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

2010 5 Year & Annual Plan

Hartshorne Housing Authority, Hartshorne, Oklahoma

OK072v02

1.0	**PHA Information** PHA Name: ***Hartshorne Housing Authority*** PHA Code: ***OK072*** PHA Type: ☐ Small ☐ High Performing ☒ Standard ☐ HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): ***07/2010***
2.0	**Inventory** (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: ***44*** Number of HCV units: _____
3.0	**Submission Type** ☒ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only
4.0	**PHA Consortia** ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0	**5-Year Plan.** Complete items 5.1 and 5.2 only at 5-Year Plan update.
5.1	**Mission.** State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: ***The Mission of the Hartshorne Housing Authority is to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.***
5.2	**Goals and Objectives.** Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. ***Implement measures to de-concentrate poverty by bringing higher income public housing households into lower income developments: Reduce Public Housing vacancies. Increase the number and percentage of employed persons in assisted families.***
6.0	**PHA Plan Update** (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: ***N/A*** (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan ***Hartshorne Housing Authority***
7.0	**Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.** *Include statements related to these programs as applicable.*
8.0	**Capital Improvements.** Please complete Parts 8.1 through 8.3, as applicable.
8.1	**Capital Fund Program Annual Statement/Performance and Evaluation Report.** As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	**Capital Fund Financing Program (CFFP).** ☐ Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	**Housing Needs**. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. ***With the present outlook of limited and decreased funding available, the HHA is limited by the supply of only 44 units; however the HHA will continue to provide safe, sanitary housing and to provide the best community for low to very-low income families.***

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 HHA will continue to provide safe, sanitary housing and to provide the best community for low to very-low income families.***
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. – ***The HHA will continue to provide the best housing at an affordable cost in the Hartshorne community.*** (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" A. Substantial Deviation from the 5-Year Plan ➢ ***Changes to rent, admissions policies, or organization of the waiting list; and*** ➢ ***Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. There are no changes to the Capital Fund Program that would constitute a significant amendment or substantial deviation*** ***B. Significant Amendment or Modification to the Annual Plan*** ➢ ***Changes to rent, admissions policies, or organization of the waiting list; and*** ➢ ***Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. There are no changes to the Capital Fund Program that would constitute a significant amendment or substantial deviation***

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)

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part I: Summary

PHA Name:		
Hartshorne Housing Authority	**Grant Type and Number** Capital Fund Grant Number: ***OK56P072501-10*** 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]	***$55,008.00***			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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 Cost				
17	1499 Development Activities [4]				

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

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part I: Summary

PHA Name: ***Hartshorne Housing Authority***	**Grant Type and Number** Capital Fund Grant Number: ***OK56P072501-10*** 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				
18b	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)	***$55,008.00***			
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
Executive Director	9/18/12		

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

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report

Part II: Supporting Pages		
PHA Name: ***Hartshorne Housing Authority***	**Grant Type and Number** Capital Fund Program Grant No: ***OK56P072501-10*** 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]	
PHA Wide	***Operations***	***1406***		***$55,008.00***				

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

8.2 Capital Fund Program 5 Year Action Plan

PART I: SUMMARY						
PHA Name/Number: ***Hartshorne – OK072***			Locality (City/County & State): ***Hartshorne, Oklahoma***		☒**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***
	Physical Improvements Subtotal	Annual Statement	***$22,000.00***	***$17,008.00***	***$23,008.00***	
C.	Management Improvements		***$3,000.00***	***$7,000.00***	***$7,000.00***	***$7,000.00***
D.	PHA-Wide Non-dwelling Structures and Equipment		***$2,605.00***	***$1,000.00***		***$23,008.00***
	ADMINISTRATION		***$4,500.00***	***$5,000.00***	***$5,000.00***	***$5,000.00***
F.	Other					
G.	Operations		***$22,903.00***	***$20,000.00***	***$20,000.00***	***$20,000.00***
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		***$55,008.00***	***$55,008.00***	***$55,008.00***	***$55,008.00***
L.	Total Non-CFP Funds					
M.	Grand Total		***$55,008.00***	***$55,008.00***	***$55,008.00***	***$55,008.00***

