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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 |
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| 1.0 | PHA Information PHA Name: <u> NORTHEAST OREGON HOUSING AUTHORITY </u> PHA Code: <u> OR032 </u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u> 04/2010 </u> | | | | | |
| 2.0 | Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u> 129 </u> Number of HCV units: <u> 710 </u> | | | | | |
| 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.) | | | | | |
| | 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 | <p>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:</p> <p>The Core purpose of Northeast Oregon Housing Authority is to provide safe, decent, sanitary, and affordable housing, compliant with Housing Quality Standards to the low income of Northeast Oregon.</p> <p>The Core Values of Northeast Oregon Housing Authority are:</p> <ul style="list-style-type: none"> - To provide housing for low income elderly, disabled and families with children - To encourage Family Self Sufficiency - To provide home ownership opportunities - NEOHA will employ sound business principles in meeting its core values -- NEOHA will work in partnership with Community Organizations that share common goals. | | | | | |
| 5.2 | <p>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.</p> <p>BAKER, GRANT, UNION, AND WALLOWA COUNTIES:</p> <ul style="list-style-type: none"> - Assess the need for elderly/disabled housing - Look at housing for persons being released from correction facilities and persons completing drug and alcohol rehab and maintaining a drug free environment respective to each county's will - Homeownership using existing housing - Apply for Section 8 Housing Choice Vouchers when available - Review Resident Advisory Boards' suggestions - Periodically look at livability of owned units - Implement a tenant rental training program - Ready To Rent - Written agreements with other agencies for service to clients - Participate in Work Force Housing Meetings <p>UNION COUNTY GOALS</p> <ul style="list-style-type: none"> - Develop 1 unit in Sunset Meadows <p>WALLOWA COUNTY GOALS</p> <ul style="list-style-type: none"> - Participate in Wallowa County Affordable Group in Wallowa County | | | | | |
| 6.0 | <p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: The PHA Plan revised the following policies: Admissions and Continued Occupancy Policy – Section 8 Housing Choice Voucher Administration Plan – Equal Opportunity Housing Plan – Northeast Oregon Housing Authority Personnel Policy – Procurement Policies</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. Northeast Oregon Housing Authority office: 2608 May Lane, La Grande, Oregon - City Hall and County Courthouse for Grant, Baker, Union, and Wallowa Counties.</p> | | | | | |

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| 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 | <p>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.</p> <p>Northeast Oregon Housing Authority is covered by the State of Oregon Consolidated Plan 2006-2010. It does not address specifically the needs of Baker, Grant, Union, and Wallowa Counties. It just provides priorities and objectives for the State as a whole.</p> <p>Housing Priorities</p> <ul style="list-style-type: none"> - High Priorities: Small and large family and elderly renters at or below 50% median family income, using the HOME program for rent assistance, new affordable housing units, and acquisition/rehabilitation of existing affordable units and fist time home buyer assistance. All special population households are a high priority. "Special populations" includes farm workers, physically, mentally, and developmentally disabled, frail elderly, HIV/AIDS and families, persons in recovery, post incarceration persons, homeless and near homeless, and victims of state or federally declared disasters. - Medium Priorities: Small and large family and elderly renters with incomes 51% to 60% of median using HOME program dollars for rent assistance, new affordable housing units, and acquisition/rehabilitation of existing affordable units and first time home buyer assistance. Owner households at 51% to 80% of median income using CDBG dollars for housing rehabilitation loans. - Low Priorities: All renter incomes at or above 61% of median income. Due solely to repayment ability, owner households with incomes below 50% of median are a low priority for amortized housing rehabilitation loans. |
| 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> <p>Preservation of HUD Multi-Family Housing or Rural Development Housing by acquisition and rehab are activities Northeast Oregon Housing Authority will investigate to meet the high priority Oregon Consolidated Plan goal.</p> <p>Development of new affordable housing units for Elderly housing for population at 50% of median income is a Oregon Consolidated Plan activity Northeast Oregon Housing Authority is working on with the development of Richland School.</p> <p>Northeast Oregon Housing Authority assists First Time Homeownership families through Northeast Oregon Housing Homeownership Programs, Northeast Oregon Housing Authority offers ABC's of Home Buying and these activities are related to the Oregon Consolidated Plans First Time Home Buyers Assistance.</p> <p>The Housing Choice Voucher Program does not have enough Housing Assistance Payments funding to allow families to be pulled from the Waiting List since January of 2009 except for families with priorities. Northeast Oregon Housing Authority is sensitive to the long wait of families and will monitor closely the funding to determine when families can be pulled from the Waiting List.</p> <p>The Public Housing Waiting List has grown longer because of bad economic times. It is running about 7 months. The longest Waiting List is for one bedrooms in La Grande and Baker City.</p> <p>Elderly/Disabled Housing needs will be reviewed.</p> |

