

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>
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>
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.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</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 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.

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

Part I: Summary

PHA Name: St. Clair Shores Housing Commission	Grant Type and Number Capital Fund Program Grant No.: M128P05950109 Replacement Housing Factor Grant No: Date of CFPF:	FFY of Grant: 2009 FFY of Grant Approval: 2009
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Type of Grant Lin	Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 Summary by Development Account	Revised Annual Statement (revision no: <input type="checkbox"/> Final Performance and Evaluation Report		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	42,108		0	0		
3	1408 Management Improvements	5,000		2,756.42	2,756.42		
4	1410 Administration (may not exceed 10% of line 21)	39,000		15,750.00	15,750.00		
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition			6,375.00	0		
9	1450 Site Improvement	51,000		15,217.40	15,217.40		
10	1460 Dwelling Structures	165,000		210,155.98	10,155.98		
11	1465.1 Dwelling Equipment—Nonependable	4,000		0	0		
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition	5,000		29,670.24	29,670.24		
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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.

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

Part I: Summary		FFY of Grant: 2009	
PHA Name: St. Clair Shores Housing Commission		Grant Type and Number Capital Fund Program Grant No.: M128P09590109 Replacement Housing Factor Grant No.: Date of CFFP:	
		FFY of Grant Approval: 2009	

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)	346,108		279,925.04	73,550.04
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 *Mary Gubb* Date *9/15/10* Signature of Public Housing Director _____ Date _____

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.

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

Part II: Supporting Pages

PHA Name: St. Clair shores Housing Commission
 Grant Type and Number: Capital Fund Program Grant No: M128P05950109
 CFPP (Yes/ No): No
 Replacement Housing Factor Grant No:

Federal FFY of Grant: 2009

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	
Leisure Manor 1 59-1	A. Appliance Upgrades	1465.1	2 units	1,000		0	0	
	B. Apt Misc (Studio Rm Div/Thermostates)	1460	3%	5,000		0	0	
	C. Bath/Kit Upgrades	1460	2 units	1,000		0	0	
	D. Bldg Systems Upgrades	1460	Misc	1,000		0	0	
	E. Cement/Asphalt	1450	Misc	1,000		0	0	
	F. Common Area Upgrades	1460	50%	41,000		0	0	
	G. Door/Frame Upgrades	1460	1%	1,000		0	0	
	H. Drain Lines (storm)	1450	10%	5,000		0	0	
	I. Electrical Upgrades	1460	10%	1,000		0	0	
	J. Elevator Upgrades	1460	10%	10,000		0	0	
	K. Fire Protection Sys Upgrades	1460	1%	2,000		0	0	
	L. Flooring Upgrades	1460	6 units	4,000		4,982.23	4,982.23	
	M. HVAC / AMU Upgrades	1460	Misc/2%	1,000		0	0	
	N. Landscaping Upgrades	1450	10%	1,000		0	0	
	O. Lighting Upgrades	1460	1%	1,000		0	0	
	P. Masonary/Brick Upgrades	1450	Misc	1,000		0	0	
	Q. Painting Upgrades	1460	Misc	1,000		0	0	
	Subtotal			78,000				

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.

Part II: Supporting Pages

PHA Name:

St. Clair Shores Housing Commission

Grant Type and Number

Capital Fund Program Grant No: M128S05950109
 CFFP (Yes/No): No
 Replacement Housing Factor Grant No:

