

2005 Statement of Income and Expense Report
 Capital and Expense Report - Full Expense Report - Income Statement
 Copy - Full Expense Report

U.S. Department of Health and Human Services
 Office of Budget and Financial Reporting
 OMB No. 4573-0040
 Expense Report

Part I: Summary		Total Available for Use		Total Available for Use	
Sub-Category	Quantity or Amount	Original	Revised	Original	Revised
1	Total Available for Use				
2	Sub-Category 1	4,000			
3	Sub-Category 2	30,083.51			
4	Total Available for Use				
5	Sub-Category 1				
6	Sub-Category 2				
7	Sub-Category 3				
8	Sub-Category 4				
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102	Sub-Category 98				
103	Sub-Category 99				
104	Sub-Category 100				

1. This report is for the Department of Health and Human Services.
 2. This report is for the Department of Health and Human Services.
 3. This report is for the Department of Health and Human Services.
 4. This report is for the Department of Health and Human Services.

Part B: Suspended Pass		Grant Expense Number		Federal FY of Cont. 3103		
PDA Name: WCHA AMP		Capital Line Program Grant No: 141-0-0000010				
		CFDA Number				
		Reporting Agency: 484000010				
Development Name	Location Description (Major Work Category)	Development Account No.	Quantity	Total Federal Cost	Total Actual Cost	Source of Funds
Activities				Capital	Revised ¹	Funds Available/Expended ²
AMP 4 CFC	Management in person and Administrative	140	1	4,000	25,002.41	
AMP 4	Site improvements					
	01. Sidings & Pavement	145	5	50,000		
	02. Foundation Repair	145	1	50,000		
				100,000		
	Dwelling Structures					
	01. Structural Elements	140	5	12,000		
	Dwelling Equipment					
	01. Ranges	140	5	1,000		
	02. Refrigerators	140	0	4,410		
	03. Hot Water Heaters	140	3	7,990		
				13,400		
	Structural			6,598		

¹ This column is the total amount of Federal Funds available for the development.
² This column is the total amount of Federal Funds expended for the development.

Annual System Performance and Evaluation Report
 Capital Fund Budget, Capital Fund Program Kripasastek Hutan Perikanan
 Capital Fund Kegiatan Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2512-0270
 Decline 4/2/01 1

Project Signature: _____
 Date: _____
 Project Type and Number: _____
 Capital Fund Budget Code: 7001000000
 Budget Fiscal Year: 2001
 Date of Report: _____

Line Item	Description	Budget	Actual	Variance	Performance Indicators	
					Target	Actual
1	1000000000					
2	1000000000					
3	1000000000					
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100	1000000000					

1. The actual performance data for the period ending 12/31/00 is shown in the "Actual" column.
 2. The budgeted performance data for the period ending 12/31/00 is shown in the "Budget" column.
 3. The variance is calculated as the difference between the actual and budgeted performance data.
 4. All figures are in dollars unless otherwise indicated.

Annual Statement of Expenses and Evaluation Report
 Capital Fund Program, Capital and Program Investment Category, Funds and
 Capital and Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 25-10228
 Expires 4/30/2011

Line Item	Project/Activity	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Balance at 9/30/08
1000	Administration	1410		33,973.48		
1000	Personnel					
1000	Post & Travel	1430		45,000		
1000	4. Accruals & Expenses					
1000	5. Printing & Reproduction	1450	1	30,000		
1000	6. Telephone Expense	1455	5	60,150		
1000	7. Miscellaneous Expense	Special		115,150		
1000	Management Information Systems					
1000	a) Training Staff	1478	2	0.000		
1000	Living Expenses					
1000	3) Rental Subsidy	1490	4	8,742		
1000	4) Welfare Benefits	1490		458,413.91		
1000	5) Other			458,170.97		

* Table represents a summary of the financial report for the period shown. It does not represent the actual financial report for the period shown.

2001 State Budget Committee, the Legislative Budget Commission and the Department of Finance. The Department of Finance is the lead agency for the program. The program is authorized by the State Budget Act of 2001, Chapter 100, Section 100.01.

2001 State Budget Committee, the Legislative Budget Commission and the Department of Finance. The Department of Finance is the lead agency for the program. The program is authorized by the State Budget Act of 2001, Chapter 100, Section 100.01.