8.2 Capital Fund Program 5 Year Action Plan

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY **2010**	Work Statement for Year ***2*** FFY **2011**			Work Statement for Year: ***3*** FFY ***2012***		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE	***OK072-000001 – Install new hot water heaters in all units.***	***44 units***	***$22,000.00***	***OK072-000001 – Replace exterior doors; rebuild showers & tubs, sheetrock, paint, faucets, sinks, flooring, screen doors and interior lights.***	***30***	***$16,008.00***
ANNUAL				***Purchase a small sewer machine***	***1***	***$1,000.00***
Statement				**Repair parking and sidewalks**	**5**	**$6,000.00**
	Subtotal of Estimated Cost		***$22,000.00***	Subtotal of Estimated Cost		***$23,008.00***

8.2 Capital Fund Program 5 Year Action Plan

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY ***2010***	Work Statement for Year _***4*** FFY **2013**			Work Statement for Year: ***5*** FFY ***2014***		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE	***OK072-000001 – Install 2 storm shelters***	***2***	***$23,008.00***			
ANNUAL						
Statement						
	Subtotal of Estimated Cost		***$23,008.00***	Subtotal of Estimated Cost		

8.2 Capital Fund Program 5 Year Action Plan

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY ***2010***	**Work Statement for Year *2* FFY *2011***		**Work Statement for Year *3* FFY *2012***	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	***PHA Wide – Operations***	***$22,903.00***	***PHA Wide – Operations***	***$20,000.00***
Annual	***PHA Wide – Management Improvements***	***$3,000.00***	***PHA Wide – Staff training/ part time help as needed***	***$7,000.00***
Statement	***PHA Wide – Administration***	***$4,500.00***	***PHA Wide – Administration***	***$5,000.00***
	PHA Wide – Misc Maintenance and office tools	***$2,605.00***		
	Subtotal of Estimated Cost	***$33,008.00***	Subtotal of Estimated Cost	***$32,000.00***

8.2 Capital Fund Program 5 Year Action Plan

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY ***2010***	**Work Statement for Year *4* FFY *2013***		**Work Statement for Year *5* FFY *2014***	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	***Operations***	***$20,000.00***	***Operations***	***$20,000.00***
	PHA Wide – Staff training/ part time help	***$7,000.00***	***PHA Wide – Staff training/ part time help***	***$7,000.00***
	PHA Wide – Administration	***$5,000.00***	***PHA Wide – Maintenance Truck***	***$18,000.00***
			PHA Wide – Copier for Office	***$5,008.00***
			PHA Wide – Administration	***$5,000.00***
	Subtotal of Estimated Cost	***$32,000.00***	Subtotal of Estimated Cost	***$55,008.00***

8.2 Capital Fund Program 5 Year Action Plan

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report(s) 2007, 2008, 2009, 2009ARRA CFP(s)

Part I: Summary

PHA Name:		
Hartshorne Housing Authority	**Grant Type and Number** Capital Fund Grant Number: ***OK56S072501-09*** Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: ***2009-CFRG*** FFY of Grant Approval: ***2009-CFRG***

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	***$4,000.00***	***$1,934.03***	***$1,934.03***	***$1,934.03***
4	1410 Administration (may not exceed 10% of line 21)	***$7,095.00***	***$7,091.00***	***$7,091.00***	***$7,091.00***
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	***-0-***	***$1,828.00***	***$1,828.00***	***$1,828.00***
10	1460 Dwelling Structures	***$54,250.00***	***$13,826.12***	***$13,826.12***	***$13,826.12***
11	1465.1 Dwelling Equipment – Nonexpendable		***$39,294.15***	***$39,294.15***	***$39,294.15***
12	1470 Non-Dwelling Structures				
13	1475 Non-Dwelling Equipment	***$5,607.00***	***$6,978.70***	***$6,978.70***	***$6,978.70***
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Cost				
17	1499 Development Activities [4]				