Federal FFY of Grant: 2009

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	
Scattered Sites 59-2								
	A. Appliance Replacements	1465.1	2 units	1,000		0	0	
	B. Bas. Waterproofing	1460	1 unit	4,000		0	0	
	C. Bath/Kit Upgrades	1460	1 unit	3,000		0	0	
	D. Cement Upgrades	1450	1500 s.f	5,000		11,847.40	11,847.40	
	E. Chimney/Found/Brick/Porch	1450	2 units	2,000		0	0	
	F. Door Upgrades	1460	1 unit	1,000		0	0	
	G. Drain Lines (storm)	1450	1 unit	1,000		0	0	
	H. Electrical Upgrades	1460	1 unit	2,000		0	0	
	I. Fencing/Railings Upgrading	1460	3 units	1,000		0	0	
	J. Flooring Upgrades	1460	1 unit	3,000		1,256.25	1,256.25	
	K. Furnace Upgrades	1460	1 unit	3,000		0	0	
	L. Gutters	1460	1 unit	1,000		0	0	
	M. Landscaping	1450	3 units	2,000		0	0	
	N. Lighting Upgrades	1460	4 units	2,000		0	0	
	O. Plumbing / Sump Upgrades	1460	2 units	2,000		3,013.00	3,013.00	
	P. Roofing Upgrades	1460	1 unit	2,000		0	0	
	Q. Siding/Awn/Facad Upgrades	1460	1 unit	3,000		0	0	
	R. Water heaters	1460	2 units	1,000		0	0	
	S. Window Upgrades	1460	2 units	3,000		0	0	
	Subtotal			42,000				

Part II: Supporting Pages

PHA Name:

St. Clair shores Housing Commission

Grant Type and Number

Capital Fund Program Grant No: M128805950109
 CFFP (Yes/No): No
 Replacement Housing Factor Grant No:

Federal FFY of Grant: 2009

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	
Leisure Manor II 59-4								
A. Appliance Upgrades		1465.1	2%	2,000		0	0	
B. Bath/Kit Upgrades		1460	1 unit	2,000		0	0	
C. Bldg System Upgrades		1460	2%	2,000		0	0	
D. Cement/Asphalt		1450	2500 s.f.	8,000		3,370.00	3,370.00	
E. Common Area Upgrades		1460	50%	43,000		0	0	
F. Door/Frame Upgrades		1460	4%	1,000		0	0	
G. Electrical Upgrades		1460	2%	2,000		0	0	
H. Fire Protection Sys Upgrades		1460	1%	1,000		0	0	
I. Flooring Upgrades		1460	5 units	5,000		904.50	904.50	
J. HVAC/ AMU Upgrades		1460	Misc/2%	2,000		0	0	
K. Landscaping Upgrades		1450	5%	1,000		0	0	
L. Lighting Upgrades		1460	2%	2,000		0	0	
M. Masonary/Brick Upgrades		1450	10%	1,000		0	0	
N. Painting Upgrades		1460	Misc/2%	2,000		0	0	
O. Parking Lot Upgrades		1450	50%	22,000		0	0	
P. Apt Misc (Thermostat Replacements)		1460	50%	3,000		0	0	
Q. Drain Lines (storm)		1450		1,000		0	0	
Subtotal				100,000				

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.

Part II: Supporting Pages

PHA Name:

St. Clair Shores Housing Commission

Grant Type and Number

Capital Fund Program Grant No: M128505950109
 CFFP (Yes/ No): No
 Replacement Housing Factor Grant No:

Federal FFY of Grant: 2009

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	
HA Wide								
Operations	A. Operations	1406		42,108		0	0	
Mgt Impr	A. Training	1408	Misc/2	2,000		2,756.42	2,756.42	
	B. Computer Equip/Software	1408	Misc/2%	3,000		0	0	
Admin	A. Director (salary)	1410	17%	19,000		9,500.00	9,500.00	
	B. Maintenance (salary)	1410	17%	12,500		6,250.00	6,250.00	
	C. Tenant Services Coordinator	1410	35%	7,500		0	0	
Fees/Costs	A. A/E Services	1430	100%	23,000		0	0	
	B. Modernization Coordinator	1430	100%	7,000		0	0	
	C. Sundry / Planning Costs	1430	100%	2,000		0	0	
	D. Studies (Ply Need, 504, Viability)	1430	100%	2,000		0	0	
	E. Fees and Costs	1430	100%	1,000		0	0	
Nondwelling Equipment	A. Admin/Maint Equipment	1475	Misc	5,000		29,670.24	29,670.24	
	Subtotal			126,108				

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.