TABLE 1: Expenditure Schedule for Capital Fund Financing Program

Fiscal Year	Program Name	All Funds (Total)		All Funds (Capital)		Percent of Total
		Original Obligation	Actual Obligation	Original Obligation	Actual Obligation	
2001	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2002	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2003	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2004	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2005	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2006	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2007	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2008	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2009	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2010	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2011	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2012	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2013	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2014	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2015	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2016	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2017	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2018	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2019	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2020	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2021	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2022	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2023	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2024	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2025	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2026	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2027	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2028	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2029	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0
2030	Capital Fund Financing Program	100.0	100.0	100.0	100.0	100.0

1. All figures are in millions of dollars. The total amount of the program is \$100 million.

Part I - Summary
 OIA Name: Washington Field Office
 OIA Number: 2011-001
 OIA Title: Inventory Program
 OIA Address: 400 M Street, SW, Washington, DC 20548-0001
 OIA Phone: (202) 725-3000
 OIA Fax: (202) 725-3000
 OIA Email: oia@hhs.gov
 OIA Website: www.hhs.gov
 OIA Director: John R. ...
 OIA Deputy Director: ...
 OIA Chief Financial Officer: ...
 OIA Chief of Staff: ...
 OIA Chief of Operations: ...
 OIA Chief of Administration: ...
 OIA Chief of Information Systems: ...
 OIA Chief of Compliance: ...
 OIA Chief of Legal Affairs: ...
 OIA Chief of Public Affairs: ...
 OIA Chief of Safety and Security: ...
 OIA Chief of Human Resources: ...
 OIA Chief of Contract Management: ...
 OIA Chief of Procurement: ...
 OIA Chief of Facilities Management: ...
 OIA Chief of Information Technology: ...
 OIA Chief of Environmental Health and Safety: ...
 OIA Chief of Diversity and Inclusion: ...
 OIA Chief of Equal Opportunity: ...
 OIA Chief of Privacy: ...
 OIA Chief of Records Management: ...
 OIA Chief of Freedom of Information Act: ...
 OIA Chief of Governmental Relations: ...
 OIA Chief of Intergovernmental Relations: ...
 OIA Chief of Congressional and Public Affairs: ...
 OIA Chief of External Relations: ...
 OIA Chief of Policy and Planning: ...
 OIA Chief of Research and Statistics: ...
 OIA Chief of Evaluation and Program Improvement: ...
 OIA Chief of Innovation and Entrepreneurship: ...
 OIA Chief of Small Business Development: ...
 OIA Chief of Social Investment: ...
 OIA Chief of Social Enterprise: ...
 OIA Chief of Social Impact: ...
 OIA Chief of Social Innovation: ...
 OIA Chief of Social Justice: ...
 OIA Chief of Social Mobility: ...
 OIA Chief of Social Responsibility: ...
 OIA Chief of Social Services: ...
 OIA Chief of Social Work: ...
 OIA Chief of Social Welfare: ...
 OIA Chief of Social Welfare Reform: ...
 OIA Chief of Social Welfare Policy: ...
 OIA Chief of Social Welfare Administration: ...
 OIA Chief of Social Welfare Legislation: ...
 OIA Chief of Social Welfare Regulation: ...
 OIA Chief of Social Welfare Enforcement: ...
 OIA Chief of Social Welfare Evaluation: ...
 OIA Chief of Social Welfare Research: ...
 OIA Chief of Social Welfare Statistics: ...
 OIA Chief of Social Welfare Data: ...
 OIA Chief of Social Welfare Information: ...
 OIA Chief of Social Welfare Communication: ...
 OIA Chief of Social Welfare Outreach: ...
 OIA Chief of Social Welfare Engagement: ...
 OIA Chief of Social Welfare Advocacy: ...
 OIA Chief of Social Welfare Policy Development: ...
 OIA Chief of Social Welfare Policy Implementation: ...
 OIA Chief of Social Welfare Policy Evaluation: ...
 OIA Chief of Social Welfare Policy Research: ...
 OIA Chief of Social Welfare Policy Statistics: ...
 OIA Chief of Social Welfare Policy Data: ...
 OIA Chief of Social Welfare Policy Information: ...
 OIA Chief of Social Welfare Policy Communication: ...
 OIA Chief of Social Welfare Policy Outreach: ...
 OIA Chief of Social Welfare Policy Engagement: ...
 OIA Chief of Social Welfare Policy Advocacy: ...
 OIA Chief of Social Welfare Policy Development: ...
 OIA Chief of Social Welfare Policy Implementation: ...
 OIA Chief of Social Welfare Policy Evaluation: ...
 OIA Chief of Social Welfare Policy Research: ...
 OIA Chief of Social Welfare Policy Statistics: ...
 OIA Chief of Social Welfare Policy Data: ...
 OIA Chief of Social Welfare Policy Information: ...
 OIA Chief of Social Welfare Policy Communication: ...
 OIA Chief of Social Welfare Policy Outreach: ...
 OIA Chief of Social Welfare Policy Engagement: ...
 OIA Chief of Social Welfare Policy Advocacy: ...