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| 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. <p>Comment #1 – A resident request was received to partner with Master Gardeners for a community garden in Huntington. Master Gardeners in Baker City will be contacted to see if they are interested in working with the Huntington residents, a committee from the Housing Authority, and a Resident Advisory Board Member from Huntington, Ulee Yanok.</p> <p>The Resident Advisory Board and Director La Mont discussed the Community Garden project request for Huntington Family Units. The Resident Advisory Board was in favor of the Garden Project. It was decided that resident and advisory member, Ulee Yanok will contact the Master Gardeners in Baker City, Oregon to see if they would be interested in helping with the project. Ms. Yanok will see if there is sufficient resident interest and commitment to further pursue the project. When the Community Garden Project has the support of the Master Gardeners and residents, a committee consisting of Housing Authority family self-sufficiency staff, NEOHA site manager, and resident advisory member Ulee Yanok will meet and work on the Community Garden Project and the ongoing commitment and participation in the garden. The specifics of the Community Garden will follow the guidelines in the existing Northeast Oregon Housing Authority Garden Policy.</p> <ul style="list-style-type: none"> (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) |
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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

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

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

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

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

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

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

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

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

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

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

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

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

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

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

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

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) 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.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011**

| Part I: Summary | | | | | | |
|---|--|--|------------------------------------|------------------------------------|--|------------------------------------|
| PHA :Northeast Oregon Housing Authority OR032 | | Locality: La Grande, Union Co., Oregon | | | <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 |
| | OR032000001P | Annual Statement | 35,274.00 | 5,000.00 | 34,025.00 | 65,506.00 |
| | OR032000002P | | 58,254.30 | 130,000.00 | 43,986.00 | 65,505.00 |
| B. | Physical Improvements Subtotal | | 93,528.30 | 135,000.00 | 78,011.00 | 131,011.00 |
| C. | Management Improvements | | 0.00 | 0.00 | 0.00 | 0.00 |
| D. | PHA-Wide Non-dwelling Structures and Equipment | | 0.00 | 0.00 | 0.00 | 10,000.00 |
| E. | Administration | | 25,001.00 | 25,001.00 | 25,001.00 | 25,001.00 |
| F. | Other | | 0.00 | 0.00 | 0.00 | 0.00 |
| G. | Operations | | 131,483.70 | 90,012.00 | 147,001.00 | 84,001.00 |
| H. | Demolition | | 0.00 | 0.00 | 0.00 | 0.00 |
| I. | Development | | 0.00 | 0.00 | 0.00 | 0.00 |
| J. | Capital Fund Financing – Debt Service | | 0.00 | 0.00 | 0.00 | 0.00 |
| K. | Total CFP Funds | | 250,013.00 | 250,013.00 | 250,013.00 | 250,013.00 |
| L. | Total Non-CFP Funds | | 0.00 | 0.00 | 0.00 | 0.00 |
| M. | Grand Total | | 250,013.00 | 250,013.00 | 250,013.00 | 250,013.00 |

| 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 | OR032000001P | | | OR032000001P | | |
| | LG Elderly | | | UF Replace concrete | 800sf | 5,000.00 |
| Annual Statement | Replace concrete | 1,800 sf | 8,000.00 | | | |
| | Seal Parking Lot | 1 site | 8,000.00 | | | |
| | Replace Disposals | 30 | 12,570.00 | | | |
| | Subtotal | | 28,570.00 | | | |
| | UF Disposals | 8 | 3,352.00 | | | |
| | EF Disposals | 8 | 3,352.00 | | | |
| | | | | | | |
| | OR032000002P | | | OR032000002P | | |
| | BC Elderly | | | HTF Replace Concrete | 800sf | 5,000.00 |
| | Replace concrete | 1,500 sf | 7,000.00 | CC Exterior Paint | 6 buildings | 52,500.00 |
| | Seal Parking Lot | 1 site | 12,000.00 | MVF Exterior Paint | 8 Houses | 32,304.00 |
| | Replace Disposals | 30 | 12,550.30 | DVF Exterior Paint | 5 Houses | 20,196.00 |
| | Subtotal | | 31,550.30 | HF Playground | 1 site | 20,000.00 |
| | HF Cabinet Doors | 8 | 20,000.00 | | | |
| | Disposals | 8 | 3,352.00 | | | |
| | Subtotal | | 23,352.00 | | | |
| | BF Disposals | 8 | 3,352.00 | | | |
| | | | | | | |
| | HA- Wide Operations | | 131,483.70 | HA- Wide Operations | | 90,012.00 |
| | Administration | | 25,001.00 | Administration | | 25,001.00 |
| | Subtotal of Estimated Cost | | \$250,013.00 | Subtotal of Estimated Cost | | \$250,013.00 |