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

Part I: Summary

PHA Name: St. Clair Shores Housing Commission	Grant Type and Number Capital Fund Program Grant No: ARRA Grant MI28S05950109 (ARRA) Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 / ARRA FFY of Grant Approval: 2009 / ARRA
------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	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					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)		31,500	0	0	0
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		31,500	37,431	37,431	37,431
8	1440 Site Acquisition					
9	1450 Site Improvement		25,000	0	0	0
10	1460 Dwelling Structures		366,228		416,797	13,379.40
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 ⁴					

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.

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

Part I: Summary		FFY of Grant: 2009 / ARRA	
PHA Name: St. Clair Shores Housing Commission	Grant Type and Number Capital Fund Program Grant No: ARRA Grant MI28S05950109 (ARRA) Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2009 / ARRA	

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)	454,228		454,228	50,810.40
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 *Mary A. Bobb* **Date** *9/15/10* **Signature of Public Housing Director** **Date**

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:

St. Clair Shores Housing Commission

Grant Type and Number

Cap Fund Program Grant No:ARRA Grant M28805950109 (ARRA)
CFPP (Yes/No): No
Replacement Housing Factor Grant No:

Federal FFY of Grant: 2009 / ARRA

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	
HA Wide	A. Director (salary)	1410	10%	19,000		0	0	
	B. Maintenance (salary)	1410	10%	12,500		0	0	
	Subtotal			31,500				
	Fees/Costs							
	A. A/E Services	1430	100%	26,500		42,500	0	
	B. Sundry / Planning Costs	1430	100%	2,000		0	0	
	C. Phys Need / Viability Study	1430	100%	2,000		0	0	
	D. Fees and costs	1430	100%	1,000		0	0	
	Subtotal			31,500				
	HA Wide Subtotal			63,000				

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.

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

Part I: Summary		FFY of Grant: 2010	
PHA Name:	Grant Type and Number	FFY of Grant Approval: 2010	
St. Clair Shores Housing Comm	Capital Fund Program Grant No: MI28P05950110 Replacement Housing Factor Grant No: Date of CFFP:		

Type of Grant Lin	Performance and Evaluation Report for Period Ending: 6/30/10 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	837		0	0
3	1408 Management Improvements	5,000		0	0
4	1410 Administration (may not exceed 10% of line 21)	31,500		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	1,000		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	1,000		0	0
10	1460 Dwelling Structures	301,000		0	0
11	1465.1 Dwelling Equipment—Nonependable	1,000		0	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	2,000		0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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.

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

Part I: Summary		FFY of Grant: 2010	
PHA Name: St. Clair Shores Housing Commission	Grant Type and Number Capital Fund Program Grant No: M128P05950110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2010	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement Performance and Evaluation Report for Period Ending: 6/30/10	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended	Signature of Executive Director	Date	Signature of Public Housing Director	Date
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)		343,337			0	0				
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										

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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.

Signature of Executive Director *Mary A. Walsh* Date *9/15/10*

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

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2010				
PHA Name:		Capital Fund Program Grant No: M128P05950110						
St. Clair shores Housing Commission		CFFP (Yes/No): No						
		Replacement Housing Factor Grant No:						
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		
Leisure Manor 1 59-1				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	A. Appliance Upgrades	1465.1	2 units	0				
	B. Apt Misc (Studio Rm Div/Thermostates)	1460	Misc	0				
	C. Bath/Kit Upgrades	1460	2 units	0				
	D. Bldg Systems Upgrades	1460	Misc	0				
	E. Cement/Asphalt	1450	18%	150,500				
	F. Common Area Upgrades	1460	Misc	0				
	G. Door/Frame Upgrades	1460	1%	0				
	H. Drain Lines (storm)	1450	10%	0				
	I. Electrical Upgrades	1460	10%	0				
	J. Elevator Upgrades	1460	10%	0				
	K. Fire Protection Sys Upgrades	1460	100%	0				
	L. Flooring Upgrades	1460	6 units	0				
	M. HVAC / AMU Upgrades	1460	Misc/2%	0				
	N. Landscaping Upgrades	1450	10%	0				
	O. Lighting Upgrades	1460	1%	0				
	P. Masonary/Brick Upgrades	1450	Misc	0				
	Q. Painting Upgrades	1460	Misc	0				
	Subtotal			150,500				