Line	Description	Quantity	Unit Price	Total Value	Fiscal Year	Status	Financial Summary	
							Actual	Encumbrance
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Fund: Supporting Page		Fund: 2017 - AMP 3		Fund: 2017 - AMP 3		Fund: 2017 - AMP 3		Fund: 2017 - AMP 3	
Investment Number	General Description	Quantity	Estimated Cost	Total Actual Cost	Status of Work	Original	Revised	Funds Available	Expended
Agency	Account No.	Account No.	Account No.	Account No.	Account No.	Account No.	Account No.	Account No.	Account No.
AMP 3	Management Improvements Administration	1408	1410	0,000.00	14,224.05				
AMP 3	Sub Highways	1409	1410	30,050.00					
	1) Signing & Roadside	1410	1410	1,050.00					
	2) Roadside Ejector	1410	1410	40,000.00					
	3) Water Line	1410	1410	57,000.00					
	4) Water Line	1410	1410	12,000.00					
	5) Water Line	1410	1410	2,950.00					
	6) Water Line	1410	1410	1,900.00					
	7) Water Line	1410	1410	2,100.00					
	8) Water Line	1410	1410	1,900.00					
	9) Water Line	1410	1410	1,900.00					
	10) Water Line	1410	1410	1,900.00					
	11) Water Line	1410	1410	1,900.00					
	12) Water Line	1410	1410	1,900.00					
	13) Water Line	1410	1410	1,900.00					
	14) Water Line	1410	1410	1,900.00					
	15) Water Line	1410	1410	1,900.00					
	16) Water Line	1410	1410	1,900.00					
	17) Water Line	1410	1410	1,900.00					
	18) Water Line	1410	1410	1,900.00					
	19) Water Line	1410	1410	1,900.00					
	20) Water Line	1410	1410	1,900.00					
	21) Water Line	1410	1410	1,900.00					
	22) Water Line	1410	1410	1,900.00					
	23) Water Line	1410	1410	1,900.00					
	24) Water Line	1410	1410	1,900.00					
	25) Water Line	1410	1410	1,900.00					
	26) Water Line	1410	1410	1,900.00					
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	70) Water Line	1410	1410	1,900.00					
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	81) Water Line	1410	1410	1,900.00					
	82) Water Line	1410	1410	1,900.00					
	83) Water Line	1410	1410	1,900.00					
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	95) Water Line	1410	1410	1,900.00					
	96) Water Line	1410	1410	1,900.00					
	97) Water Line	1410	1410	1,900.00					
	98) Water Line	1410	1410	1,900.00					
	99) Water Line	1410	1410	1,900.00					
	100) Water Line	1410	1410	1,900.00					

1. This report is for informational purposes only and does not constitute a contract.
 2. This report is for informational purposes only and does not constitute a contract.

