



9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>PH/S8 WAITING LIST 558; EXTREMELY LOW INCOME 99%;  VERY LOW INCOME 1%; FAMILIES 40%; SINGLE OR ELDERLY 60%; DISABLED 29%  1 BEDROOM 40%; 2BEDROOM 34%; 3 BEDROOM 25% 4 BEDROOM 1%  WHITE 96%; BLACK 4%  NONHISPANIC 99%; HISPANIC 1%</p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>REPLACE GUTTERS/DOWNSPOUTS/ROOFING AT 2-1; COMPLETE  INSTALL SPRINKLER SYSTEM AT 2-2; COMPLETE  INSTALL SPRINKLER SYSTEM AT 2-3/UPGRADE CANOPY; COMPLETE  INSTALL SECURITY LOCKS/ UPGRADE SEWER AND CULVERT AT 2-4; COMPLETE  REPLACE STOVE/REFRIGERATORS AT 2-4; IN PROGRESS  REPLACE BOILER SYSTEM AT 2-2; IN PROGRESS  REPLACE BOILER SYSTEM AT 2-3; IN PROGRESS</p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>



<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Vincennes</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P00250110 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>	

**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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	111,387			
3	1408 Management Improvements	55,694			
4	1410 Administration (may not exceed 10% of line 21)	55,694			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	55,694			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	278,465			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Hosing Authority of the City of Vincennes	<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P00250110 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities	556,934			
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director LINDA FREDRICK</b> Date 06/22/2010			<b>Signature of Public Housing Director</b>		<b>Date</b>

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





<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Hosing Authority of the City of Vincennes				<b>Federal FFY of Grant: 2010</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
IN002002 Old French Towne Apartments	12/30/2010		12/30/2011		
IN002003 Piankeshaw Place Apartments	12/30/2010		12/30/2011		

<sup>1</sup> 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.



**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**

<b>Part I: Summary</b>						
PHA Name/Number HOUSING AUTHORITY CITY OF VINCENNES IN002		Locality (City/County & State) VINCENNES/KNOX/INDIANA			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	280,632	280,632	280,632	280,632
C.	Management Improvements		56,127	56,127	56,127	56,127
D.	PHA-Wide Non-dwelling Structures and Equipment		56,127	56,127	56,127	56,127
E.	Administration		56,127	56,127	56,127	56,127
F.	Other					
G.	Operations		112,254	112,254	112,254	112,254
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		561,267	561,267	561,267	561,267

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number		Locality (City/county & State)			<input 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 _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____
		Annual Statement				

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY  2010	Work Statement for Year 2011 FFY 2011			Work Statement for Year: 2012 FFY 2012		
	Development Number/Name General Description of Major Work Categories  <b>IN002001001</b>	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories  <b>IN002002002</b>	Quantity	Estimated Cost
See	INSTALL HANDRAILS	110	10,000	INSTALL TELESCOPIC SWING DOORS	3	15,000
Annual	REPLACE UTILITY ROOM DOORS	83	38,000	INSTALL UNIT ENTRY DOORS & SECURITY LOCKS	85	56,700
Statement	REPLACE HOT WATER HEATERS	83	45,000	REPLACE BOILER SYSTEM	100%	100,000
	INSTALL SECURITY SCREEN DOORS	170	50,000	REPLACE AIR HANDLER WITH HVAC	100%	50,000
	INSTALL ENTRY DOOR SECURITY LOCKS	170	68,000	REPLACE UNIT LIGHTING	324	20,000
	REPLACE ENTRY DOORS	170	75,000	REPLACE U SHAPE LIGHTING IN HALLWAYS	35	10,000
	REPLACE ALL WINDOWS	1015	154,000	LANDSCAPING	100%	10,000
	REPLACE HVAC	88	511,760	REPLACE TOILETS	85	30,000
	REPLACE CEILING LIGHTING	440	50,000	INSTALL MORE SECURITY CAMERAS	100%	20,000
	REPLACE TOILETS	90	25,000	REPLACE REC ROOM LIGHTING	100%	20,000
	REPLACE SHOWER SURROUNDS	83	83,000	REPLACE WINDOWS	506	200,000
	INSTALL SECURITY EQUIPMENT	100%	32,800	REPLACE CLOSET DOORS	162	50,000

**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development  
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	LANDSCAPING & REPLACE SIDEWALKS	100%	50,000	INSTALL STAIRTREADS IN STAIRWELLS	100%	5,000
	REPLACE OUTSIDE FAUCETS	84	10,000	INSTALL BLINDS	506	5,000
	REPLACE COMMUNITY ROOM ROOF	100%	50,000	CONSTRUCT HAIR SALON	100%	20,000
	REPLACE PLAYGROND EQUIPMENT	100%	25,000	BUILD BICYCLE BUILDING	100%	30,000
	Subtotal of Estimated Cost FY 2011 IN002001001		\$ 1,277,560	Subtotal of Estimated Cost FY 2012 IN002002002		\$ 641,700

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2010	Work Statement for Year 2013 FFY 2013			Work Statement for Year: 2014 FFY 2014		
	Development Number/Name General Description of Major Work Categories  <b>IN002003003</b>	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories  <b>IN002004004</b>	Quantity	Estimated Cost
See	REPLACE ALL LIGHTING	333	18,000	REPLACE COMMUNITY ROOM WINDOWS	100%	20,000
Annual	REPLACE UNIT TILE FLOORING	100%	90,000	REPLACE COMMUNITY ROOM BUILDING FLOOR TILE	100%	10,000
Statement	INSTALL UNIT ENTRY DOORS & SECURITY LOCKS	135	90,000	INSTALL SECURITY SCREEN DOORS	72	45,000
	INSTALL NEW REC ROOM DOORS	100%	5,000	REPLACE U SHAPED LIGHTING	100%	5,000
	LANDSCAPING	100%	20,000	INSTALL SECURITY CAMERAS	100%	60,000
	REPLACE AIR HANDLER WITH HVAC	100%	50,000	DEMOLITION SUNSET COURT	100%	35,000
	REPLACE ALL WINDOWS	100%	250,000	INSTALL MAINTENANCE WAREHOUSE SECURITY CAMERAS	100%	20,000
	REPLACE BOILERS	100%	225,000	INSTALL MAINTENANCE WAREHOUSE CEILING	100%	10,000





<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
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	\$