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 PHA Information
PHA Name: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE PHA Code: OK099
PHA Type: ☐ Small ☒ High Performing ☐ Standard ☐ HCV (Section 8)
PHA Fiscal Year Beginning: (MM/YYYY): 01/2011

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)
Number of PH units: 400 Number of HCV units: 783

3.0 Submission Type
☐ 5-Year and Annual Plan ☒ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:

5.2 Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

6.0 PHA Plan Update
(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: **No elements of the PHA Plan have been revised since the last submission.**
(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. **Housing Authority of the City of Muskogee Administrative Offices, 220 North 40th Street, Muskogee, OK 74401**

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. *Include statements related to these programs as applicable.*

8.0 Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing.

8.2 Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.

8.3 Capital Fund Financing Program (CFFP).
☐ Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.

9.0 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. **The housing needs of the jurisdiction covered by the Housing Authority of the City of Muskogee continue to be a mixture of low to very low income families including disabled and single parent households.**

9.1	**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.**
10.0	**Additional Information**. Describe the following, as well as any additional information HUD has requested. (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. **The Housing Authority of the City of Muskogee continues to serve the low and very low income families with high performing Public Housing and Housing Choice Voucher programs.** (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" The Housing Authority of the City of Muskogee will consider the following to be significant modifications or substantial deviations of the Annual Plan from the 5 Year Plan: • Changes to admission or occupancy policies • Changes in regard to demolition, disposition, and conversion activities

11.0	**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. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (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. 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. (g) Challenged Elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

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

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

MUSKOGEE HOUSING AUTHORITY	OK099
PHA Name	PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	CAROLE MCBRIDE	Title	CHAIR, BOARD OF COMMISSIONERS
Signature	Carole McBride	Date	12/09/10

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

MUSKOGEE HOUSING AUTHORITY (OK099)

Program/Activity Receiving Federal Grant Funding

2011 CAPITAL FUND PROGRAM

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

220 NORTH 40TH STREET; 300 NORTH 40TH STREET; 1518 SOUTH 5TH STREET; 2103 NORTH 36TH STREET
MUSKOGEE, OKLAHOMA

Check here [ ] if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
CAROLE MCBRIDE	CHAIR, BOARD OF COMMISSIONERS
Signature: X Carole McBride	Date: 12/09/10

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

OMB Approval No. 2577-0157 (Exp. 3/31/2010)

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Applicant Name

MUSKOGEE HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

2011 CAPITAL FUND PROGRAM

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
CAROLE MCBRIDE	Board Chair
Signature	**Date (mm/dd/yyyy)**
Carole McBride	12/09/2010

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:
[B] a. contract
b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

2. Status of Federal Action:
[B] a. bid/offer/application
b. initial award
c. post-award

3. Report Type:
[B] a. initial filing
b. material change
For Material Change Only:
year _____ quarter _____
date of last report _____

4. Name and Address of Reporting Entity:
[x] **Prime** [ ] **Subawardee**
Tier _____, *if known*:

Congressional District, *if known*: 2

5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:

Congressional District, *if known*:

6. Federal Department/Agency:
US DEPT OF HOUSING & URBAN DEVELOPMENT

7. Federal Program Name/Description:

CFDA Number, *if applicable*: _____

8. Federal Action Number, *if known*:

9. Award Amount, *if known*:
$

10. a. Name and Address of Lobbying Registrant
(*if individual, last name, first name, MI*):
NOT APPLICABLE

b. Individuals Performing Services (*including address if different from No. 10a*)
(*last name, first name, MI*):
NOT APPLICABLE

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: _____
Print Name: JD FOSTER
Title: EXECUTIVE DIRECTOR
Telephone No.: 918-687-6301 Date: _____

Federal Use Only:

Authorized for Local Reproduction
Standard Form LLL (Rev. 7-97)

