
01 C3i	REPLACE LIVING ROOM CARPET	1460	6	2625.	1813.	1813.	1813.	100%
02 C3i	REPLACE RUSTED ELECTRICAL DISCONNECT BOXES .	1460	70	2250.	22415.	22415.	21294.	95%
02 C3i	REPLACE BATHROOM EXHAUST FANS	1460	70	8750.	8800.	8800.	8359.	95%
02 C3i	PAINT INTERIOR OF UNITS NOT HAVING BEEN PAINTED WITHIN THE LAST 7YEARS.	1460	14	19886.	15374.	15374.	10077.	66%

02 – c3i	REPLACE CARPET IN LIVING ROOM	1460	18	2875.	5440.	5440.	5077.	94%
02 - C3i	REPLACE PORCH LIGHT FIXTURES	1460	70	10500.	8636.	8636.	8204.	95%
02 - C3i	PAINT EXTERIOR TRIM	1460	28	700.	5943.	5943.	5645.	95%
02 - C3i	REMOVE BATHROOM HEATERS	1460	67	2800.	1966.	1966.	1783.	91%
02 - C3i	OVERLAY KITCHEN VCT FLOORING	1460	22	15750.	14096.	14096.	7053.	50%
02 - C3i	REPLACE LIVING ROOM LIGHTING WITH LIGHT/FAN COMBO	1460	70	25200.	17648.	17648.	14195.	81%
02 - C3i	INSTALL FIRE EXTINGUISHERS	1460	70	8400.	5552.	5552.	2442.	44%

[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 II: Supporting Pages

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ 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]	

[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.

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: SEMINOLE HOUSING AUTHORITY					**Federal FFY of Grant: 2009**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA WIDE	07/17/2009		07/17/2011		
01	07/17/2009		07/17/2011		
02	07/17/2009		07/17/2001		

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End 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 I: Summary

PHA Name: Seminole Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P03250109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009

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]				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10900.		0.	0.
8	1440 Site Acquisition				
9	1450 Site Improvement	78320.		0.	0.
10	1460 Dwelling Structures	37600.		0.	0.
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	38000.		0.	0.
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] RIIF 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: Seminole Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: ok56P03250109 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2009** **FFY of Grant Approval: 2009**

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
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)	3429.		0.	0.
20	Amount of Annual Grant:: (sum of lines 2 - 19)	168249.		0.	0.
21	Amount of line 20 Related to LBP Activities	0.		0.	0.
22	Amount of line 20 Related to Section 504 Activities	8000.		0.	0.
23	Amount of line 20 Related to Security - Soft Costs	0.		0.	0.
24	Amount of line 20 Related to Security - Hard Costs	22000.		0.	0.
25	Amount of line 20 Related to Energy Conservation Measures	18000.		0.	0.

Signature of Executive Director Nancy Hester **Date** 3/1/2010 | **Signature of Public Housing Director** **Date**

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[3] PHAs with under 250 units in management may use 100% of CFP Grants for operations.
[4] RHF funds shall be included here.

Part II: Supporting Pages

PHA Name: Seminole Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: OK56P03250109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
HA Wide - A8	Hire Architect	1430		10900.		0.	0.	
HA Wide - C1	Construct Housing Authority Sign	1450	1	4500.		0.	0.	
HA Wide - C1	Correct drainage problem at Admin. & fence	1450		14000.		0	0	
HA Wide - C1	Landscape @ Admin. Bldg.	1450		1000.		0	0	
HA Wide - C1	Place benches in park	1450	2	1820.		0	0	
HA Wide - B3	Replace broken office furniture	1475		4500.		0	0	
HA Wide - B3	Replace tables & chairs in community rm.	1475	6 tables 20 chairs	3500.		0	0	
HA Wide - B3	Replace copy machine	1475	1	12000.		0	0	
HA Wide - B3	Purchase Battery/electric carts to conserve	1475	2	18000.		0	0	
HA Wide - A4	Install security cameras @ Admin & Park	1450	3	12000.		0	0	
HA Wide - A4	Additional free standing security lights	1450	10	10000.		0	0	
OK032000001 - C1	Replace sewer lines in 5 areas	1450		17000.		0	0	
OK032000001 - C1	Repair curbing and ramp at handicapped parking on Randolph Street	1450	558 lf.	8000.		0	0	
OK032000001 - B3	Replace rotted benches with rubber coated at elderly locations	1450	10	10000.		0	0	
OK032000001 - C3i	Overlay VCT flooring in elderly units	1450	48	30600.		0	0	
OK032000001 - C3i	Repair bowin wall in elderly bathroom	1460	10	7000.		0	0	
OK032000001 -	Contingency	1502		3429.		0	0	

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Part II: Supporting Pages

PHA Name: Seminole Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: OK56P03250109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	09/15/2011		09/15/2013		
OK032000001	09/15/2011		09/15/2013		

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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