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

| 1.0 | PHA Information PHA Name: <u>Cyril Housing Authority</u> PHA Code: <u>OK036</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning <u>07/01/2010</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|--|--------------------|----------|--------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------|-----|--------|--|--|--|--|--|--------|--|--|--|--|--|--------|--|--|--|--|--|
| 2.0 | Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>20</u> Number of HCV units: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.0 | Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.0 | PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | 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: | | | | | |
| 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: <u>To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. <u>We undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex familial status and disability.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6.0 | PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <u>The plan is located at 101 Chandler Drive in the Community Building Leasing Office.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7.0 | Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.0 | Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.1 | Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.2 | Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.3 | Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|------|---|
| 9.1 | <p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> |
| 10.0 | <p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <ul style="list-style-type: none"> (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. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” |
| 11.0 | <p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) |

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 Capital Fund Program Grant No: OK56P036501-07 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant: 2007 FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> 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 | 3399.00 | 15367.08 | 15367.08 | 15367.08 | |
| 3 | 1408 Management Improvements | | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 2000.00 | 1200.00 | 1200.00 | 1200.00 | |
| 5 | 1411 Audit | | | | | |
| 6 | 1415 Liquidated Damages | | | | | |
| 7 | 1430 Fees and Costs | | | | | |
| 8 | 1440 Site Acquisition | | | | | |
| 9 | 1450 Site Improvement | 3000.00 | 2000.00 | 2000.00 | 2000.00 | |
| 10 | 1460 Dwelling Structures | 11516.00 | 4565.97 | 4565.97 | 4565.97 | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 2900.00 | 1833.90 | 1833.90 | 1833.90 | |
| 12 | 1470 Non-dwelling Structures | | | | | |
| 13 | 1475 Non-dwelling Equipment | 4000.00 | 1848.05 | 1848.05 | 1848.05 | |
| 14 | 1485 Demolition | | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | | |
| 16 | 1495.1 Relocation Costs | | | | | |
| 17 | 1499 Development Activities ⁴ | | | | | |

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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| Part I: Summary | | | | | | |
|---|--|--|----------------------|---|---|--|
| PHA Name: Cyril Housing Authority | | Grant Type and Number Capital Fund Program Grant No: OK56P036501-07 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant:2007 FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report | | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | | |
| | | Original | Revised ² | Obligated | Expended | |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | 26815.00 | 26815.00 | 26815.00 | 26815.00 | |
| 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 12/31/2009 | | Signature of Public Housing Director | | |
| | | | | Date | | |

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| Part II: Supporting Pages | | | | | | | | |
|---|---|----------------------------|--|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: Cyril Housing Authority | | | Grant Type and Number Capital Fund Program Grant No: OK56P036501-07 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 | |
| PHA Wide | Operations | 1406 | | 3399.00 | 15367.08 | 15367.08 | 15367.08 | 100% |
| PHA Wide | Administration (Training, Plan) | 1410 | | 2000.00 | 1200.00 | 1200.00 | 1200.00 | 100% |
| PHA Wide | Landscaping (Tree Removal) | 1450 | 2 Trees | 3000.00 | 2000.00 | 2000.00 | 2000.00 | 100% |
| PHA Wide | Install Poles/Relocate TV lines for Roofing Installation | 1460 | 20 | 0 | 999.00 | 999.00 | 999.00 | 100% |
| OK036 | Range Hoods | 1460 | 3 | 280.00 | 188.97 | 188.97 | 188.97 | 100% |
| OK036 | 6 Panel Solid Doors | 1460 | 0 | 436.00 | 0 | 0 | 0 | 0 |
| OK036 | Paint 4 Apartments | 1460 | 4 | 800.00 | 629.00 | 629.00 | 629.00 | 100% |
| OK036 | Carpet | 1460 | 3 | 0 | 2149.00 | 2149.00 | 2149.00 | 100% |
| PHA Wide | Heat & Air Installation | 1460 | 1 | 0 | 600.00 | 600.00 | 600.00 | 100% |
| PHA Wide | Windows | 1460 | 0 | 10000.00 | 0 | 0 | 0 | 0 |
| OK036 | 18 Cu. Ft. Refrigerators | 1465 | 2 | 1700.00 | 1050.00 | 1050.00 | 1050.00 | 100% |
| PHA Wide | 30" Electric Stoves | 1465 | 2 | 1200.00 | 783.90 | 783.90 | 783.90 | 100% |
| PHA Wide | Tools | 1475 | 0 | 2000.00 | 0 | 0 | 0 | 100% |
| PHA Wide | Pallet Jack | 1475 | 1 | 0 | 297.00 | 297.00 | 297.00 | 100% |
| PHA Wide | Computer | 1475 | 1 | 2000.00 | 1471.19 | 1471.19 | 1471.19 | 100% |
| PHA Wide | Hedge Trimmer | 1475 | 1 | 0 | 79.86 | 79.86 | 79.86 | 100% |
| | | | | | | | | |
| | | | | | | | | |
| | Total: | | | 26815.00 | 26815.00 | 26815.00 | 26815.00 | 100% |