| 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 | OR032000001P | | | OR032000001P | | |
| Annual Statement | UF Exterior Doors | 16 | 16,993.00 | LG Elderly | | |
| | EF Exterior Doors | 16 | 17,032.00 | Replace Concrete | 800sf | 5,000.00 |
| | | | | Exterior doors | 60 | 36,000.00 |
| | | | | Water Heaters | 30 | 15,930.00 |
| | | | | Subtotal | | 56,930.00 |
| | | | | UF Water Heaters | 8 | 4,288.00 |
| | | | | EF Water Heaters | 8 | 4,288.00 |
| | OR032000002P | | | OR032000002P | | |
| | HF Replace Concrete | 800sf | 5,000.00 | BC Elderly | | |
| | Exterior Doors | 16 | 16,993.00 | Replace Concrete | 800sf | 5,000.00 |
| | Subtotal | | 21,993.00 | Exterior doors | 60 | 36,000.00 |
| | BF Replace Concrete | 800sf | 5,000.00 | Water Heaters | 30 | 15,929.00 |
| | Exterior Doors | 16 | 16,993.00 | Subtotal | | 56,929.00 |
| | Subtotal | | 21,993.00 | HF Water Heaters | 8 | 4,288.00 |
| | | | | BF Water Heaters | 8 | 4,288.00 |
| | | | | | | |
| | | | | HA- Wide Operations | | 84,001.00 |
| | HA- Wide Operations | | 147,001.00 | Administration | | 25,001.00 |
| | Administration | | 25,001.00 | Replace Mowers | 2 | 10,000.00 |
| | Subtotal of Estimated Cost | | \$250,013.00 | Subtotal of Estimated Cost | | \$250,013.00 |

Part I: Summary

| | | |
|---|---|--|
| PHA Name: NORHTEAST OREGON HOUSING AUTHORITY NEOHA | Grant Type and Number Capital Fund Program Grant No: OR16PO32-501-10 Replacement Housing Factor Grant No: _____ Date of CFFP: _____ | FFY of Grant: 2010 FFY of Grant of Grant Approval: 2009 |
|---|---|--|

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 No. | 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 | \$97,867.70 | \$0.00 | \$0.00 | \$0.00 |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$25,001.00 | \$0.00 | \$0.00 | \$0.00 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | \$11,144.30 | \$0.00 | \$0.00 | \$0.00 |
| 10 | 1460 Dwelling Structures | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | \$116,000.00 | \$0.00 | \$0.00 | \$0.00 |
| 12 | 1470 Nondwelling Structures | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 13 | 1475 Nondwelling Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities | | | | |
| 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) | \$250,013.00 | \$0.00 | \$0.00 | \$0.00 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Section 504 Compliance | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security Hard Cost | | | | |
| 25 | Amount of line 20 Related to Energy conservation Measures | | | | |

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: NORHTEAST OREGON HOUSING AUTHORITY NEOHA | | Grant Type and Number Capital Fund Program Grant No: OR16PO32-501-10 Replacement Housing Factor Grant No: _____ Date of CFFP: _____ | | FFY of Grant: 2010 FFY of Grant of Grant Approval: 2009 | |
| <input checked="" type="checkbox"/> Original Annual Statement Reserve for Disasters <input type="checkbox"/> 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 No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| Signature of Executive Director | | Date | | Signature of Public Housing Director | |
|  | | 2-22-10 | | | |

