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: Coos-Curry PHA Code: OR020

PHA Type: ☒ Small ☒ High Performing ☐ Standard ☐ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): 07/2011

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: 52 Number of HCV units: funding for approximately 715

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: Our mission is to promote, preserve and provide residents of our community with safe, sanitary and affordable housing in good condition. NBC/CCHA's will assist in connecting residents with other resources which may enhance their quality of living. NBC/CCGHAs will provide these services while treating the clients with dignity.

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. The Coos-Curry Housing Authority did not expand unit count in past five years due to lack of funding. The HA did continue to strive to achieve a high performer status. The HA did continue to improve it's properties through the capital fund program. The PHA will continue to strive for a high performer status. It will continue to operate and maintain units with the limited funding it receives. It will continue to streamline operations while complying with increases in reporting requirements. The PHA will continue to assist as many families as possible in the HCV program with the limited funds it receives. The Housing Authority will evaluate and possibly implement transforming Public Housing to another rental assistance program to insure continued housing assistance to needy families.

6.0 PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:
(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Plan can be reviewed at central offices located at 1700 Monroe Street, North Bend, OR 97459.

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.

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. The PHA will continue to house as many families as possible with the funds available and apply for more funds if that option exists.**
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. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

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) (j) No Resident Association Board (RAB) comments were received.

VAWA Addendum

VAWA

The goal of the PHA is to insure that any participant who reports they are a victim of domestic violence, dating violence, sexual assault, or stalking, are notified of their rights under the new VAWA law. The PHA objective is to provide safe, decent and affordable housing.

When a participant notifies the PHA that they are a victim of domestic violence, dating violence, sexual assault, or stalking, they are given the form HUD-50066 "Certification of Domestic Violence, Dating Violence, or Stalking". The participant has 14 days to complete the certification (or other qualified documentation) and submit it to the PHA. Once the certification or other qualified documentation is received by the PHA, it will be reviewed and a determination will be made as to what steps the PHA can assist with relocating the participant, if necessary. Relocation would be offered within the same program and if a unit of appropriate size is available.

The PHA will also refer the victim(s) of other local agencies that may be able to assist them, such as, Women's Safety and Resource Center and Victims Assistance.

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: Coos -Curry HA	**Grant Type and Number** Capital Fund Program Grant No: OR16P02050110 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2011** **FFY of Grant Approval:**

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	19,000			
3	1408 Management Improvements	8,500			
4	1410 Administration (may not exceed 10% of line 21)	9,500			
5	1411 Audit	3,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	45,000			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	30,000			
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: Coos-Curry	**Grant Type and Number** Capital Fund Program Grant No: OR16P02050110 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2011** **FFY of Grant Approval:**

Type of Grant

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

☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
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)	115,000			
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** 4/1/11 **Signature of Public Housing Director** **Date** 6-1-11

[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: Coos-Curry HA	**Grant Type and Number** Capital Fund Program Grant No: OR16P02050110 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]	
02000002	Inspector Vehicle	1475	ea	30,000				
02000002	Operations	1406	LS	19,000				
02000002	Management Improvements ED, Commissioner, staff training	1408	LS	8500				
02000002	Administration	1410	LS	9500				
02000002	Audit	1411	LS	3000				
02000002	Cabinets	1460	8	45,000				
			Total	115,000				

[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:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:**

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: Coos-Curry HA

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	
02000002 1450	3/31/2013		6/30/2013		
02000002 1406	3/31/2013		6/30/2013		
02000002 1408	3/31/2013		6/30/2013		
02000002 1410	3/31/2013		6/30/2013		
02000002 1411	3/31/2013		6/30/2013		

[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.

art I: Summary

HA Name/Number Coos-Curry HA			Locality (City/County & State)Coos/Curry Counties, OR		☒**Original 5-Year Plan** ☒**Revision No: OR16P02050110**	
	Development Number and Name ORO0200000 2	Work Statement for Year 1 FFY __2011____	Work Statement for Year 2 FFY _____2012_____ $54000	Work Statement for Year 3 FFY _____2013_____ $54000	Work Statement for Year 4 FFY _____2014_____ $54000	Work Statement for Year 5 FFY _____2015_____ $54000
	Physical Improvements Subtotal	Annual Statement	54000	54000	54000	54000
	Management Improvements		8600	8600	8600	8600
	PHA-Wide Non-dwelling Structures and Equipment					
	Administration		9400	9400	9400	9400
	Other Audit		3000	3000	3000	3000
	Operations		19000	19000	19000	19000
	Demolition					
	Development					
	Capital Fund Financing – Debt Service					
	Total CFP Funds					
	Total Non-CFP Funds					
	Grand Total		94,000	94,000	94,000	94,000

art I: Summary (Continuation)

