

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**

1.0	<p>PHA Information PHA Name: Elk City Housing Authority PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYYY): 01/2011 PHA Code: OK015 Number of PH units: 146 Number of HCV units: 0</p>																														
2.0	<p>Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 146 Number of HCV units: 0</p>																														
3.0	<p>Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only</p>																														
4.0	<p>PHA Consortia <input type="checkbox"/> PHA Consortia. (Check box if submitting a joint Plan and complete table below.)</p> <table border="1" data-bbox="1352 237 1558 1513"> <thead> <tr> <th data-bbox="1444 237 1514 618">Participating PHAs</th> <th data-bbox="1444 618 1514 740">PHA Code</th> <th data-bbox="1444 740 1514 1008">Program(s) Included in the Consortia</th> <th data-bbox="1444 1008 1514 1276">Programs Not in the Consortia</th> <th colspan="2" data-bbox="1444 1276 1514 1513">No. of Units in Each Program</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <th data-bbox="1444 1276 1514 1382">PH</th> <th data-bbox="1444 1382 1514 1513">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program						PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																											
				PH	HCV																										
PHA 1:																															
PHA 2:																															
PHA 3:																															
5.0	<p>5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.</p>																														
5.1	<p>Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The Mission of the Elk City Housing Authority is to be the area's affordable housing of choice. We provide and maintain safe, quality housing in a cost-effective manner. By partnering with others, we offer rental assistance and other related services to our community.</p>																														
5.2	<p>Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Units continued to be renovated using the Capital Fund Program. Occupancy remains steady at 97-98%. Security continues to be provided and additional security lighting has been installed.</p>																														
6.0	<p>PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: None (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. 1510 W. 9th Street Elk City, OK 73644</p>																														
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p>																														
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>																														
8.1	<p>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 CFPF financing.</p>																														
8.2	<p>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.</p>																														
8.3	<p>Capital Fund Financing Program (CFPP). <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. 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. Units continue to be renovated using Capital Fund Program funds. Occupancy remains steady at 97-98%. Security continues to be provided and additional security lighting has been installed.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification." "Significant Amendment" would occur when new policies are required because of changes in HUD regulations, or when legislation demands major changes in existing policies.</p> <p>"Substantial Deviation" would be any revision of the Capital Fund Program in excess of 25% of the total grant amount in any given year.</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>

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: Elk City Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P01550107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval: 2007

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/2010 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				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25000.00	22000.00	22000.00	16000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	17516.00	18305.00	18305.00	0.00
10	1460 Dwelling Structures	160080.00	160541.14	159840.00	29657.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	15000.00	16749.86	16749.86	16749.86
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.

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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 PHIA				
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)	217596.00	217596.00	216894.86	62406.86
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	60000.00	48819.14	48118.00	0.00
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>Kelley D. Bell</i>	Date 10/20/2010	Signature of Public Housing Director	Date
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Part I: Summary		
PHA Name: Elk City Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P01550108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval: 2008

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/2010 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				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25000.00	23000.00	23000.00	16000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	36725.99	30453.54	16265.00	0.00
10	1460 Dwelling Structures	116500.00	88777.00	88777.00	73902.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	50000.00	86000.00	86000.00	0.00
13	1475 Non-dwelling Equipment	8365.01	8360.46	8360.46	8360.46
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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Part I: Summary						
PHA Name: Elk City Housing Authority		Grant Type and Number: Capital Fund Program Grant No: OK56P01550108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2008 FFY of Grant Approval: 2008	
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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010				<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)	236591.00	236591.00	222402.46	98262.46	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities	22513.86	22513.86			
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		Date		Signature of Public Housing Director		
<i>Kathy D Bell</i>		10/20/2010				

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Part II: Supporting Pages								
PHA Name: Elk City Housing Authority			Grant Type and Number Capital Fund Program Grant No: OK56P01550108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
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	
PHA Wide	A&E Fees	1430		25000.00	23000.00	23000.00	16000.00	70%
OK015000001	Replace Tub Faucets	1460	158 Faucets	39500.00	29277.00	29277.00	29277.00	100%
OK015000001	Tile Kitchens & Baths	1460	8000 Sq ft	42000.00	24500.00	24500.00	9625.00	40%
OK015000001	Replace Bath Vanities & Faucets	1460	78 Vanities	35000.00	35000.00	35000.00	35000.00	100%
OK015000001	Landscaping-replace timbers w/stone	1450	30 lin ft	10000.00	2070.15	0.00	0.00	0%
OK015000001	Install overhead fire suppression-Admin	1470		50000.00	86000.00	86000.00	0.00	0%
OK015000001	Construct Hdcp Ramps	1450	12 ramps	12000.00	12000.00	12000.00	0.00	0%
OK015000001	Underground Sprinkler Sys-Admin	1450		12391.00	4265.00	4265.00	0.00	0%
OK015000001	Purchase Large Drain Machine	1475	1 Machine	3000.00	2900.83	2900.83	2900.83	100%
OK015000001	Purchase Small Drain Machine	1475	1 Machine	1200.00	827.91	827.91	827.91	100%
OK015000001	Purchase Chop Saw, Cutting Torches	1475	3 Machine	1500.00	1495.45	1495.45	1495.45	100%
OK015000001	Purchase 2-Way Comm. System	1475	Base/4 sets	4000.00	2225.00	2225.00	2225.00	100%
OK015000001	Purchase Key Making Machine	1475	1 Machine	1000.00	911.27	911.27	911.27	100%
OK015000001	Redesing Hdcp Kitchens for Accessibility	1460	2 Units	0.00	10513.86	0.00	0.00	0%
OK015000001	Construct Steel Tubular Fencing	1450	22.2 lin ft		1604.53	0.00	0.00	0%