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 II: Supporting Pages

PHA Name:

St. Clair Shores Housing Commission

Grant Type and Number

Capital Fund Program Grant No: M288S05950110
 CFFP (Yes/No): 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	
Scattered Sites 59-2								
	A. Appliance Replacements	1465.1	2 units	1,000				
	B. Bas. Waterproofing	1460	1 unit	0				
	C. Bath/Kit Upgrades	1460	1 unit	0				
	D. Cement Upgrades	1450	1500 s.f.	0				
	E. Chimney/Found/Brick/Porch	1450	2 units	0				
	F. Door Upgrades	1460	1 unit	0				
	G. Drain Lines (storm)	1450	1 unit	0				
	H. Electrical Upgrades	1460	1 unit	0				
	I. Fencing/Railings Upgrading	1460	3 units	0				
	J. Flooring Upgrades	1460	1 unit	0				
	K. Furnace Upgrades	1460	1 unit	0				
	L. Gutters	1460	1 unit	0				
	M. Landscaping	1450	3 units	1,000				
	N. Lighting Upgrades	1460	4 units	0				
	O. Plumbing / Sump Upgrades	1460	2 units	0				
	P. Roofing Upgrades	1460	1 unit	0				
	Q. Siding/Awn/Facad Upgrades	1460	1 unit	0				
	R. Water heaters	1460	2 units	0				
	S. Window Upgrades	1460	2 units	0				
	Subtotal			2,000				

Part II: Supporting Pages

PHA Name:

St. Clair shores Housing Commission

Grant Type and Number

Capital Fund Program Grant No: M28S05950110

Federal FFY of Grant: 2010

CFPP (Yes/No): No

Replacement Housing Factor Grant No:

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	
Leisure Manor II 59-4	A. Appliance Upgrades	1465.1	2%	0				
	B. Bath/Kit Upgrades	1460	1 unit	0				
	C. Bldg System Upgrades	1460	2%	0				
	D. Cement/Asphalt	1450	50%	0				
	E. Common Area Upgrades	1460	18%	150,500				
	F. Door/Frame Upgrades	1460	4%	0				
	G. Electrical Upgrades	1460	2%	0				
	H. Fire Protection Sys Upgrades	1460	100%	0				
	I. Flooring Upgrades	1460	5 units	0				
	J. HVAC / AMU Upgrades	1460	Misc/2%	0				
K. Landscaping Upgrades	1450	50%	0					
L. Lighting Upgrades	1460	2%	0					
M. Masonary/Brick Upgrades	1450	10%	0					
N. Painting Upgrades	1460	Misc/2%	0					
O. Parking Lot Upgrades	1450	10 %	0					
P. Apt Misc (Thermostat Replacements)	1460	50%	0					
Q. Drain Lines (storm)	1450		0					
	Subtotal			150,500				

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 II: Supporting Pages

PHA Name:

St. Clair Shores Housing Commission

Grant Type and Number

Capital Fund Program Grant No: M28S05950110
 CFFP (Yes/ No): 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	
HA Wide								
Operations	A. Operations	1406		837				
Mgt Impr	A. Training	1408	Misc/2	5,000				
	B. Computer Equip/Software	1408	Misc/2%	0				
Admin	A. Director (salary)	1410	17%	19,000				
	B. Maintenance (salary)	1410	17%	12,500				
	C. Tenant Services Coordinator	1410	35%	0				
Fees/Costs	A. A/E Services	1430	100%	0				
	B. Modernization Coordinator	1430	100%	0				
	C. Sundry / Planning Costs	1430	100%	0				
	D. Studies (Phy Need, 504, Viability)	1430	100%	0				
	E. Fees and Costs	1430	100%	1,000				
Nondwelling Equipment	A. Admin/Maint Equipment	1475	Misc	2,000				
	Subtotal			40,337				

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.

