

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 Name/Number		Locality (City/County & State)			<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	131,000	131,000	131,000	131,000
C.	Management Improvements		1,000	1,000	1,000	1,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		3,000	3,000	3,000	3,000
F.	Other					
G.	Operations		15,000	15,000	15,000	15,000
H.	Demolition					
I.	Development		50,000	50,000	50,000	50,000
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		200,000	200,000	200,000	200,000
L.	Total Non-CFP Funds					
M.	Grand Total		200,000	205,000	210,000	215,000

Part I: Summary (Continuation)						
PHA Name/Number		Locality (City/county & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY _____	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_____
		Annual Statement				
	Amp 1		125,000	130,000	135,000	140,000
	Amp 2		75,000	75,000	75,000	75,000

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	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						
Annual Statement	A1			A1		
		Exterior building	28,500		Porches	16,500
		Electrical	5,000		Unit renovation	45,000
		Sidewalk/paving	8,000		Stove/refrigerators	15,000
		Windows/doors	20,000		Sheds	2,000
		Non dwelling equip.	4,000		Plumbing/electrical	2,000
		New development	50,000		New development	50,000
		sewer	10,000			
	A2			A2		
		Landscaping	2,000		Unit renovation	15,000
		Elevator	30,000		Windows	15,000
		Interior improvements	15,000		Floor coverings	5,000
		Cabinet/countertops	7,500		Garage	5,000
		furniture	1,000		Software updates	1,000
		Alarm system	5,000		generator	4,000
		Air conditioner	5,000		furnace	5,000
					sewer	5,000
		Subtotal of Estimated Cost	\$191,000		Subtotal of Estimated Cost	\$196,000

Part I: Summary	
PHA Name: Menomonie Housing Authority	Grant Type and Number Capital Fund Program Grant No: WI39P00450110 Replacement Housing Factor Grant No: Date of CFFP: 6/2010
FFY of Grant: 2010 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement **Reserve for Disasters/Emergencies** **Revised Annual Statement (revision no: _____)**
 Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	15,000			
3	1408 Management Improvements	1,000			
4	1410 Administration (may not exceed 10% of line 21)	3,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	93,257			
11	1465.1 Dwelling Equipment—Nonexpendable	1,000			
12	1470 Non-dwelling Structures	1,000			
13	1475 Non-dwelling Equipment	7,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴	40,000			

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: Menomonie Housing Authority		Grant Type and Number Capital Fund Program Grant No: i39p00450110 Replacement Housing Factor Grant No: Date of CFFP: 6/2010			FFY of Grant:2010 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	174,257				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director Rebecca Kralewski 06/21/2010			Date	Signature of Public Housing Director		Date

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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: Menomonie Housing Authority		Grant Type and Number Capital Fund Program Grant No: WI39P00450110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHAWIDE	Paving	1460	1	3,000				
	Grounds Equipment	1475	1	7,000				
A2	Unit Renovation	1460	1	10,000				
	sidewalks	1460	1	3,000				
	floor coverings	1460	1	5,000				
	tuck point	1460	1	8,257				
	community room furniture	1464.1	1	1,000				
	kitchen upgrade	1460	1	15,000				
	security		1	1,000				
A1	Unit renovation	1460	1	20,000				
	roof/porches	1460	1	15,000				
	floor coverings	1460	1	5,000				
	sidewalks	1460	1	3,000				
	sewer/plumbing	1460	1	3,000				
	electric	1460	1	1,000				

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.

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: _____ Menomonie Housing Authority _____ PHA Code: ___WI004_____ PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): ___10/1/2010_____					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: _____123_____ 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	
					PH	HCV
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.					
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the PHA is to promote adequate, safe, affordable housing, economic opportunity and assure fiscal integrity by all program participants.					
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Our Goal include but are not limited to: <ol style="list-style-type: none"> 1. Continued update of CNA performed in 2009 2. Continue to maintain the PASS score as High Performer 3. Continue to pursue additional living services or assistance for PHA participants 4. Continue to review and expand the housing stock 5. Continue to promote self sufficiency 					
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. The public can obtain copies of the PHA five year plan by contacting the Menomonie PHA.					
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. NA					
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>The housing needs in the City of Menomonie are being met based on the waiting list. Currently HACOM waiting list have been less than 6 applicants per wait list.</p>
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. Our wait list is open at all times we current have 28 however some of these applicants have been offered units but chose to wait until a later date. We have an average turn over rate of 25 units per year. In the upcoming plan cycle we will continue to accept applicants and maximize the number of affordable housing units HACOM currently owns, with the possible expansion of units in amp 1.</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. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. We are meeting the mission and the goas of the HACOM plan by providing safe and decent housing to our families. We have successfully met with full occupancy and will continue to keep our unit turn over time to a minimum. We strive to improve our public housing buildings and fee our residents are satisfied with the housing that is provided.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Is defined as:</p> <p style="padding-left: 40px;">A deviation in the Housing Authority Budget Expenditures of 25% or more which causes the redirection of more than 25% of the operating expense to an unplanned activity.</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>

RAB: THE HOUSING AUTHORITY OF THE CITY OF MENOMONIE HAS APPOINTED THE ENTIRE POPULATION AS THE RAB. THE PHA PLAN WAS POSTED AND PUBLICLY ADVERTISED FOR A HEARING HELD ON JULY 1ST, 2010. HACOM HAS TAKEN ANY AND ALL RECOMMENDATIONS OVER THE PAST YEAR INTO CONSIDERATION WHEN DETERMINING THE 5-YEAR PLAN.

VAWA: THE HOUSING AUTHORITY OF THE CITY OF MENOMONIE IS TOO SMALL OF AN AGENCY TO PROMOTE AWARENESS TO VAWA INTERNALLY; HOWEVER, IN OUR AGENCY WE WORK WITH THE INCOMING POTENTIAL CLIENT AND ANY EXSISTING CLIENTS SEEKING HELP IN ANY POTENTIAL AREA. HACOM WORKS WITH ITS LOCAL HOMELESS SHELTER, SOCIAL SERVICES AND BRIDGE TO HOPE (DOMESTIC SHELTER) TO ASSIST THE CLIENT. THE BRIDGE TO HOPE OFFERS FREE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE OR SEXUAL ASSAULT.