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: Housing Authority of the City of Muskogee	**Grant Type and Number** Capital Fund Program Grant No: OK056P09950107 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: 6/30/2009** ☐ **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]	106,000	0	0	0
3	1408 Management Improvements	20,000	7,535.90	7,535.90	7.535.90
4	1410 Administration (may not exceed 10% of line 21)	50,000	50,000	50,000	50,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	14,690.02	14,690.02	14,690.02
8	1440 Site Acquisition				
9	1450 Site Improvement	0	66,314.10	66,314.10	66,314.10
10	1460 Dwelling Structures	378,726	352,204.71	352,204.71	352,204.71
11	1465.1 Dwelling Equipment—Nonexpendable	0	30,876.88	30,876.88	30,876.88
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	0	43,104.39	43,104.39	43,104.39
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

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:** **FFY of Grant Approval:**

Type of Grant

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

☒ **Performance and Evaluation Report for Period Ending: 06/30/2009** ☐ **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)	564,726	564,726	564,726	564,726
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	**Date**	**Signature of Public Housing Director**	**Date**
	12-13-2010		

[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.

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Muskogee	**Grant Type and Number** Capital Fund Program Grant No: OK056P09950107 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2007**

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	1406	1	106,000	0	0	0	CANCELLED
HA WIDE	STAFF TRAINING / TRAVEL	1408	(2) PHM CERTIFICATIONS; (2) OCCUPANCY & RENT TRAINING; (2) CFP TRAINING	10,000	3,336.91	3,336.91	3,336.91	COMPLETE
HA WIDE	REPLACE COMPUTER SOFTWARE	1408	1	10,000	4,198.99	4,198.99	4,198.99	COMPLETE
HA WIDE	CAPITAL FUND SALARIES/FRINGE	1410	1	50,000	50,000	50,000	50,000	COMPLETE
HA WIDE	A&E FEES	1430	1	10,000	14,690.02	14,690.02	14,690.02	COMPLETE
HA WIDE	REPLACE COMPUTER HARDWARE	1475	14	0	18,802.35	18,802.35	18,802.35	COMPLETE
ADMINISTRATION	REPLACE TELEPHONE SYSTEM	1475	(18) SETS, CONTROLLER, VOICE MAIL SYSTEM	0	11,706.06	11,706.06	11,706.06	COMPLETE
ADMINISTRATION	REPLACE FILE SERVER	1475	1	0	12,595.98	12,595.98	12,595.98	COMPLETE
OK099000001	REPAIR BRICK EXTERIOR	1460	2000 SQ FT	50,000	42,975.35	42,975.35	42,975.35	COMPLETE
OK099000001	REPLACE BATHROOM SINKS	1460	100	10,000	0	0	0	CANCELLED
OK099000001	REPLACE RANGES	1465	9	0	4,202	4,202	4,202	COMPLETE
OK099000001	REPLACE WATER HEATERS	1460	14	0	5,399.12	5,399.12	5,399.12	COMPLETE
OK099000001	REPAIR PORCHES/SIDEWALKS	1450	1000 SQ FT	0	14,444.35	14,444.35	14,444.35	COMPLETE
OK099000001	INSTALL GUTTERING	1460	4000 FT	0	42,095.50	42,095.50	42,095.50	COMPLETE
OK099000001	REPLACE REFRIGERATORS	1465	16	0	6,906	6,906.	6,906	COMPLETE
OK099000002	RENOVATE HALLWAYS	1460	4000 SQ FT	169,907	31,178.62	31,178.62	31,178.62	COMPLETE
OK099000002	REPAIR FIRE ALARM PANEL	1460	1	0	13,265	13,265	13,265	COMPLETE

OK099000002	INSTALL PARKING LOT SECURITY GATE	1450	2	0	37,425.40	37,425.40	37,425.40	COMPLETE
OK099000002	REPLACE REFRIGERATORS	1465	40	0	19,768.88	19,768.88	19,768.88	COMPLETE

[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 II: Supporting Pages

PHA Name: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE	**Grant Type and Number** Capital Fund Program Grant No: OK056P09950107 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2007**