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

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

Work tatement 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 Annual Statement	0200002 1460 Kitchen Cabinets	8	54000	0200002 1460 Kitchen Cabinets	8	54000
	Subtotal of Estimated Cost		$ 54000	Subtotal of Estimated Cost		$54000

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

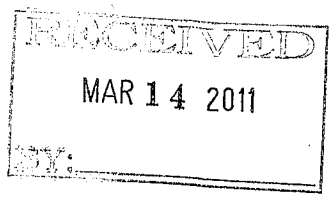
Work tatement for Year 1 FFY __2011___	Work Statement for Year ____4____ FFY ___2014___			Work Statement for Year: ___5____ FFY ___2015___		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	02000002 1460 Siding	2	54000	02000002 1460 Siding	2	54000
	Subtotal of Estimated Cost		$54000	Subtotal of Estimated Cost		$54000

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

Work tatement 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	ED, Commissioner, staff training through PHADA, NAHRO, Nan McKay, etc	8500	ED, Commissioner, Staff training through PHADA, NAHRO, Nan McKay, etc	8500
Annual				
Statement	Audit	3000	Audit	3000
	Subtotal of Estimated Cost	$11,500	Subtotal of Estimated Cost	$11,500

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

Work tatement 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	ED, Commissioner, staff training through PHADA, NAHRO, Nan, McKay etc	8500	ED, Commissioner, Staff training through PHADA, NAHRO, Nan McKay, etc	8500
Annual				
Statement	Audit	3000	Audit	3000
	Subtotal of Estimated Cost	$11,500	Subtotal of Estimated Cost	$11,500



Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan

I, Rick Crager, Acting Director, Oregon Housing and Community Services, certify that the 2011 Annual PHA Plan and 2011- 2016 5 Year Plan of the Coos-Curry Housing Authority is consistent with the Consolidated Plan of Oregon 2011-2015 prepared pursuant to 24 CFR Part 91.

RK Crag

Acting Director, Oregon Housing & Community Services

3/11/11

Date

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-*Year and Annual* PHA Plan

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 Commissioners, I approve the submission of the___ 5-Year and/or_X_ Annual PHA Plan for the PHA fiscal year beginning 2011 *, hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan 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.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
   - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
   - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
   - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
   - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
   - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
    (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
    (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
    (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Coos County — PHA Name

ORO20000002 — PHA Number/HA Code

____ 5-Year PHA Plan for Fiscal Years 20____ - 20____

X Annual PHA Plan for Fiscal Years 2011 - 2012

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
Joe Cook	Board Chair
Signature: Joe Cook	Date: 5/2/11

PHA Board Resolution
Approving Operating Budget

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing -
Real Estate Assessment Center (PIH-REAC)

OMB No. 2577-0026
(exp.12/31/2012)

Public reporting burden for this collection of information is estimated to average **10 minutes per response**, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income public housing program and provides a summary of the proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the public housing agency (PHA) and the amounts are reasonable, and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

PHA Name: COOS CURRY HOUSING AUTHORITY PHA Code: OR020000002

PHA Fiscal Year Beginning: 07/01/2011 Board Resolution Number: 566

Acting on behalf of the Board of Commissioners of the above-named PHA as its Chairperson, I make the following certifications and agreement to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

		DATE
☒	Operating Budget approved by Board resolution on:	04/27/2011
☐	Operating Budget submitted to HUD, if applicable, on:	
☐	Operating Budget revision approved by Board resolution on:	
☐	Operating Budget revision submitted to HUD, if applicable, on:	

I certify on behalf of the above-named PHA that:

1. All statutory and regulatory requirements have been met;
2. The PHA has sufficient operating reserves to meet the working capital needs of its developments;
3. Proposed budget expenditure are necessary in the efficient and economical operation of the housing for the purpose of serving low-income residents;
4. The budget indicates a source of funds adequate to cover all proposed expenditures;
5. The PHA will comply with the wage rate requirement under 24 CFR 968.110(c) and (f); and
6. The PHA will comply with the requirements for access to records and audits under 24 CFR 968.110(i).