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

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report(s) 2007, 2008, 2009, 2009ARRA CFP(s)

Part I: Summary

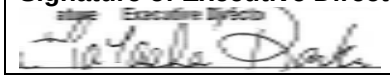
PHA Name: ***Hartshorne Housing Authority***	**Grant Type and Number** Capital Fund Grant Number: ***OK56S072501-09*** Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: ***2009 - CFRG*** FFY of Grant Approval: ***2009-CFRG***

Type of Grant

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

☒ **Performance and Evaluation Report for Period Ending:** ***12/31/11*** ☐ **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				
18b	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)	***$70,952.00***	***$70,952.00***	***$70,952.00***	***$70,952.00***
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**
	9/18/12		

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

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report(s) 2007, 2008, 2009, 2009ARRA CFP(s)

Part II: Supporting Pages

PHA Name: ***Hartshorne Housing Authority***	**Grant Type and Number** Capital Fund Program Grant No: ***OK56S072501-09*** CFFP (Yes/ No): Replacement Housing Factor Grant No:	Federal FFY of Grant: ***2009- CFRG***

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	***Staff Training***	***1408***		***$4,000.00***	***$1,934.03***	***$1,934.03***	***$1,934.03***	***100%***
PHA Wide	***Salaries***	***1410***		***$7,095.00***	***$7,091.00***	***$7,091.00***	***$7,091.00***	***100%***
OK072-000001	***Sidewalk Repair***	***1450***		***-0-***	***$1,828.00***	***$1,828.00***	***$1,828.00***	***100%***
OK072-000001	***Replace interior doors***	***1460***	***65 doors***	***$22,000.00***	***$4,360.00***	***$4,360.00***	***$4,360.00***	***100%***
OK072-000001	***Installing 52" and 42" ceiling fans***	***1460***	***79***	***$32,250.00***	***$9,466.12***	***$9,466.12***	***$9,466.12***	***100%***
OK072-000001	***Replace and install water heaters***	***1465***	***45***	***-0-***	***$22,339.45***	***$22,339.45***	***$22,339.45***	***100%***
OK072-000001	***Install 29 window A/C's***	***1465***		***-0-***	***$15,724.70***	***$15,724.70***	***$15,724.70***	***100%***
OK072-000001	***Frame A/C paint around ceiling fans, check all hot water heaters***	***1465***		***-0-***	***$1,230.00***	***$1,230.00***	***$1,230.00***	***100%***
OK072-000001	***2 Monitors, 4 computers, 2 printers, warranties, ink & supplies, digital camera, computer installation, misc.***	***1475***		***$5,607.00***	***$6,978.70***	***$6,978.70***	***$6,978.70***	***100%***
				$70,952.00	***$70,952.00***	***$70,952.00***	***$70,952.00***	***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.

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report(s) 2007, 2008, 2009, 2009ARRA CFP(s)

Part I: Summary		
PHA Name: ***Hartshorne Housing Authority***	**Grant Type and Number** Capital Fund Grant Number: ***OK56P072501-09*** 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: 2)**
☐ **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]	***$25,045.28***	***$25,234.09***	***$25,234.09***	***$21,643.45***
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	***$188.81***	***-0-***	***-0-***	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	***$29,858.91***	***$29,858.91***	***$29,858.91***	***$29,858.91***
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 Cost				
17	1499 Development Activities [4]				

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

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report(s) 2007, 2008, 2009, 2009ARRA CFP(s)

Part I: Summary

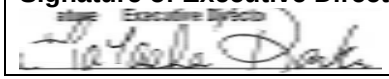
PHA Name: ***Hartshorne Housing Authority***	**Grant Type and Number** Capital Fund Grant Number: ***OK56P072501-09*** Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: ***2009*** FFY of Grant Approval: ***2009***

