



6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: No revisions</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>Copies of PHA Plans can be seen at KIAMICHI Housing Authority, HC 64 Box 4060, KIAMICHI, OK 74574-9610</p>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p>N/A</p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>Form HUD-50075.1 is included in this submission</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>Form HUD-50075.2 is included in this submission</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>No current information is available on affordability, supply, quality, accessibility, size of units, and location according to the US Census CHAS except the same information that was reported in the year 2000.</p> <p>KIAMICHI Housing Authority as of March 31, 2009 has 34 people on the waiting list and is broken down as follows:</p> <p>1 Bedroom Units</p> <ul style="list-style-type: none"> <li>8 – Individual, White, Disabled</li> <li>3 – Individual, White, Disabled, Elderly</li> <li>2 – Family, Native American/White</li> <li>2 – Individual, Native American, Disabled</li> <li>1 – Individual, White, Elderly</li> <li>2 – Individual, White</li> <li>1 – Individual, Native American</li> </ul> <p>2 Bedroom Units</p> <ul style="list-style-type: none"> <li>5 – Family, White</li> <li>2 – Family, Native American</li> <li>1 – Family, African American/Native American, Disabled</li> </ul> <p>3 Bedroom Units</p> <ul style="list-style-type: none"> <li>4 – Family, White</li> <li>2 – Family, Native American</li> <li>1 – Family, White, Disabled</li> </ul> <p>Total 19 applicants, low income seeking 1-Bedroom units.  Total 8 applicants, low income seeking 2-Bedroom units.  Total 7 applicants, low income seeking 3-Bedroom units.</p>

<p><b>9.1</b></p>	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p>Need: Shortage of affordable housing for all eligible populations  Strategy: Employ effective maintenance and management policies to minimize the number of public housing units off-line, reduce turnover time for vacated public housing units, reduce time to renovate public housing units, and undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required.</p> <p>Influences: Funding and staffing constraints</p>
<p><b>10.0</b></p>	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(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.</p> <p><u>Report on Progress:</u></p> <ul style="list-style-type: none"> <li>• Answered in 5.2</li> </ul> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>The Housing Authority of KIAMICHI has defined “Substantial Deviation” and “Significant Amendment or Modification” as they relate to the Agency Plan as follows:</p> <p>“Substantial Deviation(s)” from the 5-year Action Plan shall be explained in the Annual Plan for the period in which they occur and shall include:</p> <ul style="list-style-type: none"> <li>• Any change to rent or admissions policies or organization of the waiting list;</li> <li>• Additions of non-emergency work items (items not included in the current Annual Statement or 5-year Action Plan) or change in use of replacement reserve funds under the Capital Fund;</li> <li>• Additions of new activities not included in the current PHA Plan; and,</li> <li>• Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.</li> </ul> <p>“Significant Amendment or Modification” of the Annual Plan means:</p> <ul style="list-style-type: none"> <li>• Any change to rent or admissions policies or organization of the waiting list;</li> <li>• Additions of non-emergency work items (items not included in the current Annual Statement or 5-year Action Plan) or change in use of replacement reserve funds under the Capital Fund;</li> <li>• Additions of new activities not included in the current PHA Plan; and,</li> <li>• Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.</li> </ul>

<p><b>11.0</b></p>	<p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(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)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(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.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p> <p>Item # a,b,c, and d will be signed and sent to the Oklahoma Field Office via US Mail along with a signed copy of Form HUD-50075.1 Original Annual Statement for OK56P13150110. Items f and g do not apply. Items h and I are included in this electronic submission.</p>
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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

<b>Part I: Summary</b>						
<b>PHA Name:</b> KIAMICHI Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P13150110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2010</b> FFY of Grant Approval:	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>		
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	20,062				
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 20)	2,000				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	8,000				
8	1440 Site Acquisition					
9	1450 Site Improvement	37,000				
10	1460 Dwelling Structures	121,000				
11	1465.1 Dwelling Equipment—Nonexpendable	5,800				
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>						
<b>PHA Name:</b> KIAMICHI Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P13150110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2010</b> FFY of Grant Approval:	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>		
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	<b>193,862</b>				
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					
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