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

Part I: Summary

PHA Name: St. Clair Shores Housing Comm	Grant Type and Number Capital Fund Program Grant No: M128P05950111 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant: 2011 FFY of Grant Approval: 2011
--------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	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	608			
3		1408 Management Improvements	5,000			
4		1410 Administration (may not exceed 10% of line 21)	31,500			
5		1411 Audit				
6		1415 Liquidated Damages				
7		1430 Fees and Costs	1,000			
8		1440 Site Acquisition				
9		1450 Site Improvement	1,000			
10		1460 Dwelling Structures	304,000			
11		1465.1 Dwelling Equipment—Nonependable	1,000			
12		1470 Non-dwelling Structures				
13		1475 Non-dwelling Equipment	2,000			
14		1485 Demolition				
15		1492 Moving to Work Demonstration				
16		1495.1 Relocation Costs				
17		1499 Development Activities ⁴				

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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⁴ 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

Part I: Summary

PHA Name: St. Clair Shores Housing Commission	Grant Type and Number Capital Fund Program Grant No: M128P05950111 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval: 2011
---------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies	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)			346,108		
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 <i>Mary A. Walsh</i> Date 10/6/10			Signature of Public Housing Director		Date	

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 CFFP Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages

PHA Name:

St. Clair Shores Housing Commission

Grant Type and Number

Capital Fund Program Grant No: M28S05950111
 CFFP (Yes/ No): No
 Replacement Housing Factor Grant No:

Federal FFY of Grant: 2011

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	
Scattered Sites 59-2								
	A. Appliance Replacements	1465.1	2 units	5,000				
	B. Bas. Waterproofing	1460	1 unit	0				
	C. Bath/Kit Upgrades	1460	1 unit	5,000				
	D. Cement Upgrades	1450	1500 s.f	5,000				
	E. Chimney/Found/Brick/Porch	1450	2 units	0				
	F. Door Upgrades	1460	1 unit	0				
	G. Drain Lines (storm)	1450	1 unit	0				
	H. Electrical Upgrades	1460	1 unit	0				
	I. Fencing/Railings Upgrading	1460	3 units	0				
	J. Flooring Upgrades	1460	1 unit	0				
	K. Furnace Upgrades	1460	1 unit	5,000				
	L. Gutters	1460	1 unit	0				
	M. Landscaping	1450	3 units	5,000				
	N. Lighting Upgrades	1460	4 units	0				
	O. Plumbing / Sump Upgrades	1460	2 units	5,000				
	P. Roofing Upgrades	1460	1 unit	0				
	Q. Siding/Awn/Facad Upgrades	1460	1 unit	0				
	R. Water heaters	1460	2 units	0				
	S. Window Upgrades	1460	2 units	0				
	Subtotal			30,000				

Part II: Supporting Pages

PHA Name:

St. Clair Shores Housing Commission

Grant Type and Number

Capital Fund Program Grant No: M28S05950111

CFPP (Yes/ No): No

Replacement Housing Factor Grant No:

Federal FFY of Grant: 2011

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	
HA Wide								
Operations	A. Operations	1406		608				
Mgt Impr	A. Training	1408	Misc/2	5,000				
	B. Computer Equip/Software	1408	Misc/2%	0				
Admin	A. Director (salary)	1410	17%	19,000				
	B. Maintenance (salary)	1410	17%	12,500				
	C. Tenant Services Coordinator	1410	35%	0				
Fees/Costs	A. A/E Services	1430	100%	0				
	B. Modernization Coordinator	1430	100%	0				
	C. Sundry / Planning Costs	1430	100%	0				
	D. Studies (Phy Need, 504, Viability)	1430	100%	0				
	E. Fees and Costs	1430	100%	1,000				
Nondwelling Equipment	A. Admin/Maint Equipment	1475	Misc	2,000				
	Subtotal			40,108				

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.