Part II: Supporting Pages

| PHA Name: Northeast Oregon Housing Authority | | Grant Type and Number Capital Fund Program Grant No:OR16PO32-501-10 CFFP (Yes/No): Replacement Housing Factor Grant No: | | | | Federal FFY of Grant: 2010 FFY of Grant Approval: 2010 | | Status of Work |
|---|--|---|----------|----------------------|----------------------|---|-----------------------------|----------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| HA-Wide | OPERATIONS | 1406 | | \$97,867.70 | \$0.00 | \$0.00 | \$0.00 | |
| | ADMINISTRATIVE | | | | | | | |
| | Salary & Benefits | 1410 | | \$25,001.00 | \$0.00 | \$0.00 | \$0.00 | |
| OR032000001P | SITE IMPROVEMNTS | 1450 | | | | | | |
| | Concrete Replacement | | 1 site | \$6,144.30 | \$0.00 | \$0.00 | \$0.00 | |
| | DWELLING STRUCTURES | 1460 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | DWELLING EQUIPMENT | 1465.1 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | Replace electric range | | 46 | \$36,800.00 | \$0.00 | \$0.00 | \$0.00 | |
| | NONDWELLING EQUIPMENT | 1475 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| OR032000002P | SITE IMPROVEMNTS | 1450 | | | | | | |
| | Concrete Replacement | | 1 site | \$5,000.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | DWELLING STRUCTURES | 1460 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | DWELLING EQUIPMENT | 1465.1 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | Replace electric range | | 83 | \$79,200.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | NONDWELLING EQUIPMENT | 1475 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | | | | | |
| | GRAND TOTAL | | | \$250,013.00 | \$0.00 | \$0.00 | \$0.00 | |

¹ To be completed for the Performance and Evaluation Report or a Revised annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program

| PHA Name: Northeast Oregon Housing Authority | | | | | Federal FFY of Grant: 2010 |
|--|--|-------------------------------|---|--------------------------------|---|
| Development Number Name Name/ HA-Wide Activities | All Funds Obligated (Quarter Ending Date) | | All Funds Expended (Quarter Ending Date) | | Reasons for Revised Target Dates ¹ |
| | Original Obligation End Date | Actual Obligation End Date | Original Expenditure End Date | Actual Expenditure End date | |
| HA Wide | 09/15/12 | | 09/15/14 | | |
| OR032000001P | 09/15/12 | | 09/15/14 | | |
| OR032000002P | 09/15/12 | | 09/15/14 | | |
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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary

| | | | |
|--|-------|--|-----------------------|
| PHA Name: NORHTEAST OREGON HOUSING AUTHORITY | NEOHA | Grant Type and Number | FFY of Grant: 2009 |
| | | Capital Fund Program Grant No: OR16PO32-501-09 | FFY of Grant of Grant |
| | | Replacement Housing Factor Grant No: | Approval: 2009 |
| | | Date of CFFP: | |

() Original Annual Statement Reserve for Disasters () Emergencies (X) Revised Annual Statement (revision no: 2)
 (x) Performance and Evaluation Report for Period Ending: 9/30/09 () Final Performance and Evaluation Report

| Line No. | 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 | \$125,012.00 | \$115,012.00 | \$10,000.00 | \$0.00 |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$25,001.00 | \$25,001.00 | \$0.00 | \$0.00 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | \$45,000.00 | \$20,000.00 | \$0.00 | \$0.00 |
| 10 | 1460 Dwelling Structures | \$0.00 | \$35,000.00 | \$0.00 | \$0.00 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | \$25,000.00 | \$25,000.00 | \$0.00 | \$0.00 |
| 12 | 1470 Nondwelling Structures | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 13 | 1475 Nondwelling Equipment | \$30,000.00 | \$30,000.00 | \$0.00 | \$0.00 |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities | | | | |
| 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) | \$250,013.00 | \$250,013.00 | \$10,000.00 | \$0.00 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Section 504 Compliance | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security Hard Cost | | | | |
| 25 | Amount of line 20 Related to Energy conservation Measures | | | | |

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: NORHTEAST OREGON HOUSING AUTHORITY NEOHA | Grant Type and Number Capital Fund Program Grant No: OR16PO32-501-09 Replacement Housing Factor Grant No: _____ Date of CFFP: _____ | FFY of Grant: 2009 FFY of Grant of Grant Approval: 2009 |
|---|---|--|

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 No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
|---|--------------------------------|----------------------|----------------------|--|----------|
| | | Original | Revised ² | Obligated | Expended |
| Signature of Executive Director <i>Maggie LaMont</i> | | Date 2-22-10 | | Signature of Public Housing Director | |
| | | | | Date | |