I hereby certify that all the information stated within, as well as any information provided in the accompaniment herewith, if applicable, 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 and 3802)

Print Board Chairperson's Name:	Signature:	Date:
Joe Cook	Joe Cook	5/2/11

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

Coos-Curry Housing Authority

Program/Activity Receiving Federal Grant Funding

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
Ned Beman	Executive director
Signature	**Date (mm/dd/yyyy)**
	3/7/11

Previous edition is obsolete

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:	2. Status of Federal Action:	3. Report Type:
[b] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	[b] a. bid/offer/application b. initial award c. post-award	[a] a. initial filing b. material change **For Material Change Only:** year _____ quarter _____ date of last report _ -

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
☐ Prime ☐ Subawardee Tier _____, *if known*: **Congressional District**, *if known*: 4c	Coos Curry HA 1700 Monroe North Bend, OR 97459 **Congressional District**, *if known*:
6. Federal Department/Agency:	**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*):	**b. Individuals Performing Services** (*including address if different from No. 10a*) (*last name, first name, MI*):

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: Ned Beman

Title: Executive Director

Telephone No.: (541) 756-4111 x 302 Date: 3/7/11

Federal Use Only:

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

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Coos-Curry Housing Authority

Program/Activity Receiving Federal Grant Funding

Captial 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.)

Coos-Curry Public Housing
1700 Monroe
North Bend, OR 97459

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
Ned Beman	Executive Director
Signature	**Date**
X	3/8/1Y

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

Profile of Properties

Coos-Curry Housing Authority (Built 1980)

(26) Duplexes at scattered sites-18 sites
(40) Two Bedroom units approx. 1,064sq. ft.
(18) Three Bedroom units approx. 1,056 sq. ft.

Locations:
1317, 1315, 1307, 1305 Crocker St., Coos Bay, Oregon 97420
800, 802 N. Morrison, Coos Bay, Oregon 97420
257, 255 North Wasson St., Coos Bay, Oregon 97420
205, 215 North Wasson St., Coos Bay, Oregon 97420
850, 852 Webster St., Coos Bay, Oregon 97420
285, 275 Marple St., Coos Bay, Oregon 97420
772,774, 778, 780 Birch St., Coquille, Oregon 97423
415, 419 4th St., Coquille, Oregon 97423
1253, 1265 Dean St., Coquille, Oregon 97423
889, 899, 921, 923 Henry St., Coquille, Oregon 97423
1146, 1134 Folsom St., Coquille, Oregon 97423
1032, 1034, 1036, 1038 12th St., Coquille, Oregon 97423
1222, 1220, 1216, 1214 Grape St., Coquille, Oregon 97423
2024, 2022, 2020, 2018 Maple St., Myrtle Point, Oregon 97458
418, 420 Bender St., Myrtle Point, Oregon 97458
1045,1047, 1041, 1043 12th St., Port Orford, Oregon 97465
654, 656, 650, 652 9th St., Port Orford, Oregon 97465
2119, 2117 Idaho St., Port Orford, Oregon 97465

Ethnic Stats 2011

	CCPH Coos	*CCPH Coos %*	*CCPH Curry*	*CCPH Curry %*	*S8*	*S8 %*
WAITING LIST	**403**		**16**		**802**	
White	365	90.57%	14	87.5%	734	92%
Black/African American	7	1.73%	0	0%	10	1%
American Indian/Alaska Native	29	7.20%	2	12.5%	53	7%
Asian	1	0.25%	0	0%	2	0%
Native Hawaiian/Pacific Islander	1	0.25%	0	0%	3	0%
Hispanic	18	4%	0	0%	27	3%
Non-Hispanic	385	96%	16	100%	775	97%
Disabled	123	31%	4	25%	264	33%
Non-Disabled	280	69%	12	75%	538	67%
Elderly	19	5%	5	31%	84	10%
HOUSED ALL	**41**		**10**		**678**	
White	38	93%	10	100%	642	94.7%
Black/African American	1	2%	0	0%	6	0.9%
American Indian/Alaska Native	2	5%	0	0%	21	3.1%
Asian	0	0%	0	0%	9	1.3%
Native Hawaiian/Pacific Islander	0	0%	0	0%	0	0%
Hispanic	1	2%	0	0%	11	2%
Non-Hispanic	40	98%	10	100%	667	98%
Disabled	12	29%	3	30%	412	61%
Non-Disabled	29	71%	7	70%	256	38%
Elderly	6	15%	3	30%	191	28%