Annual Statement of Expenses and Total Net Report
 Capital Fund Program, Capital Fund and Program Replacement Funding Items and
 Capital Fund Planning Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 4307-0075
 EXPIRES 4/30/91

Over the Reporting Period, please indicate the following:
 (1) Total Available for the Reporting Period
 (2) Total Available for the Reporting Period
 (3) Total Available for the Reporting Period

U.S. Department of
 Housing and Urban Development

Line	Traditional <input type="checkbox"/> Public Housing <input type="checkbox"/> Other <input type="checkbox"/> Other	Reporting Period Available for the Reporting Period Available for the Reporting Period Available for the Reporting Period	Reporting Period Available for the Reporting Period Available for the Reporting Period Available for the Reporting Period	Reporting Period Available for the Reporting Period Available for the Reporting Period Available for the Reporting Period	Reporting Period Available for the Reporting Period Available for the Reporting Period Available for the Reporting Period
1	Capital Fund				
2	Public Housing				
3	Other				
4	Other				
5	Other				
6	Other				
7	Other				
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Total Available for the Reporting Period
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 Total Available for the Reporting Period
 Total Available for the Reporting Period

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: Wichita Falls Housing Authority PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 04/01/2010 PHA Code: TX022				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 624 Number of HCV units: _____				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH
	PHA 2:				HCV
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission: The Mission of the PHA is the same as the Department of Housing and Urban Development; to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.				
5.2	Goals and Objectives. Reduce Public Housing vacancies, Leverage private or public funds to create additional housing opportunities, Improve PHAS Score, Increase customer Satisfaction, Renovate or modernize public housing units, improve public housing security, provide supportive services to improve assistance recipients employability, increase the number and percentage of employed residents receiving assistance, Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability, provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability, ensure accessible housing to persons with all varieties of disabilities regardless of unit size required, Continue to collaborate with the homeless coalition to provide suitable living conditions and housing options for the homeless. Progress Report: The PHA has included a FSS Action plan to work towards increasing the number of residents employed and working towards self sufficiency, The PHA wrote a FSS grant to ensure above goals are being met. The PHA worked with the City of WF homeless Coalition to write a COC grant that will assist the Homeless in our area and provide much needed services to our residents. The HA has improved the PHAS score over the last couple of years with the latest score being an 85. The PHA completed working on modernization of the heating and cooling systems in AMP 2 to become more energy efficient AMP 4 is currently under progress for HVAC updates and AMP 3 will be next for updated heating & cooling systems. The PHA also wrote a Category 4 option 2 competitive stimulus grant and was awarded work should begin in Feb. 2010 once all procurement procedures are met. Police Officers from the City of WF are employed by the PHA to provide a safer liver environment for all residents of the HA. The PHA is working towards a computer LAB on property in partnership with the Even Start adult literacy program.				
6.0	PHA Plan Update (a) The PHA developed and Board approved addendum Y (VAWA Policy), Updated fair housing policies and LED Policies. (b) Complete copies of the 5-year and Annual PHA Plan are kept at the main administration building 501 Webster, Wichita Falls, TX 76306 and all elements of the plan may be reviewed on line at www.wfha.com.				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Currently none of these programs are applicable to the WFHA Annual Plan or 5-year Plan.</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. Please see attached Capital Fund Program Annual Statement/Performance and Evaluation Report for CF 2009 & 2010.				
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. <i>Please see attached Capital Fund program Five -year Action Plan.</i>				

8.3	<p>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.</p>
9.0	<p>Housing Needs. According to the gap analysis between household and affordable units there is a shortage for households earning less than 30% MFI, for moderate to low income families there are plenty of affordable safe apartments for families to rent it is the very low to extremely low income families that are having a hard time finding safe affordable housing. The area with the highest concentration of minorities is the eastern part of the city which extends from eastside drive to the city limits making up about 70.1 % of the minority population. The WFHA is located on the east side of the city and usually has about a 10% vacancy rate. The East side area also has a large homeless population that lives in this area.</p>
9.1	<p>Strategy for Addressing Housing Needs The PHA always participates in the development of the consolidated plan. We also need to work on reducing the amount of time spent on unit turn around and renovations to the units. We are developing more effective maintenance policies to minimize the amount of time that a unit is off-line. The WFHA has also begun working with the Homeward Bound homeless coalition to address the needs of the homeless in our area. The WFHA Wrote a FSS grant this year to help families living in the HA become more self sufficient and hopefully move in to fair market housing which will free up units for other low income families who can then participate.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals: The WFHA has improved the PHAS score each year for the last three years which was a goal of the 5-year plan our score this year is 85 and we are striving towards high performer. We also set a goal to renovate or modernize our units and we are currently working towards that goal. We have begun adding updated HVAC systems in all our two story units. Improve customer satisfaction was also a goal and we have drastically reduced the number of negative calls to HUD concerning the Housing Authority staff. We also will continue to work with the local domestic violence shelter to serve the needs of child and adult victims of domestic violence, date violence, sexual assault or stalking.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "Any change to the Mission Statement; 50% deletion from or addition to the goals and objectives as a whole; and 50% or more decrease in quantifiable measurement of any individual goal and objective. Significant Amendment or Modification to the Annual Plan Any increase or decrease over 50% in the funds projected In the Financial Resource Statement and/or the Capital Fund program Annual Statement; Any change in a policy or procedure that requires a Regulatory 30-day posting; Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversions, Demolition/Disposition, Designated Housing or Homeownership programs; & Any change inconsistent with local, approved Consolidated Plan, and the discretion of the Executive Director.</p>
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> <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>