| Part II: Supporting Pages | | | | | | | | |
|---|--|---------------|---|----------------------|----------------------|------------------------------|---|--------------------|
| PHA Name: Northeast Oregon Housing Authority | | | Grant Type and Number Capital Fund Program Grant No:OR16PO32-501-09 CFFP (Yes/No): Replacement Housing Factor Grant No: | | | | Federal FFY of Grant: 2009 FFY of Grant Approval: 2009 | |
| 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 ¹ | Funds Obligated ² | Funds Expended ² | |
| HA-Wide | OPERATIONS | 1406 | | \$125,012.00 | \$115,012.00 | \$10,000.00 | \$0.00 | |
| | ADMINISTRATIVE | | | | | | | |
| | Salary & Benefits | 1410 | | \$25,001.00 | \$25,001.00 | \$0.00 | \$0.00 | |
| OR032000001P | SITE IMPROVEMNTS | 1450 | | | | | | |
| | Concrete Replacement 504 | | 3 sites | \$5,000.00 | \$10,000.00 | \$0.00 | \$0.00 | planned for summer |
| | DWELLING STRUCTURES | 1460 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | Counter top replacement 504 | | 5 units | \$0.00 | \$17,500.00 | \$0.00 | \$0.00 | planned for summer |
| | DWELLING EQUIPMENT | 1465.1 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | Replace A/C units | | 14 | \$0.00 | \$12,500.00 | \$0.00 | \$0.00 | planned for summer |
| | | 1470 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | NONDWELLING EQUIPMENT | 1475 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | Maintenance Vehicle | | 1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| OR032000002P | SITE IMPROVEMNTS | 1450 | | | | | | |
| | Concrete Replacement | | 1 site | \$5,000.00 | \$10,000.00 | \$0.00 | \$0.00 | planned for summer |
| | Irrigation Huntington | | 1 site | \$35,000.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | DWELLING STRUCTURES | 1460 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | Counter top replacement 504 | | 5 units | \$0.00 | \$17,500.00 | \$0.00 | \$0.00 | planned for summer |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | DWELLING EQUIPMENT | 1465.1 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | Replace A/C units | | 14 units | \$25,000.00 | \$12,500.00 | \$0.00 | \$0.00 | planned for summer |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | NONDWELLING EQUIPMENT | 1475 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | Maintenance Vehicle | | 1 | \$30,000.00 | \$30,000.00 | \$0.00 | \$0.00 | planned for spring |
| | | | | | | | | |
| | GRAND TOTAL | | | \$250,013.00 | \$250,013.00 | \$10,000.00 | \$0.00 | |

¹ To be completed for the Performance and Evaluation Report or a Revised annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program

| PHA Name: Northeast Oregon Housing Authority | | | | | Federal FFY of Grant: 2009 |
|--|--|-------------------------------|---|--------------------------------|---|
| Development Number Name Name/ HA-Wide Activities | All Funds Obligated (Quarter Ending Date) | | All Funds Expended (Quarter Ending Date) | | Reasons for Revised Target Dates ¹ |
| | Original Obligation End Date | Actual Obligation End Date | Original Expenditure End Date | Actual Expenditure End date | |
| HA Wide | 09/15/11 | | 09/15/13 | | |
| OR032000001P | 09/15/11 | | 09/15/13 | | |
| OR032000002P | 09/15/11 | | 09/15/13 | | |
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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary **ARRA**

| | | | |
|--|-------|---|---|
| PHA Name: NORHTEAST OREGON HOUSING AUTHORITY | NEOHA | Grant Type and Number Capital Fund Program Grant No: OR16SO32-501-09 CFRG Replacement Housing Factor Grant No: _____ Date of CFFP: _____ | FFY of Grant: 2009 FFY of Grant of Grant Approval: |
|--|-------|---|---|

() Original Annual Statement Reserve for Disasters () Emergencies (X) Revised Annual Statement (revision no: 2)
 (X) Performance and Evaluation Report for Period Ending: 9-30-09 () Final Performance and Evaluation Report

| Line No. | 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 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$27,926.00 | \$27,926.00 | \$19,152.00 | \$12,268.79 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | \$72,008.40 | \$66,222.50 | \$40,710.50 | \$19,304.50 |
| 10 | 1460 Dwelling Structures | \$74,995.30 | \$74,995.30 | \$55,020.30 | \$35,276.84 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | \$65,000.00 | \$64,223.40 | \$64,223.40 | \$55,690.31 |
| 12 | 1470 Nondwelling Structures | \$19,331.30 | \$19,331.30 | \$19,331.30 | \$0.00 |
| 13 | 1475 Nondwelling Equipment | \$20,000.00 | \$26,562.50 | \$26,562.50 | \$12,416.25 |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities | | | | |
| 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) | \$279,261.00 | \$279,261.00 | \$225,000.00 | \$134,956.69 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Section 504 Compliance | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security Hard Cost | | | | |
| 25 | Amount of line 20 Related to Energy conservation Measures | | | | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages

| PHA Name: Northeast Oregon Housing Authority ARRA CFP09 | | Grant Type and Number Capital Fund Program Grant No:OR16PO32-501-09 CFFP (Yes/No): Replacement Housing Factor Grant No: | | | | Federal FFY of Grant: 2009 ARRA FFY of Grant Approval: | | ARRA | |
|--|--|---|----------|----------------------|----------------------|--|-----------------------------|---|--|
| 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 Five Year Plan year | |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | | |
| HA-Wide | OPERATIONS | 1406 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| | ADMINISTRATIVE | | | | | | | | |
| | Salary & Benefits | 1410 | | \$27,926.00 | \$27,926.00 | \$19,152.00 | \$12,268.79 | | |
| OR032000001P | | | | | | | | | |
| scatterd sites | Toilet Replacement | 1460 | 46 units | \$12,395.61 | \$12,395.61 | \$12,395.61 | \$11,440.61 | completed | |
| scatterd sites | Replace flooring | 1460 | 2 | \$1,904.13 | \$1,904.13 | \$1,904.13 | \$0.00 | fall | |
| scatterd sites | Replace AC | 1460 | 14 | \$7,000.00 | \$7,000.00 | \$0.00 | \$0.00 | fall | |
| scatterd sites | Replace Refrigerators | 1465.1 | 46 | \$23,184.00 | \$23,184.00 | \$23,184.00 | \$23,184.00 | completed | |
| LG elderly | Accounting / Laundry remodel | 1470 | 1 site | \$19,331.30 | \$19,331.30 | \$19,331.30 | \$0.00 | fall | |
| LG elderly | Washers & Dryers | 1475 | 16 | \$10,000.00 | \$16,562.50 | \$16,562.50 | \$6,208.12 | completed | |
| | | 1475 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| | | 1475 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| OR032000002P | | | | | | | | | |
| huntington | Huntington Irrigation system | 1450 | 1 site | \$25,000.00 | \$25,000.00 | \$0.00 | \$0.00 | fall | |
| huntington | Huntington Alley lights | 1450 | 1 site | \$6,000.00 | \$3,000.00 | \$2,488.00 | \$2,488.00 | completed | |
| HTF/ MVF | Retaining Wall | 1450 | 2 sites | \$21,008.40 | \$21,785.00 | \$21,785.00 | \$14,296.50 | completed | |
| scatered sits | Concrete Replacement | 1450 | 3sites | \$20,000.00 | \$16,437.50 | \$16,437.50 | \$2,520.00 | in progress | |
| scatered sits | Replace AC | 1460 | 14 | \$7,000.00 | \$7,000.00 | \$0.00 | \$0.00 | fall | |
| scatered sits | Replace flooring | 1460 | 2 | \$1,904.14 | \$1,904.14 | \$1,904.14 | \$0.00 | fall | |
| scatered sits | Toilet Replacement | 1460 | 83 units | \$24,791.42 | \$24,791.42 | \$24,791.42 | \$23,836.23 | completed | |
| scatered sits | Cabinets | 1460 | 2units | \$20,000.00 | \$20,000.00 | \$14,025.00 | \$0.00 | in progress | |
| scatered sits | Replace Refrigerators | 1465.1 | 83 | \$41,816.00 | \$41,039.40 | \$41,039.40 | \$32,506.31 | completed | |
| BC elderly | Washers & Dryers | 1475 | 16 | \$10,000.00 | \$10,000.00 | \$10,000.00 | \$6,208.13 | completed | |
| | | 1475 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| | | 1475 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | GRAND TOTAL | | | \$279,261.00 | \$279,261.00 | \$225,000.00 | \$134,956.69 | | |

¹ To be completed for the Performance and Evaluation Report or a Revised annual Statement.

² To be completed for the Performance and Evaluation Report.

Part I: Summary

| | | | |
|--|-------|--|-----------------------|
| PHA Name: NORHTEAST OREGON HOUSING AUTHORITY | NEOHA | Grant Type and Number | FFY of Grant: 2008 |
| | | Capital Fund Program Grant No: OR16PO32-501-08 | FFY of Grant of Grant |
| | | Replacement Housing Factor Grant No: | Approval: 2008 |
| | | Date of CFFP: | |

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

Performance and Evaluation Report for Period Ending: 9/30/09 Final Performance and Evaluation Report

| Line No. | 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 | \$91,053.73 | \$0.00 | \$83,305.30 | \$47,285.64 |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$22,062.00 | \$0.00 | \$22,062.00 | \$22,062.00 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 10 | 1460 Dwelling Structures | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 12 | 1470 Nondwelling Structures | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 13 | 1475 Nondwelling Equipment | \$107,504.27 | \$0.00 | \$94,632.70 | \$94,632.70 |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities | | | | |
| 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) | \$220,620.00 | \$0.00 | \$200,000.00 | \$163,980.34 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Section 504 Compliance | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security Hard Cost | | | | |
| 25 | Amount of line 20 Related to Energy conservation Measures | | | | |