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]	
OK099000002	ASBESTOS ABATEMENT	1460	600 SQ FT	0	2,935.98	2,935.98	2,935.98	COMPLETE
OK099000001	REPAIR BRICK EXTERIORS	1460	2000 SQ FT	50,000	42,975.35	42,975.35	42,975.35	COMPLETE
OK099000001	REPLACE BATHROOM SINKS	1460	100	10,000	0	0	0	CANCELLED
OK099000001	REPLACE WATER HEATERS	1460	11	0	5,281.79	5,281.79	5,281.79	COMPLETE
OK099000001	REPAIR PORCHES/SIDEWALKS	1450	1000 SQ FT	0	14,444.35	14,444.35	14,444.35	COMPLETE
OK099000001	REPLACE UNIT WINDOWS	1460	500	0	124,002.50	124,002.50	124,002.50	COMPLETE
OK099000001	INSTALL GUTTERING	1460	4000 FT	0	42,095.50	42,095.50	42,095.50	COMPLETE

form **HUD-50075.1** (4/2008)

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE					**Federal FFY of Grant: 2007**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA WIDE / OK099000001/ OK099000002	09/12/2009	17/31/2009	09/12/2011	07/31/2009	FUNDS TO BE OBLIGATED / EXPENDED PRIOR TO DEADLINE DATES

form **HUD-50075.1** (4/2008)

[1] 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.

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

[1] 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.

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: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE	**Grant Type and Number** Capital Fund Program Grant No: OK56P09950108 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:2)**
☐ **Performance and Evaluation Report for Period Ending: 6/30/2010** ☐ **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]	10,000	3,600.24	3,600.24	3,600.24
3	1408 Management Improvements	5,000	1,536.38	1536.38	1536.38
4	1410 Administration (may not exceed 10% of line 21)	50,000	60,841.03	60,841.03	60,841.03
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	3928.71	3928.71	3928.71
8	1440 Site Acquisition				
9	1450 Site Improvement	2,500	46,236.00	46,236.00	26,236.00
10	1460 Dwelling Structures	426,235	339,741.30	339,741.30	283,223.15
11	1465.1 Dwelling Equipment—Nonexpendable	0	20,470.50	20,470.50	19,034.50
12	1470 Non-dwelling Structures	50,000	52,533.00	52,533.00	52,533.00
13	1475 Non-dwelling Equipment	56,500	81,351.83	81,351.83	81,351.83
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

PHA Name: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE	**Grant Type and Number** Capital Fund Program Grant No: OK56P09950108 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: 2)**

☐ **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)	610,235	610,235	610,235	532,280.84
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	**Date**	**Signature of Public Housing Director**	**Date**
[signature]	12-13-2010		

[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: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE	**Grant Type and Number** Capital Fund Program Grant No: OK56P09950108 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]	
HA WIDE	Operations	1406		10,000	3,600.24	3,600.24	3,600.24	Complete
HA WIDE	Staff training / travel	1408	2 Employees Hud & Nahro Training	5,000	1536.38	1536.38	1536.38	Complete
HA WIDE	Capital Fund Salary / Fringe	1410	1	50,000	60,841.03	60,841.03	60,841.03	Complete
ADMINISTRATION	Replace computer system hardware	1475	25COMPUTERS	25,000	0	0	0	Complete 2007
ADMINISTRATION	Landscaping	1450	1000 SQ FT	2,500	0	0	0	Moved
ADMINISTRATION	Replace Telephone SystemsHardware	1475	(18)Set	15,000	0	0	0	Complete 2007
ADMINISTRATION	CFP Vehicle	1475	1	0	0	0	0	Moved
HA WIDE	A&E FEES	1430	1	10,000	3928.71	3928.71	3928.71	Complete
OK099000001	Replace unit Breaker Boxes	1460	100 units	25,000	0	0	0	Moved
OK099000001	Replace Windows & Security Screens	1460	235 windows	136,235	115,490.00	115,490.00	115,490.00	Complete
OK099000001	Replace computer system hardware	1475	3	3,000	0	0	0	Complete 2007
OK099000001	Replace tools / Equip.	1475	2tools, 5equip.	4,000	21,661.97	221,661.97	21,661.97	Complete
OK099000001	Construct 2 warehouse/storage bldgs.	1470	(2) 2000 SQ FT	50,000	51,895.00	51,895.00	51,895.00	Complete
OK099000001	Replace refrigerators and ranges	1465	32	10,000	15,528.00	15,528.00	14092.00	In progress
OK099000002	Replace refrigerators and ranges	1465	16	0	4942.50	4942.50	4942.50	Complete
OK099000002	Replace boiler water tank	1460	1	10,000	596.00	596.00	0	Completed ARRA funds
OK099000002	Replace computer System hardware	1475	5	5,000	0	0	0	Complete 2007
OK099000002	Replace Telephone system hardware	1475	(5) SETS	1,500	0	0	0	Complete 2007
OK099000002	Uprgrade Fire alarm system	1460	(1)Systems Equip.	230,000	0	0	0	Completed ARRA funds