State & County QuickFacts

Curry County, Oregon

People QuickFacts	Curry County	Oregon
Population, 2009 estimate	21,148	3,825,657
Population, percent change, April 1, 2000 to July 1, 2009	0.1%	11.8%
Population estimates base (April 1) 2000	21,137	3,421,437
Persons under 5 years old, percent, 2009	3.5%	6.5%
Persons under 18 years old, percent, 2009	15.8%	22.8%
Persons 65 years old and over, percent, 2009	27.9%	13.5%
Female persons, percent, 2009	51.4%	50.4%
White persons, percent, 2009 (a)	93.9%	89.8%
Black persons, percent, 2009 (a)	0.3%	2.0%
American Indian and Alaska Native persons, percent, 2009 (a)	2.3%	1.6%
Asian persons, percent, 2009 (a)	0.9%	3.7%
Native Hawaiian and Other Pacific Islander, percent, 2009 (a)	0.1%	0.3%
Persons reporting two or more races, percent, 2009	2.5%	2.6%
Persons of Hispanic or Latino origin, percent, 2009 (b)	4.9%	11.2%
White persons not Hispanic, percent, 2009	89.4%	79.6%
Living in same house in 1995 and 2000, pct 5 yrs old & over	52.3%	46.8%
Foreign born persons, percent, 2000	3.7%	8.5%
Language other than English spoken at home, pct age 5+, 2000	5.4%	12.1%
High school graduates, percent of persons age 25+, 2000	81.7%	85.1%
Bachelor's degree or higher, pct of persons age 25+, 2000	16.4%	25.1%
Persons with a disability, age 5+, 2000	5,617	593,301
Mean travel time to work (minutes), workers age 16+, 2000	14.4	22.2
Housing units, 2009	12,337	1,639,498
Homeownership rate, 2000	73.0%	64.3%
Housing units in multi-unit structures, percent, 2000	11.3%	23.1%
Median value of owner-occupied housing units, 2000	$148,000	$152,100
Households, 2000	9,543	1,333,723
Persons per household, 2000	2.19	2.51
Median household income, 2008	$36,865	$50,165
Per capita money income, 1999	$18,138	$20,940
Persons below poverty level, percent, 2008	14.8%	13.5%

Business QuickFacts	Curry County	Oregon
Private nonfarm establishments, 2008	745	111,550[1]
Private nonfarm employment, 2008	5,374	1,482,968[1]
Private nonfarm employment, percent change 2000-2008	9.9%	9.4%[1]
Nonemployer establishments, 2008	1,884	255,818
Total number of firms, 2002	2,478	299,505
Black-owned firms, percent, 2002	F	0.7%

State & County QuickFacts

Coos County, Oregon

People QuickFacts	Coos County	Oregon
Population, 2009 estimate	62,795	3,825,657
Population, percent change, April 1, 2000 to July 1, 2009	0.0%	11.8%
Population estimates base (April 1) 2000	62,788	3,421,437
Persons under 5 years old, percent, 2009	5.2%	6.5%
Persons under 18 years old, percent, 2009	19.1%	22.8%
Persons 65 years old and over, percent, 2009	21.2%	13.5%
Female persons, percent, 2009	51.4%	50.4%
White persons, percent, 2009 (a)	92.5%	89.8%
Black persons, percent, 2009 (a)	0.5%	2.0%
American Indian and Alaska Native persons, percent, 2009 (a)	2.6%	1.6%
Asian persons, percent, 2009 (a)	1.1%	3.7%
Native Hawaiian and Other Pacific Islander, percent, 2009 (a)	0.2%	0.3%
Persons reporting two or more races, percent, 2009	3.2%	2.6%
Persons of Hispanic or Latino origin, percent, 2009 (b)	5.0%	11.2%
White persons not Hispanic, percent, 2009	88.1%	79.6%
Living in same house in 1995 and 2000, pct 5 yrs old & over	53.6%	46.8%
Foreign born persons, percent, 2000	2.7%	8.5%
Language other than English spoken at home, pct age 5+, 2000	4.5%	12.1%
High school graduates, percent of persons age 25+, 2000	81.6%	85.1%
Bachelor's degree or higher, pct of persons age 25+, 2000	15.0%	25.1%
Persons with a disability, age 5+, 2000	15,513	593,301
Mean travel time to work (minutes), workers age 16+, 2000	19.9	22.2
Housing units, 2009	30,227	1,639,498
Homeownership rate, 2000	68.1%	64.3%
Housing units in multi-unit structures, percent, 2000	14.1%	23.1%
Median value of owner-occupied housing units, 2000	$98,900	$152,100
Households, 2000	26,213	1,333,723
Persons per household, 2000	2.34	2.51
Median household income, 2008	$37,128	$50,165
Per capita money income, 1999	$17,547	$20,940
Persons below poverty level, percent, 2008	17.8%	13.5%