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: NORHTEAST OREGON HOUSING AUTHORITY NEOHA | Grant Type and Number Capital Fund Program Grant No: OR16PO32-501-08 Replacement Housing Factor Grant No: _____ Date of CFFP: _____ | FFY of Grant: 2008 FFY of Grant of Grant Approval: 2008 |
|---|---|--|

Original Annual Statement Reserve for Disasters Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 9-30-09 Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
|----------|--------------------------------|----------------------|----------------------|--------------------------------|----------|
| | | Original | Revised ² | Obligated | Expended |

| | | | |
|---|------------------------|--------------------------------------|------|
| Signature of Executive Director <i>Maggie LaMont</i> | Date <i>1-22-10</i> | Signature of Public Housing Director | Date |
|---|------------------------|--------------------------------------|------|

| Part II: Supporting Pages | | | | | | | | |
|---|--|---------------|---|----------------------|----------------------|---|-----------------------------|----------------|
| PHA Name: Northeast Oregon Housing Authority | | | Grant Type and Number Capital Fund Program Grant No:OR16PO32-501-08 CFFP (Yes/No): Replacement Housing Factor Grant No: | | | Federal FFY of Grant: 2008 FFY of Grant Approval: 2008 | | |
| 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 ¹ | Funds Obligated ² | Funds Expended ² | |
| HA-Wide | OPERATIONS | 1406 | | \$91,053.73 | \$0.00 | \$83,305.30 | \$47,285.64 | |
| | ADMINISTRATIVE | | | | | | | |
| | Salary & Benefits | 1410 | | \$22,062.00 | \$0.00 | \$22,062.00 | \$22,062.00 | |
| OR032000001P | SITE IMPROVEMNTS | 1450 | | | | | | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | DWELLING STRUCTURES | 1460 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | DWELLING EQUIPMENT | 1465.1 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | 1470 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | NONDWELLING EQUIPMENT | 1475 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | Maintenance Vehicle | | 2 | \$68,786.79 | \$0.00 | \$55,915.22 | \$55,915.22 | completed |
| | Lawn Mower | | 1 | \$6,643.50 | \$0.00 | \$6,643.50 | \$6,643.50 | completed |
| OR032000002P | SITE IMPROVEMNTS | 1450 | | | | | | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | DWELLING STRUCTURES | 1460 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | DWELLING EQUIPMENT | 1465.1 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | NONDWELLING EQUIPMENT | 1475 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | Maintenance Vehicle | | 1 | \$25,430.48 | \$0.00 | \$25,430.48 | \$25,430.48 | completed |
| | Lawn Mower | | 1 | \$6,643.50 | \$0.00 | \$6,643.50 | \$6,643.50 | completed |
| | GRAND TOTAL | | | \$220,620.00 | \$0.00 | \$200,000.00 | \$163,980.34 | |

¹ To be completed for the Performance and Evaluation Report or a Revised annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program

| PHA Name: Northeast Oregon Housing Authority | | | | | Federal FFY of Grant: 2008 |
|--|--|-------------------------------|---|--------------------------------|---|
| Development Number Name Name/ HA-Wide Activities | All Funds Obligated (Quarter Ending Date) | | All Funds Expended (Quarter Ending Date) | | Reasons for Revised Target Dates ¹ |
| | Original Obligation End Date | Actual Obligation End Date | Original Expenditure End Date | Actual Expenditure End date | |
| HA Wide | 01/31/10 | | 07/31/10 | | |
| OR032000001P | 01/31/10 | | 07/31/10 | | |
| OR032000002P | 01/31/10 | | 07/31/10 | | |
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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary

| | | |
|---|---|--|
| PHA Name: NORHTEAST OREGON HOUSING AUTHORITY NEOHA | Grant Type and Number Capital Fund Program Grant No: OR16PO32-501-07 Replacement Housing Factor Grant No: _____ Date of CFFP: _____ | FFY of Grant: 2007 FFY of Grant of Grant Approval: 2007 |
|---|---|--|

Original Annual Statement Reserve for Disasters Emergencies Revised Annual Statement (revision no:4)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
|---|--------------------------------|----------------------|----------------------|--|----------|
| | | Original | Revised ² | Obligated | Expended |
| Signature of Executive Director <i>Maggie LaMont</i> | | Date 1-11-10 | | Signature of Public Housing Director Date | |