[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 II: Supporting Pages

PHA Name: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE	**Grant Type and Number** Capital Fund Program Grant No: OK056P09950108 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]	
OK099000002	Asbestos Abatement	1460	4cu yds	0	16,778.00	16,778.00	16,778.00	Complete
OK099000002	Highrise roof repair non warranty	1460	1 Roof system.	0	600.00	600.00	600.00	Complete
OK099000001	Replace unit breaker boxes	1460	100units	25,000	0	0	0	Moved
OK099000001	Replace computer hardware	1475	3	3,000	0	0	0	Completed 2007
Administration	Replace copier	1475	1 copier	0	13,244.84	13,244.84	13,244.84	Complete
Administration	Replace floor	1470	1 room		638.00	638.00	638.00	Complete
OK099000001	Replace Property fence	1450	1215ln ft.	0	27,000.00	27,000.00	7,000.00	In-progress
OK099000002	Rehab and stripe resident parking lot	1450	36,000sqft.	0	16,446.00	16,446.00	16,446.00	Complete
OK099000002	Trash Compactor Replacement	1460	1 unit	0	18,458.76	18,458.76	18,458.76	Complete
OK099000001	Bathroom Rehab	1460	39 units	0	117,515.00	117,515.00	117,515.00	Complete
OK099000001	Replace hotwater tanks	1460	19 units	0	5,688.08	5,688.08	5,688.08	Complete
OK099000001	Rehab drainage	1460	1 unit	0	5950.00	5950.00	5950.00	Complete
OK099000001	Installation of Playground system	1475	2 systems	0	46,445.02	46,445.02	46,445.02	Complete
OK099000001	Emergency Sewer replacement	1460	1 system	0	2743.30	2743.30	2743.30	Complete

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

form **HUD-50075.1** (4/2008)

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of the City of Muskogee

Federal FFY of Grant: 2008

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA WIDE / OK099000001/ OK099000002	06/12/2010	06/12/2010	06/12/2012		

[1] 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.

form **HUD-50075.1** (4/2008)

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

[1] 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.

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: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE	**Grant Type and Number** Capital Fund Program Grant No: OK056P09950109 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no:002)**
☐ **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]				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	50,000	50,000	36,955.	36,955.
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	5,872.	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	60,000	9,590.	8,825.	8,825.
10	1460 Dwelling Structures	429,235	533,497.	181,959.22	6,100.
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	10,000	1500.	0	0
13	1475 Non-dwelling Equipment	51,000	5,648.	5,648.	648.
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

PHA Name: Housing Authority of the City of Muskogee	**Grant Type and Number** Capital Fund Program Grant No: OK056P09950109 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2009** **FFY of Grant Approval: 2009**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 002)**

☐ **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
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)	610,235	606,107	239,227.22	58,368.
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities		29,512.		
23	Amount of line 20 Related to Security - Soft Costs		0		
24	Amount of line 20 Related to Security - Hard Costs		0		
25	Amount of line 20 Related to Energy Conservation Measures	304,235	476,850.88		