Type of Grant

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

☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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				
18b	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)	***$55,093.00***	***$55,093.00***	***$55,093.00***	***$51,502.36***
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
	9/18/12		

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

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report(s) 2007, 2008, 2009, 2009ARRA CFP(s)

Part II: Supporting Pages

PHA Name: ***Hartshorne Housing Authority***	**Grant Type and Number** Capital Fund Program Grant No: ***OK56P072501-09*** 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]	
PHA Wide	***Operations***	***1406***		***$25,045.28***	***$25,234.09***	***$25,234.09***	***$21,643.45***	***86%***
PHA Wide	***Administration***	***1410***		***$188.81***	***-0-***	***-0-***		
OK072-000001	***Replace screen doors***	***1460***		***$29,858.91***	***$29,858.91***	***$29,858.91***	***$29,858.91***	***100%***
				$55,093.00	***$55,093.00***	***$55,093.00***	***$51,502.36***	***93%***

[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.

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report(s) 2007, 2008, 2009, 2009ARRA CFP(s)

Part I: Summary

PHA Name:		
Hartshorne Housing Authority	**Grant Type and Number** Capital Fund Grant Number: ***OK56P072501-08*** 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:)**

☐ **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]	***$21,198.00***	***$21,198.00***	***$21,198.00***	***$21,198.00***
3	1408 Management Improvements	***$3,250.00***	***$3,148.18***	***$3,148.18***	***$3,148.18***
4	1410 Administration (may not exceed 10% of line 21)	***$4,000.00***	***$4,000.00***	***$4,000.00***	***$4,000.00***
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	***$27,605.00***	***$27,706.82***	***$27,706.82***	***$27,706.82***
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 Cost				
17	1499 Development Activities [4]				

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

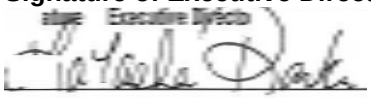
8.1 Capital Fund Annual Statement/ Performance and Evaluation Report(s) 2007, 2008, 2009, 2009ARRA CFP(s)

Part I: Summary

PHA Name: ***Hartshorne Housing Authority***	**Grant Type and Number** Capital Fund Grant Number: ***OK56P072501-08*** 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:)**
☐ **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				
18b	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)	***$56,053.00***	***$56,053.00***	***$56,053.00***	***$56,053.00***
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
	9/18/12		

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

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report(s) 2007, 2008, 2009, 2009ARRA CFP(s)

Part II: Supporting Pages

PHA Name: ***Hartshorne Housing Authority***	**Grant Type and Number** Capital Fund Program Grant No: ***OK56P072501-08*** 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]	
PHA Wide	***Operations***	***1406***		***$21,198.00***	***$21,198.00***	***$21,198.00***	***$21,198.00***	***100%***
PHA Wide	***Office supplies, membership dues, management improvements***	***1408***		***$3,250.00***	***$3,148.18***	***$3,148.18***	***$3,148.18***	***100%***
PHA Wide	***Salaries***	***1410***		***$4,000.00***	***$4,000.00***	***$4,000.00***	***$4,000.00***	***100%***
OK072-000001	***Ceiling fans and install***	***1460***	***30***	***$4,795.50***	***$4,897.32***	***$4,897.32***	***$4,897.32***	***100%***
OK072-000001	***Replace exterior steel doors***	***1460***	***44***	***$16,787.00***	***$16,787.00***	***$16,787.00***	***$16,787.00***	***100%***
OK072-000001	***Replace interior doors***	***1460***		***$4,500.00***	***$4,500.00***	***$4,500.00***	***$4,500.00***	***100%***
OK072-000001	***Storm doors (partial)***	***1460***		***$1,522.50***	***$1,522.50***	***$1,522.50***	***$1,522.50***	***100%***
				$56,053.00	***$56,053.00***	***$56,053.00***	***$56,053.00***	***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.