Business QuickFacts	Coos County	Oregon
Private nonfarm establishments, 2008	1,791	111,550[1]
Private nonfarm employment, 2008	18,316	1,482,968[1]
Private nonfarm employment, percent change 2000-2008	0.7%	9.4%[1]
Nonemployer establishments, 2008	3,868	255,818
Total number of firms, 2002	5,098	299,505
Black-owned firms, percent, 2002	F	0.7%

American Indian and Alaska Native owned firms, percent, 2002	F	1.0%
Asian-owned firms, percent, 2002	F	3.0%
Native Hawaiian and Other Pacific Islander owned firms, percent, 2002	F	0.1%
Hispanic-owned firms, percent, 2002	2.0%	2.1%
Women-owned firms, percent, 2002	22.0%	29.5%
Manufacturers shipments, 2002 ($1000)	350,160	45,864,552
Wholesale trade sales, 2002 ($1000)	210,720	56,855,958
Retail sales, 2002 ($1000)	547,393	37,896,022
Retail sales per capita, 2002	$8,739	$10,756
Accommodation and foodservices sales, 2002 ($1000)	74,033	5,527,223
Building permits, 2009	23	7,039[1]
Federal spending, 2008	547,130	27,530,151[1]

Geography QuickFacts	**Coos County**	**Oregon**
Land area, 2000 (square miles)	1,600.48	95,996.79
Persons per square mile, 2000	39.2	35.6
FIPS Code	011	41
Metropolitan or Micropolitan Statistical Area	Coos Bay, OR Micro Area	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information
F: Fewer than 100 firms
FN: Footnote on this item for this area in place of data
NA: Not available
S: Suppressed; does not meet publication standards
X: Not applicable
Z: Value greater than zero but less than half unit of measure shown

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report
Last Revised: Thursday, 04-Nov-2010 12:55:35 EDT

2010

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: Coos -Curry HA	**Grant Type and Number** Capital Fund Program Grant No: OR16P02050110 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2010** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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]	25074		0	0
3	1408 Management Improvements	8,500		0	0
4	1410 Administration (may not exceed 10% of line 21)	9,500		0	0
5	1411 Audit	3,000		0	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition			0	0
9	1450 Site Improvement	54,000			
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]				

[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: Coos-Curry	**Grant Type and Number** Capital Fund Program Grant No: OR16P02050110 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2010** **FFY of Grant Approval:**

Type of Grant

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

☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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)	100074			
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** 6/1/11

Signature of Public Housing Director **Date** 6-1-11

[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: Coos-Curry HA	**Grant Type and Number** Capital Fund Program Grant No: OR16P02050110 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]	
02000002	Repairs parking areas and sidewalks, remove trees and install fencing.	□ FORMTEXT 1450	ls	54,000		0	0	Wk not started
02000002	Operations	1406	LS	25074		0	0	
02000002	Management Improvements ED, Commissioner, staff training	1408	LS	8500		0	0	
02000002	Administration	1410	LS	9500		0	0	
02000002	Audit	1411	LS	3000		0	0	
			Total	100074		0	0	

[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:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:**

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: Coos-Curry HA					**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	
02000002 1450	3/31/2012		6/30/2012		
02000002 1406	3/31/2012		6/30/2012		
02000002 1408	3/31/2012		6/30/2012		
02000002 1410	3/31/2012		6/30/2012		
02000002 1411	3/31/2012		6/30/2012		

[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.

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.