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

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> KIAMICHI Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P13150110 CFFP (Yes/No): Replacement Housing Factor Grant No:			<b>FFY of Grant: 2010</b> FFY of Grant Approval:		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Operations	1406 A3		20,062				
PHA Wide	Administration (Illegal Drug Control)	1410 A3		2,000				
OK131000001	Fees and Costs	1430 A8		8,000				
OK131000001	Strip mark parking area	1450 C1	As needed	2,000				
OK131000001	Seal, coat, repair parking area at Panama site	1450 C1	85210 sq ft	20,000				
OK131000001	Clean and repair fences	1450 C1	As needed	10,000				
OK131000001	Install Security Lights	1450 C1	11 ea	5,000				
OK131000001	Convert to Handicap Assessable	1460 C3	3 Units	96,000				
OK131000001	Replace Duct Work (BV)	1460 C3	10 Units	20,000				
OK131000001	Replace vinyl floor tile	1460 C3	20 Units	5,000				
OK131000001	Purchase Ranges	1465 B3	6 ea	1,800				
OK131000001	Purchase Refrigerators	1465 B3	10 ea	4,000				
				193,862				

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>PART I: SUMMARY</b>		<b>OK131</b>				
PHA Name/Number KIAMICHI Housing Authority		Locality (City/County & State) KIAMICHI, OK			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
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	175,000	163,000	141,000	163,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment			12,000	30,000	
E.	ADMINISTRATION		2,000	2,000	2,000	9,000
F.	Other					
G.	Operations		16,862	16,862	20,862	21,862
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		193,862	193,862	193,862	193,862
L.	Total Non-CFP Funds					
M.	Grand Total		193,862	193,862	193,862	193,862









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

<b>Part I: Summary</b>						
<b>PHA Name:</b> KIAMICHI Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P13150109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> FFY of Grant Approval:	
<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: 03/31/2010		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	47,173				
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 20)	16,000				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	9,000				
8	1440 Site Acquisition					
9	1450 Site Improvement	13,000				
10	1460 Dwelling Structures	60,000				
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment	49,000				
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> 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

<b>Part I: Summary</b>						
<b>PHA Name:</b> KIAMICHI Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P13150109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> FFY of Grant Approval:	
<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: 03/31/2010		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	<b>194,173</b>				
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					
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

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

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> KIAMICHI Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P13150109 CFFP (Yes/No): Replacement Housing Factor Grant No:				<b>FFY of Grant: 2009</b> FFY of Grant Approval:		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Operations	1406 A3		47,173				
PHA Wide	Administration	1410 A3		10,000				
PHA Wide	Admin: Lead based paint Certification	1410 A3		6,000				
PHA Wide	Architect and Engineers	1430 A8		9,000				
OK131000001	Clean and service Heat Pumps	1450 C3	130 Ea	13,000				
OK131000001	Replace ductwork	1460 C3	30 Units	60,000				
PHA Wide	Office Equipment	1475 A3		7,000				
OK131000001	Maintenance Truck	1475 A3	1 Ea	30,000				
OK131000001	Riding Lawn Mower	1475 A3	1 Ea	12,000				
				194,173				

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.