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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: Cyril Housing Authority | Grant Type and Number Capital Fund Program Grant No: OK56P036501-09 Replacement Housing Factor Grant No: Date of CFFP: |
| FFY of Grant: 2008 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 | 7299.00 | 8403.93 | 8403.93 | 8403.93 |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 2000.00 | 600.00 | 600.00 | 600.00 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 1628.00 | 1129.08 | 1129.08 | 1129.08 |
| 10 | 1460 Dwelling Structures | 12000.00 | 12769.00 | 12769.00 | 12769.00 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | 3000.00 | 3000.00 | 3000.00 | 3000.00 |
| 13 | 1475 Non-dwelling Equipment | 800.00 | 824.99 | 824.99 | 824.99 |
| 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.
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Expires 4/30/2011

| Part I: Summary | | | | | | |
|---|--|--|---|---|---|--|
| PHA Name: Cyril Housing Authority | | Grant Type and Number Capital Fund Program Grant No: OK56P036501-08 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant:2008 FFY of Grant Approval: | |
| Type of Grant | | | | | | |
| <input type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | <input type="checkbox"/> Revised Annual Statement (revision no:) | | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input checked="" type="checkbox"/> Final Performance and Evaluation Report | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | | |
| | | Original | Revised ² | Obligated | Expended | |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | 26727.00 | 26727.00 | 26727.00 | 26727.00 | |
| 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 | | | Signature of Public Housing Director | | | |
| Date | | | Date | | | |

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| Part I: Summary | | |
| PHA Name: Cyril Housing Authority | Grant Type and Number Capital Fund Program Grant No: OK56P036501-09 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2009 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: 12/31/09 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 | 4642.00 | | 0 | 0 |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 1700.00 | | 0 | 0 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 1700.00 | | 0 | 0 |
| 10 | 1460 Dwelling Structures | 18600.00 | | 0 | 0 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

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| Type of Grant | | | | | | |
| <input type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | <input type="checkbox"/> Revised Annual Statement (revision no:) | | |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 | | <input type="checkbox"/> Final Performance and Evaluation Report | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | | |
| | | Original | Revised ² | Obligated | Expended | |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | 26642.00 | | 0 | 0 | |
| 21 | Amount of line 20 Related to LBP Activities | | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | | |
| Signature of Executive Director | | Date | | Signature of Public Housing Director | | |
| | | | | Date | | |

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Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
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| 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 | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | \$33831.00 | \$33831.00 | \$33831.00 | \$33831.00 |
| 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 | | | | |
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| Part I: Summary | | | | | | |
|---|--|---|--|---|---|--|
| PHA Name: Cyril Housing Authority | | Grant Type and Number Capital Fund Program Grant No: OK56S9036501-09 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant:2009 FFY of Grant Approval: | |
| Type of Grant | | | | | | |
| <input type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | <input type="checkbox"/> Revised Annual Statement (revision no:) | | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | | <input checked="" type="checkbox"/> Final Performance and Evaluation Report 12/31/09 | | | |
| 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) | \$33831.00 | \$33831.00 | \$33831.00 | \$33831.00 | |
| 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 Kathy Moore | | 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.

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: Cyril Housing Authority | Grant Type and Number Capital Fund Program Grant No: OK56P036501-10 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2010 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 | 4242.00 | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 1700.00 | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 2200.00 | | | |
| 10 | 1460 Dwelling Structures | 10000.00 | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | 8500.00 | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

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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: Cyril Housing Auth | | Grant Type and Number Capital Fund Program Grant No: OK56P036501-10 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant:2010 FFY of Grant Approval: | |
| Type of Grant | | | | | | |
| <input checked="" type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | <input type="checkbox"/> Revised Annual Statement (revision no:) | | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> Final Performance and Evaluation Report | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | | |
| | | Original | Revised ² | Obligated | Expended | |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | 26642.00 | | | | |
| 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.

| PART I: SUMMARY | | | | | | |
|--|--|--|---------------------------------------|---------------------------------------|---|--|
| PHA Name/Number <u>Cyril Housing Authority</u> | | Locality (<u>Cyril/Caddo/Oklahoma</u>) | | | <input checked="" type="checkbox"/> Original 5-Year Plan | <input type="checkbox"/> Revision No: |
| A. | Development Number and Name | Work Statement for Year 1 FFY 2010 | Work Statement for Year 2 FFY 2011 | Work Statement for Year 3 FFY 2012 | Work Statement for Year 4 FFY 2013 | Work Statement for Year 5 FFY 2014 |
| | <u>Cyril Housing Authority</u> | | | | | |
| B | Physical Improvements Subtotal | Annual Statement | \$6500.00 | \$12700.00 | \$20000.00 | \$17000.00 |
| C. | Management Improvements | | | | | |
| D. | PHA-Wide Non-dwelling Structures and Equipment | | \$12600.00 | \$8800.00 | \$200.00 | 2500.00 |
| E | ADMINISTRATION | | \$1200.00 | \$1200.00 | \$1700.00 | \$1200.00 |
| F. | Other | | | | | |
| G. | Operations | | \$6342.00 | \$3942.00 | \$4742.00 | \$5942.00 |
| H. | Demolition | | | | | |
| I. | Development | | | | | |
| J. | Capital Fund Financing – Debt Service | | | | | |
| K. | Total CFP Funds | | | | | |
| L. | Total Non-CFP Funds | | | | | |
| M. | Grand Total | | \$26642.00 | \$26642.00 | \$26612.00 | \$26642.00 |