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 hereunder 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 4/30/2011

Part I: Summary						
PHA Wichita Falls Housing Authority AMP 1		Locality (Wichita Falls, Wichita County, TX)			<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
B.	Physical Improvements Subtotal	Annual Statement	567,195.	126,015	86,500.	112,590.
C.	Management Improvements		6,000	6,000	6,000	6,000
D.	PHA-Wide Non-dwelling Structures and Equipment			24,000	76,931.51	56,564.
E.	Administration		33,576.66	33,576.66	33,576.66	33,576.66
F.	Other		7,967.41	0	58,354	58,354
G.	Operations		0	0	0	0
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		614,739.07	189,591.66	261,362.17	267,084.66
L.	Total Non-CFP Funds					
M.	Grand Total	677,669.57	614,739.07	189,591.66	261,362.17	267,084.66

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Wichita Falls Housing TX022 AMP 2		Locality (Wichita Falls, Wichita County, Texas)			<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
B.	Physical Improvements Subtotal	Annual Statement	134,955	127,958.18	142,047.	103,665.
C.	Management Improvements		6,000	6,000	6,000	6,000
D.	PHA-Wide Non-dwelling Structures and Equipment		40,000	76,964	124,675.94	129,369.18
E.	Administration		31,101.98	31,101.98	31,101.98	31,101.98
F.	Other		0	0	0	0
G.	Operations		0	0	0	0
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		212,056.98	242,024.16	303,824.92	270,136.16
L.	Total Non-CFP Funds					
M.	Grand Total	128,375.98	212,056.98	242,024.16	303,824.92	270,136.16

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Wichita Falls Housing Authority AMP 3		Locality (Wichita Falls, Wichita County, Texas)			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name TX022000003	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	48,582.50	50,225	50,225	50,225
C.	Management Improvements		6,008.39	6,008.39	6,000	6,008.39
D.	PHA-Wide Non-dwelling Structures and Equipment		40,000	14 0,400	181,584.46	190,000
E.	Administration		18,228.35	18,228.35	18,228.35	18,228.35
F.	Other		0	8,445.73	8,445.	8,445.73
G.	Operations		0	0	0	0
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0		
K.	Total CFP Funds		112,819.24	223,307.47	264,482.81	272,907.47
L.	Total Non-CFP Funds					
M.	Grand Total	131,136.04	112,819.24	223,307.47	264,482.81	272,907.47

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 Wichita Falls Housing Authority AMP 4		Locality (Wichita Falls, Wichita County, Texas)			<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
B.	Physical Improvements Subtotal	Annual Statement	66,167	87,226.71	97,181.03	69,590.
C.	Management Improvements		4,000	4,000	4,000	6,000
D.	PHA-Wide Non-dwelling Structures and Equipment		0	263,712.	78,931.36	124,064.
E.	Administration		20,082.41	20,082.41	20,082.41	20,082.41
F.	Other		0	0	0	0
G.	Operations		0	0	0	0
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		90,249.41	375,021.12	200,194.80	219,736.41
L.	Total Non-CFP Funds					
M.	Grand Total	92,680.41	90,249.41	375,021.12	200,194.80	219,736.41