Annual Statement/Performance and Evaluation Report  
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 Capital Fund Financing Program

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<b>Part I: Summary</b>						
<b>PHA Name:</b> KIAMICHI Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56S13150109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009 ARRA</b> FFY of Grant Approval:	
<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: 03/31/2010		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 20)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	430	430	430	430	
8	1440 Site Acquisition					
9	1450 Site Improvement	88,658	88,549	88,549		
10	1460 Dwelling Structures	160,887	160,946	160,946	160,946	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> 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  
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<b>Part I: Summary</b>						
<b>PHA Name:</b> KIAMICHI Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56S13150109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009 ARRA</b> FFY of Grant Approval:	
<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: 03/31/2010		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	<b>249,975</b>	<b>249,975</b>	<b>249,975</b>	<b>161,376</b>	
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					
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

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





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 Capital Fund Financing Program

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> KIAMICHI Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P13150108 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2008</b> FFY of Grant Approval:	
<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: 03/31/2010		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	37,484	37,484			
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 20)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	20,000	20,000	14,274.50	14,274.50	
8	1440 Site Acquisition					
9	1450 Site Improvement	110,000	109,800	15,094.37	3,845.57	
10	1460 Dwelling Structures	25,000	25,200			
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment	5,000	5,000			
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

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Annual Statement/Performance and Evaluation Report  
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 Expires 4/30/2011

<b>Part I: Summary</b>						
<b>PHA Name:</b> KIAMICHI Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P13150108 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2008</b> FFY of Grant Approval:	
<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: 03/31/2010		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	<b>197,484</b>	<b>197,484</b>	<b>29,368.87</b>	<b>18,120.07</b>	
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					
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

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

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> KIAMICHI Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P13150108 CFFP (Yes/No): Replacement Housing Factor Grant No:				<b>FFY of Grant: 2008</b> FFY of Grant Approval:		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Operations	1406 A3		37,484	37,484			
PHA Wide	Architect/Engineering	1430 A8		20,000	20,000	14,274.50	14,274.50	71%
OK131000001	Repair Sewer Tanks/Lines	1450 C1		100,000	100,000	6,897	3,845.57	4%
OK131000001	Repair sidewalks & driveways	1450 C1	20	10,000	9,800	8,197.37		82%
OK131000001	Replace Ceiling Fans	1460 B3	135 ea	20,000	9,000			
OK131000001	Replace Deadbolts	1460 B3	120 ea	2,500	16,200			
OK131000001	Refurbish cabinets	1460 C3	25 Units	2,500	0			
OK131000001	Purchase mower trailer	1475 B3	2 ea	5,000	5,000			
				197,484	197,484	29,368.87	18,120.07	9%

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

<sup>2</sup> 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

<b>Part I: Summary</b>						
<b>PHA Name:</b> KIAMICHI Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P13150107 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2007</b> FFY of Grant Approval:	
<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: 03/31/2010		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	46,958	47,523	47,523	47,532	
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 20)	15,000	7,084	7,084	7,084	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	10,000	30,632	30,632	30,632	
8	1440 Site Acquisition					
9	1450 Site Improvement	35,000				
10	1460 Dwelling Structures	58,129	78,483	78,483	78,483	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment	30,000	31,365	31,365	31,365	
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

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

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

<sup>4</sup> 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  
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<b>Part I: Summary</b>						
<b>PHA Name:</b> KIAMICHI Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P13150107 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2007</b> FFY of Grant Approval:	
<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: 03/31/2010				<input checked="" type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	<b>195,087</b>	<b>195,087</b>	<b>195,087</b>	<b>195,087</b>	
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					
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

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

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> KIAMICHI Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P13150107 CFFP (Yes/No): Replacement Housing Factor Grant No:				<b>FFY of Grant: 2007</b> FFY of Grant Approval:		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Operations	1406 A3		46,958	47,523	47,523	47,523	
PHA Wide	Administration	1410 A3		15,000	124	124	124	
PHA Wide	Admin – Lead Base Paint Inspections	1410 A3		0	6,960	6,960	6,960	
PHA Wide	Architect/Engineers	1430 A8		10,000	30,632	30,632	30,632	
OK131000001	Repair Lagoons and Fences	1450 C3	2	35,000				
OK131000001	Replace siding and porch posts	1460 C3	42 Units	58,129	78,483	78,483	78,483	
OK131000001	Purchase Maint Vehicle	1475 B3	1 Ea	30,000	31,365	31,365	31,365	
				195,087	195,087	195,087	195,087	100%

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