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report(s) 2007, 2008, 2009, 2009ARRA CFP(s)

Part I: Summary

PHA Name:		
Hartshorne Housing Authority	**Grant Type and Number** Capital Fund Grant Number: ***OK56P072501-07*** 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:)**

☐ **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]	***$23,425.00***	***$23,425.00***	***$23,425.00***	***$23,425.00***
3	1408 Management Improvements	***$3,000.00***	***$3,201.16***	***$3,201.16***	***$3,201.16***
4	1410 Administration (may not exceed 10% of line 21)	***$4,000.00***	***$4,000.00***	***$4,000.00***	***$4,000.00***
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	***$3,105.00***	***$2,904.84***	***$2,904.84***	***$2,904.84***
10	1460 Dwelling Structures	***$22,000.00***	***$21,999.00***	***$21,999.00***	***$21,999.00***
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 Cost				
17	1499 Development Activities [4]				

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

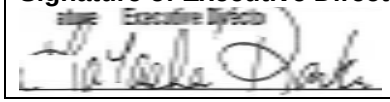
8.1 Capital Fund Annual Statement/ Performance and Evaluation Report(s) 2007, 2008, 2009, 2009ARRA CFP(s)

Part I: Summary

PHA Name: ***Hartshorne Housing Authority***	**Grant Type and Number** Capital Fund Grant Number: ***OK56P072501-07*** 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:)**
☒ **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				
18b	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)	***$55,530.00***	***$55,530.00***	***$55,530.00***	***$55,530.00***
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
	9/18/12		

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

8.1 Capital Fund Annual Statement/ Performance and Evaluation Report(s) 2007, 2008, 2009, 2009ARRA CFP(s)

Part II: Supporting Pages		
PHA Name: ***Hartshorne Housing Authority***	**Grant Type and Number** Capital Fund Program Grant No: ***OK56P072501-07*** 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***		***$23,425.00***	***$23,425.00***	***$23,425.00***	***$23,425.00***	***100%***
PHA Wide	***Training***	***1408***		***$3,000.00***	***$2,891.10***	***$2,891.10***	***$2,891.10***	***100%***
PHA wide	***Salaries***	***1410***		***$4,000.00***	***$4,000.00***	***$4,000.00***	***$4,000.00***	***100%***
PHA Wide	***Landscaping***	***1450***		***$3,105.00***	***$2,904.84***	***$2,904.84***	***$2,904.84***	***100%***
OK072-000001	***Replace toilets***	***1460***	***84***	***$6,985.50***	***$6,985.50***	***$6,985.50***	***$6,985.50***	***100%***
OK072-000001	***2 chrome lever locks***	***1460***	***2***	***$358.00***	***$358.00***	***$358.00***	***$358.00***	***100%***
OK072-000001	***Replace door locks***	***1460***		***$7,518.00***	***$7,518.00***	***$7,518.00***	***$7,518.00***	***100%***
OK072-000001	***Storm doors (partial)***	***1460***		***$7,138.50***	***$7,137.50***	***$7,137.50***	***$7,137.50***	***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.

10 -B. Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-Year Plan

- *Changes to rent, admissions policies, or organization of the waiting list; and*
- *Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. There are no changes to the Capital Fund Program that would constitute a significant amendment or substantial deviation*

B. Significant Amendment or Modification to the Annual Plan

- ✓ *Changes to rent, admissions policies, or organization of the waiting list; and*
- ✓ *Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. There are no changes to the Capital Fund Program that would constitute a significant amendment or substantial deviation*

11.0(f) Resident Advisory Board (RAB) Comments

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

☐ Attached at Attachment (File name)
☐ Provided below:

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

☐ Considered comments, but determined that no changes to the PHA Plan were necessary.
☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:

☐ Other: (list below)

11.0(g) Challenged Elements

The PHA received no challenges on elements of these documents.