2009

Actual Modernization Cost Certificate

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

OMB Approval No. 2577-0157 (exp. 12/31/2011)

Comprehensive Improvement Assistance Program (CIAP)
Comprehensive Grant Program (CGP)

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name:	Modernization Project Number:
COOS CURRY HOUSING AUTHORITY	OR16S020501-09

The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	$	122,099.00
B. Funds Disbursed	$	122,099.00
C. Funds Expended (Actual Modernization Cost)	$	122,099.00
D. Amount to be Recaptured (A–C)	$	0
E. Excess of Funds Disbursed (B-C)	$	0

2. That all modernization work in connection with the Modernization Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the HA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

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)

Signature of Executive Director & Date:

X

For HUD Use Only

The Cost Certificate is approved for audit:

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

X

Joy McCray, Director
Office of Public Housing

Date: 5/9/2011

The audited costs agree with the costs shown above:

Verified: (Designated HUD Official)

X

Date:

Approved: (Director, Office of Public Housing / ONAP Administrator)

X

Date:

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**	**FFY of Grant:**
Coos Curry HA	Capital Fund Program Grant No: ORP02050109 Replacement Housing Factor Grant No: Date of CFFP:	2009 **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:** 12/31/2010 ☐ **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]	25031		25031	25031
3	1408 Management Improvements	8500		0	0
4	1410 Administration (may not exceed 10% of line 21)	9500		0	0
5	1411 Audit	3000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	52000		0	0
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]				
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)	102031		25031	25031
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				

[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.

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Coos-Curry Housing Authority	Grant Type and Number Capital Fund Program Grant No: OR16P02050109 Replacement Housing Factor Grant No:	Federal FY of Grant: 2009

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no: 1)
☒ Performance and Evaluation Report for Period Ending: 12/31/10 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	$25031		25031	25031
3	1408 Management Improvements	$8500		0	0
4	1410 Administration	$9,500		0	0
5	1411 Audit	$3,000		0	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement			0	0
10	1460 Dwelling Structures	$52,000		0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	$102031		25031	25031
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Part I: Summary

PHA Name:	**Grant Type and Number**	**FFY of Grant:**
Coos Curry HA	Capital Fund Program Grant No: OR16P02050109 Replacement Housing Factor Grant No: Date of CFFP:	2009 **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:** 12/31/2010 ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
	Signature of Executive Director	**Date** 5/5/11	**Signature of Public Housing Director**	**Date** 5-5-11	

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Coos-Curry Housing Authority	Grant Type and Number Capital Fund Program Grant No: OR16P02050109 Replacement Housing Factor Grant No:	Federal FY of Grant: 2009

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no: 1)
☒ Performance and Evaluation Report for Period Ending: 12/31/10 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	$25031		25031	25031
3	1408 Management Improvements	$8500		0	0
4	1410 Administration	$9,500		0	0
5	1411 Audit	$3,000		0	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement			0	0
10	1460 Dwelling Structures	$52,000		0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	$102031		25031	25031
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Coos-Curry HA		Grant Type and Number Capital Fund Program Grant No: OR16P02050109 Replacement Housing Factor Grant No:				Federal FY of Grant: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406		$25031		25031	25031	
HA Wide	Training	1408		$6,000		0	0	
HA Wide	CFP Administration	1410		$9,500		0	0	
20-1	Siding for 8 units .	1460	8	$52000		0	00	No work started
		1460				o	o	
HA Wide	Auditing	1411		$3,000		0	0	
	Grant Total			102031		25031	25031	

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Coos-Curry HA	**Grant Type and Number** Capital Fund Program No: OR16P02050109 Replacement Housing Factor No:	**Federal FY of Grant:** 2009

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
Operations	03/31/2009			06/30/2009			
20-1	03/31/09			06//30/2009			

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

ARRA

CLOSE-OUT DOCUMENTS #ORS16S020501-09

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	FFY of Grant:
COOS CURRY HOUSING AUTHORITY	Capital Fund Program Grant No: OR16S020501-09 Replacement Housing Factor Grant No: Date of CFFP: 2009	2009 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: 12-31-2010 ☒ 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	11000		11000	11000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	111099		111099	111099
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]				
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)	122099		122099	122099
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				

[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
Expires 4/30/2011

Part I: Summary				
PHA Name: COOS CURRY HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: OR16S020501-09 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:) ☑ Final Performance and Evaluation Report ☐ Performance and Evaluation Report for Period Ending:				
Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost** [1]
		Original	**Revised** [2]	**Obligated** / **Expended**
Signature of Executive Director Tammy Laird Finance Director Acting For Ned Beman		**Date** 5/13/2010	**Signature of Public Housing Director**	**Date** 5-13-10

Part II: Supporting Pages

PHA Name: COOS CURRY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OR16S020501-09 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	FEES AND COSTS	1430	LS	11000		11000	11000	100%
OR02000002	RESIDING COQUILLE UNITS	1460	10	111099		111099	111099	100%
	TOTAL			122099		122099	122099	

[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:	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No:			CFFP (Yes/ No):		**Federal FFY of Grant:**		
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: COOS CURRY 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	
HA WIDE 1430	03/17/2010	12/28/2009	03/17/2012	12/28/2009	
OR02000002 1460	03/17/2010	12/28/2009	03/17/2012	12/28/2009	

[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.