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
[signature]	12-13-2010		

[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: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE	**Grant Type and Number** Capital Fund Program Grant No: OK056P09950109 CFFP (Yes/ 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	CAPITAL FUND SALARY / FRINGE	1410	1	50,000	50,000	50,000	36,955.	In- Progress
HA WIDE	A&E FEES	1430	1	10,000	5,872	0	0	Planning
ADMINISTRATION BUILDING	REPLACE CARPET	1470	2,000 SQ FT	10,000	0	0	0	Planning
ADMINISTRATION BUILDING	REHAB SPRINKLER SYSTEM / LANDSCAPE	1470	155 Lnft	0	1,500.	0	0	Planning
OK099000001	REPLACE PLAYGROUND EQUIPMENT	1475	1	20,000	0	0	0	Moved to 2008
OK099000001	RESURFACE PLAYGROUND AREA	1450	3600 SQ FT	20,000	0	0	0	Moved to 2008
OK099000002	CLEAN AIR DUCTS	1460	200 UNITS; AIR HANDLERS, AIR VENTS	50,000	0	0	0	Canceled
OK099000002	REPLACE BENCHES / PICNIC TABLES	1475	(3) BENCHES; (3) PICNIC TABLES	6,000	0	0	0	Canceled
OK099000002	REPLACE COMMERCIAL DISHWASHER	1475	1	5,000	5,000	0	0	Planning
OK099000002	RE-STRIPE RESIDENT AND VISITORS PARKING AREAS	1450	21,158 SQ. FT.	20,000	0	0	0	Moved to 2008
OK099000002	REPAIR / REPLACE A/C DRAIN LINES	1460	200 UNITS	75,000	0	0	0	Canceled
OK099000001	REPLACE UNIT ENTRY DOORS	1460	400	304,235	0	0	0	Moved to ARRA 2009
OK099000001	REPLACE PLAYGROUND EQUIPMENT	1475	1	20,000	0	0	0	Moved to 2008

OK099000001	RESURFACE PLAYGROUND AREA	1450	3600 SQ FT	20,000	0	0	0	Moved to 2008

[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 II: Supporting Pages

PHA Name: Housing Authority of the City of Muskogee	**Grant Type and Number** Capital Fund Program Grant No: OK056P09950109 CFFP (Yes/ 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]	
Ok099000001	Bathroom Renovations	1460	150 units	0	474,660.23	136,697.45		In-progress
Ok099000002	Fire Alarm System upgrades	1460	40 units	0	13,540.	13,540.		In-progress
Ok099000002	Asbestos Abatement Apts.	1460	4 units	0	24,484.	24,484.		In-progress
Ok099000001	Fire extinquishers	1475	2 Storage Bldgs.	0	648.	648.	648.	Complete
Ok099000001	Hot Water Tank replacement	1460	4 units	0	1137.77	1137.77		In-progress
Ok099000001	Sewer Line Replacement	1450	1 unit	0	3785.	3785.	3785.	Complete
Ok099000001	Handicap Ramp and side walk rehab	1450	2ramps 183' sidwalks	0	5040.	5040.	5040.	Complete
Ok099000002	Asbestos Abatement Rehab	1460	1unit	0	19387.12	6100.	6100.	In-progress
Ok099000001	Exterior Door Replacement	1460	1unit	0	1052.88	1052.88		In-progress

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of the City of Muskogee					**Federal FFY of Grant: 2009**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA WIDE/ OK099000001 / OK099000002	06/12/2011		06/12/2013		

form **HUD-50075.1** (4/2008)

[1] 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.

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

[1] 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.

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: Muskogee Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: OK56S09950109 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no:1)**
☐ **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]				
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				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	$722,437.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	$50,000.00			
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.

form **HUD-50075.1** (4/2008)

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: Muskogee Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: OK56S09950109 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2009** **FFY of Grant Approval:**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1)**

☐ **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
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)	$772,437.			
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	$356,812.			