Part III: Implementation Schedule for Capital Fund Financing Program

| PHA Name: Northeast Oregon Housing Authority | | | | | Federal FFY of Grant: 2007 |
|--|--|-------------------------------|---|--------------------------------|--|
| Development Number Name Name/ HA-Wide Activities | All Funds Obligated (Quarter Ending Date) | | All Funds Expended (Quarter Ending Date) | | Reasons for Revised Target Dates ¹ |
| | Original Obligation End Date | Actual Obligation End Date | Original Expenditure End Date | Actual Expenditure End date | |
| HA Wide | 09/30/09 | 09/30/09 | 09/30/09 | 09/30/09 | |
| OR032000001P | 01/31/09 | 01/31/09 | 07/31/09 | 07/31/09 | |
| OR032000002P | 01/31/09 | 01/31/09 | 07/31/09 | 09/30/09 | Window company failed to deliver product on time |
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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

2010 PHA PLAN ATTACHMENT g

VAWA DESCRIPTION

Northeast Oregon Housing Authority (NEOHA) serves four Counties and each County has an Organization that serves victims of domestic violence, dating violence, sexual assault and stalking. Listed below are the organization and services provided:

Baker County – MayDay, Inc.

- 1) Crisis and Support Services
 - 24/7 crisis hotline
 - Trained Advocates to discuss your options with
 - Someone to listen
 - Escort to the hospital, police or court
 - Restraining/stalking order assistance
 - Support groups
 - Children’s activities, child advocacy
 - Transportation to access resources
 - Clothing donations
 - Emergency gas vouchers

- 2) Obtaining or maintain housing
 - Safe, clean emergency shelter for victims and their children
 - Advocacy with local agencies

- 3) Prevention
 - Speakers and presentations for groups
 - Professional training
 - Lending library

Grant County – Heart of Grant County

- 1) Crisis and Support Services
 - 24-Hour crisis hotline
 - Crisis counseling and referrals to other available services
 - Emergency Transportation
 - Court, legal and medical advocacy
 - Self-Help Materials
 - Individual Peer Advocacy for adults and children
 - Survivor classes and support groups

- 2) Obtaining or maintain housing
 - Temporary safe housing locally & access to a nationwide network of crisis centers
- 3) Prevention
 - Prevention and educational presentations in the community & schools

Union County – Shelter From the Storm

- 1) Crisis and Support Services
 - Someone who will listen to you
 - 24-hour crisis hotline
 - Trained advocates to discuss options
 - Information and referral to other community resources
 - Escort to the hospital, police or court
 - Restraining or stalking order assistance
 - Advocacy with local agencies
- 2) Obtaining or maintain housing
 - Safe, clean emergency shelter for victims and their children
- 3) Prevention
 - Lending library
 - Speakers and presentations for groups
 - Professional trainings

Wallowa County – Safe Harbors

- 1) Crisis and Support Services
 - 24 hour crisis line
 - Support the choices you make
 - Referrals for free counseling services for you and your children
 - Women's empowerment class
 - Listen to you
 - Provide 911 cell phone for you to keep for emergencies
 - Help you find options
 - Help you access financial resources in the community if you are trying to leave an abusive situation
 - Restraining order assistance
 - Go to court with you
 - Safety plan with you and your children
 - Provide legal assistance referrals
 - Emergency transportation
 - To the hospital with you if needed

- 24 hour sexual assault response team
- 2) Obtain or maintain housing
 - Shelter for you, your children, and small pets.
 - Referrals to help you find housing
 - 3) Prevention
 - Provide you with information on domestic violence and the cycle of violence

NEOHA'S Public Housing Admission and Continued Occupancy Policy (ACOP) and Housing Choice Voucher Administrative Plan contain language on the rights and obligation under the violence against women act 2005 (VAWA).

NEOHA put a priority in the ACOP for a family whose head or sole member is a victim of violent criminal activity that has as one of its elements, the use or threatened use of physical force against the person or property of another, to include documented domestic violence cases and victims referred by prosecutors who are deemed intimidated witnesses in criminal cases.

PROCEDURES IN PLACE THAT ASSURE TENANTS ARE NOTIFIED OF THEIR RIGHTS:

The notice of rights and obligations under the violence against women act 2005 (VAWA) is given to Public Housing Tenants at move in and when a Housing Choice Voucher applicant receives a Voucher. Also the notice is sent again at Annual Re-examination time for both Programs.