2008

Actual Modernization Cost Certificate

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

OMB Approval No. 2577-0157 (exp. 12/31/2011)

Comprehensive Improvement Assistance Program (CIAP)
Comprehensive Grant Program (CGP)

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name:	Modernization Project Number:
COOS CURRY HOUSING AUTHORITY	OR16P020501-08

The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	$	96,460.00
B. Funds Disbursed	$	96,460.00
C. Funds Expended (Actual Modernization Cost)	$	96,460.00
D. Amount to be Recaptured (A–C)	$	0
E. Excess of Funds Disbursed (B-C)	$	0

2. That all modernization work in connection with the Modernization Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the HA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

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)

Signature of Executive Director & Date:

X 4/25/11

For HUD Use Only

The Cost Certificate is approved for audit:

Approved for Audit (Director, Office of Public Housing / ONAP Administrator) — Date:

X

The audited costs agree with the costs shown above:

Verified: (Designated HUD Official) — Date:

X

Approved: (Director, Office of Public Housing / ONAP Administrator) — Date:

X

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	FFY of Grant:
COOS CURRY HOUSING AUTHORITY	Capital Fund Program Grant No: OR16P020501-08 Replacement Housing Factor Grant No: Date of CFFP: 2008	2008 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: 12/31/2010 ☒ 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]	50,460		50,460	50,460
3	1408 Management Improvements	8,500		8,500	8,500
4	1410 Administration (may not exceed 10% of line 21)	9,500		9,500	9,500
5	1411 Audit	3,000		3,000	3,000
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	25,000		25000	25000
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]				
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)	96,460		96,460	96,460
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				

[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
Expires 4/30/2011

Part I: Summary

PHA Name:	Grant Type and Number	FFY of Grant:
COOS CURRY HOUSING AUTHORITY	Capital Fund Program Grant No: OR 16P020501-08 Replacement Housing Factor Grant No: Date of CFFP: 2008	2008 FFY of Grant Approval:

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
	Signature of Executive Director	Date 4/25/11	Signature of Public Housing Director		Date 4-25-11

Part II: Supporting Pages

PHA Name: COOS CURRY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OR16P020501-08 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	LS	50,460		50,460	50,460	100%
HA WIDE	MANAGEMENT IMPROVEMENT	1408	LS	8,500		8,500	8,500	100%
HA WIDE	ADMINISTRATION	1410	LS	9,500		9,500	9,500	100%
HA WIDE	AUDIT COST	1411	LS	3,000		3,000	3,000	100%
OR02000002	SIDING UNITS IN COQUILLE	1460	4	25,000		25,000	25,000	100%
	TOTAL			96,460		96,460	96,460	

[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: COOS CURRY HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: OR16P020501-08 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]	

[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: COOS CURRY HOUSING AUTHORITY					**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 1406	06/12/2010	08/07/2008	06/12/2012	10/07/2008	
HA WIDE 1408	06/12/2010	07/08/2009	06/12/2012	11/13/2009	
HA WIDE 1410	06/12/2010	07/08/2009	06/12/2012	11/13/2009	
HA WIDE 1411	06/12/2010	07/08/2009	06/12/2012	11/13/2009	
HA WIDE 1460	06/12/2010	07/08/2009	06/12/2012	06/10/2010	

[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: COOS CURRY HOUSING AUTHORITY					**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	

[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.