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	Development Number and Name	Work Statement for Year 1 FFY: 2011	Locality (City/County & State)			<input type="checkbox"/> Original 5-Year Plan Work Statement for Year 4 FFY: 2014	<input checked="" type="checkbox"/> Revision No: 1 Work Statement for Year 5 FFY: 2015
			Work Statement for Year 2 FFY: 2012	Work Statement for Year 3 FFY: 2013	Work Statement for Year 4 FFY: 2014		
B.	Physical Improvements Subtotal	277,000	277,000	277,000	277,000	277,000	
C.	Management Improvements	5,000	5,000	5,000	5,000	5,000	
D.	PHA-Wide Non-dwelling Structures and Equipment	5,000	5,000	5,000	5,000	5,000	
E.	Administration	30,000	30,000	30,000	30,000	30,000	
F.	Other (Acct #1430)	28,000	28,000	28,000	28,000	5,000	
G.	Operations	1,108	1,108	1,108	1,108	1,108	
H.	Demolition						
I.	Development						
J.	Capital Fund Financing – Debt Service					23,000	
K.	Total CFP Funds						
L.	Total Non-CFP Funds						
M.	Grand Total	346,108	346,108	346,108	346,108	346,108	

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year: 2012 FFY: 2012		Work Statement for Year: 2013 FFY: 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
	Scattered Site (002)		Scattered Site (002)	
	Appliances	1,000	Appliances	1,000
	Bas. Waterproofing	2,000	Bas. Waterproofing	2,000
	Bath/Kit/Carpentry	3,000	Bath/Kit/Carpentry	3,000
	Cement Upgrades	5,000	Cement Upgrades	5,000
	Chim/Fnd/Brk/Prch	2,000	Chim/Fnd/Brk/Prch	2,000
	Door Upgrades	1,000	Door Upgrades	1,000
	Drain Lines	1,000	Drain Lines	1,000
	Electrical/Lightings	2,000	Electrical/Lightings	2,000
	Fenc/RailsUpgrades	1,000	Fenc/RailsUpgrades	1,000
	Flooring Upgrades	3,000	Flooring Upgrades	3,000
	Furnace Upgrades	3,000	Furnace Upgrades	3,000
	Gutters/Awnings	2,000	Gutters/Awnings	2,000
	Landscaping	2,000	Landscaping	2,000
	Plumbing Upgrades	1,000	Plumbing Upgrades	1,000
	Roofing Upgrades	2,000	Roofing Upgrades	2,000
	Side/Facad/Awngs	3,000	Side/Facad/Awngs	3,000
	Sump Pumps	1,000	Sump Pumps	1,000
	Water heaters	1,000	Water heaters	1,000
	Window Upgrades	3,000	Window Upgrades	3,000
	Subtotal	39,000	Subtotal	39,000

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY	Work Statement for Year: 2014 FFY: 2014	Estimated Cost	Work Statement for Year: 2015 FFY: 2015	Estimated Cost
	Development Number/Name General Description of Major Work Categories		Development Number/Name General Description of Major Work Categories	
	Scattered Site (002)		Scattered Site (002)	
	Appliances	1,000	Appliances	1,000
	Bas. Waterproofing	2,000	Bas. Waterproofing	2,000
	Bath/Kit/Carpentry	3,000	Bath/Kit/Carpentry	3,000
	Cement Upgrades	5,000	Cement Upgrades	5,000
	Chim/Fnd/Brk/Prch	2,000	Chim/Fnd/Brk/Prch	2,000
	Door Upgrades	1,000	Door Upgrades	1,000
	Drain Lines	1,000	Drain Lines	1,000
	Electrical/Lightings	2,000	Electrical/Lightings	2,000
	Fenc/RailsUpgrades	1,000	Fenc/RailsUpgrades	1,000
	Flooring Upgrades	3,000	Flooring Upgrades	3,000
	Furnace Upgrades	3,000	Furnace Upgrades	3,000
	Gutters/Awnings	2,000	Gutters/Awnings	2,000
	Landscaping	2,000	Landscaping	2,000
	Plumbing Upgrades	1,000	Plumbing Upgrades	1,000
	Roofing Upgrades	2,000	Roofing Upgrades	2,000
	Side/Facad/Awnngs	3,000	Side/Facad/Awnngs	3,000
	Sump Pumps	1,000	Sump Pumps	1,000
	Water heaters	1,000	Water heaters	1,000
	Window Upgrades	3,000	Window Upgrades	3,000
	Subtotal	39,000	Subtotal	39,000