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
	12-13-2010		

[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: Muskogee Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: OK56S09950109 CFFP (Yes/ 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]	
001 - Port City Acres	Replace Unit windows	1460	500	$136,235.00	$136,235.00	$136,235.00	$136,235.00	Complete
001 - Port City Acres	Replace Unit Entry Doors front and rear & Metal front and rear Storm Doors	1460	400	$180,000.	$110,288.50	$110,288.50	$72,156.70	In-progress
001 - Port City Acres	Upgrade Unit Breaker Boxes	1460	100	$25,000.	0	0	0	
001 - Port City Acres	Construct 2000 Sqft. Metal Warehouse	1470	1	$25,000.	$25,000.	$25,000.	$25,000.	Complete
002- Honor Heights	Upgrade Complete Fire Alarm System	1460	1	$230,000.	$218,971.10	$218,971.10	$171,494.33	In-progress
002-Honor Heights	Replace AH Condensation Drainlines	1460	200	$75,000.	0	0	0	Moved
002-Honor Heights	Replace Boiler Water Tank	1460	1	$10,000.	$14,973.	$14,973.	$14,973.	Complete
001-Green Country	Construct 2000Sqft. Metal Warehouse	1470	1	$25,000.	$25,000.	$25,000.	$25,000.	Complete
001-Green Country	Upgrade Unit breakers	1460	100	$25,000.	0	0	0	Moved
001-Green Country	Replace Unit Entry Doors front and rear&Metal front and rear StormDoors	1460	400	0	$110,288.50	$110,288.50	$110,288.50	Complete
002- Honor Heights	Emergency Asbestos Abatement	1460	11 units	0	$63,973.	$63,973.	$44,420.	In-progress
002- Honor Heights	Texturing and Painting of Abated Units	1460	8 units	0	$12,400.	$12,400.	$12,400.	Complete
002- Honor Heights	Replace VCT flooring of Abated Units	1460	8 units	0	$6,729.	$6,729.	$6,729.	Complete

[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: Muskogee Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: OK56S09950109 CFFP (Yes/ 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]	
002- Honor Heights	Fire Pump & Controller replacement	1460	1	0	$48,578.90	$48,578.90		In-progress

[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.

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

[1] 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.

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Muskogee Housing Authority

Federal FFY of Grant: 2009

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide Activities	3/17/2010		3/17/2012		

[1] 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.

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: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE	**Grant Type and Number** Capital Fund Program Grant No: OK056P09950110 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2010** **FFY of Grant Approval: 2010**

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]	40,071			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	50,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	500,164			
11	1465.1 Dwelling Equipment—Nonexpendable	10,000			
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

PHA Name: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE	**Grant Type and Number** Capital Fund Program Grant No: OK056P09950110 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2010** **FFY of Grant Approval: 2010**

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
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)	610,235			
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	**Date**	**Signature of Public Housing Director**	**Date**
[signature]	12-13-2010		

[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: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE	**Grant Type and Number** Capital Fund Program Grant No: OK056P09950110 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
HA WIDE	OPERATIONS	1406	1	40,071				
HA WIDE	CAPITAL FUND SALARY / FRINGE	1410	1	50,000				
HA WIDE	A&E FEES	1430	1	10,000				
OK099000001	REPLACE UNIT ENTRY DOORS	1460	400	360,164				
OK099000001	REPLACE STOVES/REFRIGERATORS	1465	20	10,000				
OK099000002	REPLACE CHILLER	1	1460	130,000				
OK099000002	RENOVATE EXISTING STORAGE AREAS	1460	4000 SQ FT	10,000				

[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: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE	**Grant Type and Number** Capital Fund Program Grant No: OK056P09950110 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE

Federal FFY of Grant: 2010

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA WIDE/OK099000001 / OK099000002	06/12/2012		06/12/2014		

[1] 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.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

[1] 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.

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: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE	**Grant Type and Number** Capital Fund Program Grant No: OK056P09950111 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2011** **FFY of Grant Approval: 2011**

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]	35,000.			
3	1408 Management Improvements	7,000.			
4	1410 Administration (may not exceed 10% of line 21)	50,000.			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.			
8	1440 Site Acquisition				
9	1450 Site Improvement	14,985.			
10	1460 Dwelling Structures	453,250.			
11	1465.1 Dwelling Equipment—Nonexpendable	18,000.			
12	1470 Non-dwelling Structures	2,000.			
13	1475 Non-dwelling Equipment	20,000.			
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

PHA Name: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE	**Grant Type and Number** Capital Fund Program Grant No: OK056P09950111 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2011** **FFY of Grant Approval: 2011**

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
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)	610,235			
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	**Date**	**Signature of Public Housing Director**	**Date**
	12-13-2010		

[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.