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Part I: Summary

PHA Name: Elk City Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P01550109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:
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Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/2010 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				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	22000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	5000.00			
10	1460 Dwelling Structures	163544.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	16000.00			
13	1475 Non-dwelling Equipment	8000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010 <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)	214544.00			
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>Kathleen Bell</i>		Date <i>10/20/2010</i>	Signature of Public Housing Director		Date

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Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
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		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)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20000.00	20000.00	20000.00	14000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	40855.47	40855.47	40855.47	0.00
10	1460 Dwelling Structures	205153.00	205153.00	205153.00	170528.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	5850.00	5850.00	5850.00	0.00
13	1475 Non-dwelling Equipment	27618.53	27618.53	27618.53	27618.53
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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FFY of Grant: 2009 FFY of Grant Approval: 2009	

Type of Grant

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

Performance and Evaluation Report for Period Ending: 06/30/2010
 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)	299477.00	299477.00	299477.00	212146.53
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	191006.00	191006.00	191006.00	150531.00

Signature of Executive Director	<i>Kathy D Bell</i>	Date	10/20/2010	Signature of Public Housing Director		Date	
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Part I: Summary						
PHA Name: Elk City Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P01550110 Replacement Housing Factor Grant No: Date of CFFP:			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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010 <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	
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)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	25000.00				
8	1440 Site Acquisition					
9	1450 Site Improvement	189217.00				
10	1460 Dwelling Structures					
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					

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Part I: Summary						
PHA Name: Elk City Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P01550110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010 <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)	214217.00				
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>Kathy D. Bell</i>		Date <i>10/20/2010</i>		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 I: Summary

PHA Name: Elk City Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P01550111 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval: 2011
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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	2000.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	23000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	61700.00			
10	1460 Dwelling Structures	127300.00			
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				

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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: Elk City Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P01550111 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2011 FFY of Grant Approval: 2011	
Type of Grant <input checked="" 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)	214000.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities	13500.00				
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		Date		Signature of Public Housing Director		
<i>Kathy D Bell</i>		10/20/2010				

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: Elk City Housing Authority			Grant Type and Number Capital Fund Program Grant No: OK56P01550111 CFFP (Yes/ 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	
OK015000001	Landscaping-plant trees/shrubs	1450		5000.00				
OK015000001	Install Steel Tubular fencing	1450	approx. 400 lin. ft.	29900.00				
OK015000001	Replace Interior Doors	1460	524 Doors-80 units	104800.00				
OK015000001	Correct Parking-512 Ginnie Place	1450	Remove sod & curb, construct pkg/ramp	3000.00				
OK015000001	Repair/Replace Sidewalk	1450	2300 sq ft	13800.00				
OK015000001	Install Lighted House Numbers	1460	150	12000.00				
OK015000001	New Signs-Masonry	1450	2 signs	10000.00				
OK015000001	Replace Call for aid w/pushbutton system	1460	210 switches	10500.00				
OK015000001	Operations	1406		2000.00				
OK015000001	A&E Fees	1430		23000.00				

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

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 Name/Number Elk City Housing Authority OK015		Locality (City/County & State) Elk City, Beckham County, Oklahoma			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name Elk City Housing Authority	Work Statement for Year 1 FFY __2011__	Work Statement for Year 2 FFY __2012__	Work Statement for Year 3 FFY __2013__	Work Statement for Year 4 FFY __2014__	Work Statement for Year 5 FFY __2015__
B.	Physical Improvements Subtotal	Annual Statement	185000.00	121500.00	154000.00	189000.00
C.	Management Improvements		4000.00		5000.00	
D.	PHA-Wide Non-dwelling Structures and Equipment			67500.00	30000.00	
E.	Administration					
F.	Other		23000.00	23000.00	23000.00	23000.00
G.	Operations		2000.00	2000.00	2000.00	2000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		214000.00	214000.00	214000.00	214000.00
L.	Total Non-CFP Funds					
M.	Grand Total		214000.00	214000.00	214000.00	214000.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2011	Work Statement for Year <u>4</u> FFY 2014			Work Statement for Year: <u>5</u> FFY 2015		
	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	OK015000001			OK015000001		
	Replace HVAC	38 units	105000.00	Replace Outside Storage Closet Doors-elderly section	52 Units	13000.00
	Replace Cabinet Hardware	70 units	10500.00	Replace Vent Fans in Bathrooms-elderly section	70 Units, 78 Bathrooms	15600.00
	Landscaping	Replace timbers w/stone	7000.00	Replace Light Fixtures	150 units	149900.00
	Replace Kitchen Sinks & Faucets	80 units	28000.00	Replace Outside Heater Closet Doors-elderly section	42 Units	10500.00
	Construct Picnic Area	24'x30' w/Pavilion and tables	30000.00			
	Replace overhead doors, add openers-Shop	2 doors	3500.00			
	Subtotal of Estimated Cost		\$184000.00	Subtotal of Estimated Cost		\$189000.00