2007

Actual Modernization Cost Certificate

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

OMB Approval No. 2577-0157 (exp. 12/31/2011)

Comprehensive Improvement Assistance Program (CIAP)
Comprehensive Grant Program (CGP)

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Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name:	Modernization Project Number:
COOS CURRY HOUSING AUTHORITY	OR16P020501-07

The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	$	95,598.00
B. Funds Disbursed	$	95,598.00
C. Funds Expended (Actual Modernization Cost)	$	95,598.00
D. Amount to be Recaptured (A–C)	$	0
E. Excess of Funds Disbursed (B-C)	$	0

2. That all modernization work in connection with the Modernization Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the HA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

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)

Signature of Executive Director & Date:

X 4/25/11

For HUD Use Only

The Cost Certificate is approved for audit:
Approved for Audit (Director, Office of Public Housing / ONAP Administrator) — Date:

X

The audited costs agree with the costs shown above:
Verified: (Designated HUD Official) — Date:

X

Approved: (Director, Office of Public Housing / ONAP Administrator) — Date:

X

Instructions for Preparation of Form HUD-53001
Actual Modernization Cost Certificate

Prepare and submit to the HUD Field Office an original and one copy of form HUD-53001 for each terminated or completed modernization program under the Comprehensive Improvement Assistance Program (CIAP) or Comprehensive Grant Program (CGP).

Heading Instructions:

HA Name - Enter the name of the Housing Authority (HA).

Modernization Project Number - Enter the unique 13-digit Modernization Project Number for the grant for which this form is being submitted. This number is the same number as on form HUD-52825, CIAP Budget, or form HUD-52837, Annual Statement, for the same grant.

Line Instructions:

Line 1A, Original Funds Approved - For the identified grant, enter the total Modernization funds originally approved by HUD through a Modernization Amendment to the Consolidated Annual Contributions Contract(s).

Line 1B, Funds Disbursed - For the identified grant, enter the total funds disbursed by HUD. This amount may never exceed the amount on line 1A.

Line 1C, Funds Expended - For the identified grant, enter the total funds expended (total cash disbursed) by the HA. This amount may never exceed the amount on line 1A.

Line 1D, Amount To Be Recaptured (A minus C) - For the identified grant, enter the amount to be recaptured by subtracting line 1C from line 1A.

Line 1E, Excess of Funds Disbursed (B minus C) - For the identified grant, enter the excess of funds disbursed by subtracting line 1C from line 1B; this is the amount to be remitted by the HA to HUD. If line 1C is greater than line 1B, enter the figure in brackets; this is the amount of funds owed by HUD to the HA.

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**	**FFY of Grant:**
COOS CURRY HOUSING AUTHORITY	Capital Fund Program Grant No: OR16P020501-07 Replacement Housing Factor Grant No: Date of CFFP: 2007	2007 **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:** 12/31/2010 ☒ **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]	17098		17098	17098
3	1408 Management Improvements	6000		6000	6000
4	1410 Administration (may not exceed 10% of line 21)	9500		9500	9500
5	1411 Audit	3000		3000	3000
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	30000		30000	30000
10	1460 Dwelling Structures	30000		30000	30000
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]				
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)	95598		95598	95598
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				

[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
Expires 4/30/2011

Part I: Summary		
PHA Name: COOS CURRY HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: OR 16P020501-07 Replacement Housing Factor Grant No: Date of CFFP: 2007	**FFY of Grant:** 2007 **FFY of Grant Approval:**

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
	Signature of Executive Director	**Date** 4/25/11	**Signature of Public Housing Director**	**Date** 4-25-11	

Part II: Supporting Pages

PHA Name: COOS CURRY HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: OR16P020501-07 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		17098		17098	17098	100%
HA WIDE	TRAINING	1408		6000		6000	6000	100%
HA WIDE	CFP ADMINISTRATION	1410		9500		9500	9500	100%
20-1	SITE IMPROVEMENT	1450	10 %	30000		30000	30000	100%
	SIDEWALK REPLACEMENT AND							
	TREE REMOVAL							
20-1	REPLACE CABINETS	1460	5 UNITS	30000		30000	30000	100%
HA WIDE	AUDITING	1411		3000		3000	3000	100%
	TOTAL			95598		95598	95598	100%

[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: COOS CURRY HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: OR16P020501-07 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]	

[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: COOS CURRY HOUSING AUTHORITY					**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 1406	09/30/2009	06/30/2009	09/30/2011	03/31/2010	
HA WIDE 1408	09/30/2009	06/30/2009	09/30/2011	03/31/2010	
HA WIDE 1410	09/30/2009	06/30/2009	09/30/2011	03/31/2010	
20-1 1450	09/30/2009	06/30/2009	09/30/2011	03/31/2010	
20-1 1460	09/30/2009	06/30/2009	09/30/2011	03/31/2010	
HA WIDE	09/30/2009	06/30/2009	09/30/2011	03/31/2010	

[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: COOS CURRY HOUSING AUTHORITY					**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	

[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.