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE	**Grant Type and Number** Capital Fund Program Grant No: OK056P09950111 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]	
HA WIDE	OPERATIONS	1406	1	35,000.				
HA WIDE	Management Improvements	1408	1	7,000.				
HA WIDE	CAPITAL FUND SALARY / FRINGE	1410	1	50,000				
HA WIDE	A&E FEES	1430	1	10,000				
OK099000001Port City Acres	Lawn Equipment	1475	1	10,000.				
Port City	Kitchen Rehab	1460	44	154,000.				
Port City	Replace Property Sign	1465	7each	6,000.				
		1450	1	5,000.				
OK099000001Green Country Village	Kitchen Rehab	1460	44	154,000.				
Green Country	Replace Stoves / Refrigerators	1465	7each	6,000.				
Green Country	Replace Property Sign	1450	1	5,000.				
Green Country	Lawn Equipment	1475	1	10,000.				
OK099000002 Honor Heights Tower	Rehab units	1460	10 units	66,750.				
Honor Heights Tower	Abate Asbestos from units	1460	10 units	78,500.				
Honor Heights Tower	Replace Stoves / Refrigerators	1465	7each	6,000.				
Honor Heights Tower	Warehouse overhead door	1470	1	2,000.				
Honor Heights Tower	Replace Property Sign	1450	1	4,985.				

[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 II: Supporting Pages

PHA Name: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE	**Grant Type and Number** Capital Fund Program Grant No: OK056P09950111 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]	

[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.

form **HUD-50075.1** (4/2008)

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE					**Federal FFY of Grant: 2011**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA WIDE/OK099000001 / OK099000002	06/12/2013		06/12/2017		

[1] 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.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

[1] 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.

Part I: Summary

PHA Name/Number Muskogee Housing Authority OK099			Locality (City/County & State) Muskogee/ Muskogee/Oklahoma		☐**Original 5-Year Plan** ☒**Revision No: 1**	
A.	Development Number and Name	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	$470,235.00	$490,235.00	$506,483.00	$292,097.00
C.	Management Improvements		$5,000.00	$5,000.00	$5,000.00	$5,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		$30,000.00	$20,000.00	$13,752.00	$249,638.00
E.	Administration		$50,000.00	$50,000.00	$50,000.00	$50,000.00
F.	Other		$15,000.00	$10,000.00	$10,000.00	$10,000.00
G.	Operations		$40,000.00	$35,000.00	$25,000.00	$3,500
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		$610,235.00	$610,235.00	$610,235.00	$610,235.00
L.	Total Non-CFP Funds					
M.	Grand Total		$610,235.00	$610,235.00	$610,235.00	$610,235.00

Part I: Summary (Continuation)

PHA Name/Number			Locality (City/county & State)		☐ **Original 5-Year Plan** ☒ **Revision No: 1**	
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				

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012			Work Statement for Year: 3 FFY 2013		
	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	OK099000001- Port City Acres 1450 Construct Parking	3,000 Sq.ft	9,000.00	OK099000001- Green Country Village Replace HVAC systems	15 Units	48,000.00
Statement	1465 Replace Stoves & Refrigerators	7 each	6,000.00	1450 Replace sidewalks	574 Sqft	4,016.50
	Green Country Village 1450 Construct Parking	3,000 Sq.ft	9,000.00	1460 Roof Replacement	20 Units	52,000.00
	1465 Replace Stoves & Refrigerators	7 each	6,000.00	Port City Acres 1450 Replace sidewalks	574 Sqft	$4,016.50
	OK099000002-Honor Heights Towers 1460 Renovate Apts.	50 Units	309,660.00	1460 Roof Replacement	20 Units	52,000.00
	1460 Abate Asbestos from Units	10 Units	78,500.00	Replace HVAC systems	20 Units	48,000.00
	1460 Replace 2 domestic water 100gal. boilers	2 boilers	44,275.00	Ok099000002 Honor Heights 1470 Re-surface boiler Pit for drainage.	992 Sqft.	5952.00
	Asbestos removal From 1470 pipes in basement	650 Lft.	7800.00	1460 Abate Asbestos from Units	10 Units	78,500.00
				1460 Rehab Abated Asbestos units	10 units	66,750.00
	Subtotal of Estimated Cost		$470,235.00	Subtotal of Estimated Cost		$490,235.00

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 4 FFY 2014			Work Statement for Year: 5 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	OK099000001- Port City Acres 1450 Replace sidewalks	500 Sqft	3,500.00	OK099000001- Green Country Village 1460 sewer lines	2 units	8,000.00
Statement	1460 Replace Hot Water tanks	7 tanks	4095.00	1460 Kitchen Rehab	15 units	52,500.00
	1460 Roof Replacement	10 Units	26,000.00	Port City Acres 1460 sewer lines	2 units	8,000.00
	1460 Replace HVAC systems	10 Units	32,000.00	1460 Kitchen Rehab	15 units	52,500.00
	1460 Kitchen Rehab	25 units	87,500.00	OK099000002-Honor Heights 1460 Abate Asbestos	5 units	39,250.00
	Green Country Village 1450 Replace sidewalks	500 Sqft	3,500.00	1460 Rehab Abated Asbestos units	5 units	33,375.00
	1460 Roof Replacement	10 Units	26,000.00	1460 Replace domestic Water line and shut-off	115 ln ft.	10,000.00
	1460 Replace HVAC systems	10 Units	32,000.00	1460 Replace water line and shut- off for fire pump	115 ln ft	12,500.00
	1460 Replace Hot Water tanks	7 tanks	4095.00	1460 Replace Original windows & patio doors with Energy Eff. units	20 units	70,972.00
	1460 Kitchen Rehab	25 units	87,500.00	1460 Elevator Rehab	2 elevators	5,000.00
	OK099000002/Honor Heights 1460 Rehab HVAC	1Bldg. System	200,293.00		1	
	Subtotal of Estimated Cost		$506,483.00	Subtotal of Estimated Cost		$292,097.00

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

Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012		Work Statement for Year: 3 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide Staff Training	5000.00	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide Staff Training	5,000.00
Annual				
	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide Non – Dwelling Equipment (1475)	30,000.00	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide Non – Dwelling Structures and Equipment	20,000.00
Statement	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide Administration of CFP Grant (1410)	50,000.00	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide Administration of CFP Grant	50,000.00
	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide A&E Fee (1430)	15,000.00	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide A&E Fee	10,000.00
	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide Operations (1406)	40,000.00	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide Operations	35,000.00
	Subtotal of Estimated Cost	$140,000.00	Subtotal of Estimated Cost	$120,000.00

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

Work Statement for Year 1 FFY 2011	Work Statement for Year 4 FFY 2014		Work Statement for Year: 5 FFY 2015	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide Staff Training	5,000.00	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide Staff Training (1408)	5,000.00
Annual				
Statement	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide Non – Dwelling Structures and Equipment	13,.752.00	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide Administration of CFP Grant (1410)	50,000.00
	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide Administration of CFP Grant	50,000.00	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide A&E Fee (1430)	10,000.00
	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide A&E Fee	10,000.00	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide Operations (1406)	3,500.00
	OK099000001 Port City , OK099000002 Honor Heights Towers, OK099000001 Green Country Village PHA-Wide Operations	25,000.00	OK099000001 Administration office Rehab and Expansion for storage, and staffing needs (1470)	229,638.00
			OK099000001 Administration office Equip. and furnishing staffing needs (1475)	20,000.00
	Subtotal of Estimated Cost	$103,752.00	Subtotal of Estimated Cost	$318,138.00