PHA Plans

OMB Control Number.

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0226 (exp 05/31/2006)

Streamlined 5-Year/Annual Version

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief to certain PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined 5-Year Plan for Fiscal Years 2005 - 2009 Streamlined Annual Plan for Fiscal Year 2005

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.

Streamlined Five-Year PHA Plan Agency Identification

PHA Name: North Bend City		PHA Number: OR009
PHA Fiscal Year Beginning:	01/2005	
PHA Programs Administered		
Public Housing and Section 8 Number of public housing units: Number of S8 units:	Section 8 Only Number of S8 units:	☐ Public Housing Only Number of public housing units: 108
□PHA Consortia: NA		
Public Access to Information		
Information regarding any activiti	ies outlined in this pl	an can be obtained by contacting:
(select all that apply)	f the DUA	
PHA development managem		
PHA local offices		
Display Locations For PHA I The PHA Plans and attachments (if a		O
apply)		
Main administrative office of		
PHA development managem PHA local offices	ent offices	
Main administrative office of	f the local governmen	t
Main administrative office of	_	
Main administrative office of		
Public library	C	
PHA website		
Other (list below)		
PHA Plan Supporting Documents ar	e available for inspect	ion at: (select all that apply)
Main business office of the F	-	and the correct are that apply)
PHA development managem		
Other (list below)		

Streamlined Five-Year PHA Plan PHA FISCAL YEARS 2005 - 2009

[24 CFR Part 903.12]

<u>A. N</u>	<u> Iission</u>
	e PHA's mission for serving the needs of low-income, very low income, and extremely low-income families PHA's jurisdiction. (select one of the choices below)
	The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
lives o Housi keepir	The PHA's mission is: Provide safe, decent and adequate housing for low-income nts in the City of North Bend; actively pursue grants and other funding that enhances the of our residents and their families and increase the affordable housing stock within the ng Authority operating area; provide an organized and professional structure of recording systems and case management; to provide efficient accessibility and sensitivity to the of low income residents.
<u>B.</u> G	<u>soals</u>
HUD	Strategic Goal: Increase the availability of decent, safe, and affordable housing.
	PHA Goal: Expand the supply of assisted housing Objectives: Apply for additional rental vouchers: Reduce public housing vacancies: Leverage private or other public funds to create additional housing opportunities: Acquire or build units or developments through CFP funds only Other (list below)
	PHA Goal: Improve the quality of assisted housing Objectives: Improve public housing management: (PHAS score) 92 improve to 96 Improve voucher management: (SEMAP score) Increase customer satisfaction: Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) Renovate or modernize public housing units: continue CFP program Demolish or dispose of obsolete public housing: Provide replacement public housing: Provide replacement vouchers:

Other: (list below)

PHA Name: North Bend

HA Cod	e: OR 009
	PHA Goal: Increase assisted housing choices Objectives: Provide voucher mobility counseling: Conduct outreach efforts to potential voucher landlords Increase voucher payment standards Implement voucher homeownership program: Implement public housing or other homeownership programs: Implement public housing site-based waiting lists: Convert public housing to vouchers: Other: (list below)
HUD	Strategic Goal: Improve community quality of life and economic vitality
	PHA Goal: Provide an improved living environment Objectives: Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: Implement public housing security improvements: Designate developments or buildings for particular resident groups (elderly, persons with disabilities) Other: (list below)
	Strategic Goal: Promote self-sufficiency and asset development of families and iduals
	PHA Goal: Promote self-sufficiency and asset development of assisted households Objectives: Increase the number and percentage of employed persons in assisted families: Provide or attract supportive services to improve assistance recipients' employability: Provide or attract supportive services to increase independence for the elderly of families with disabilities. Other: (list below)

th Bend 5-Year Plan for Fiscal Years: 2005 - 2009 Annual Plan for FY 2005

PHA Name: North Bend HA Code: OR 009

HUD	Strateg	ic Goal: Ensure Equal Opportunity in Housing for all Americans
	PHA O	Goal: Ensure equal opportunity and affirmatively further fair housing ives: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
		Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: Other: (list below)

Other PHA Goals and Objectives: (list below)

 \bigvee

1 Housing Needs

Streamlined Annual PHA Plan

PHA Fiscal Year 2005

[24 CFR Part 903.12(b)]

Table of Contents

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

A. ANNUAL STREAMLINED PHA PLAN COMPONENTS

	1. Housing reeds
	2. Financial Resources
\boxtimes	3. Policies on Eligibility, Selection and Admissions
\boxtimes	4. Rent Determination Policies
\boxtimes	5. Capital Improvements Needs
\boxtimes	6. Demolition and Disposition
\boxtimes	7. Homeownership
\boxtimes	8. Civil Rights Certifications (included with PHA Certifications of Compliance)
\boxtimes	9. Additional Information
	a. PHA Progress on Meeting 5-Year Mission and Goals
	b. Criteria for Substantial Deviations and Significant Amendments
	c. Other Information Requested by HUD
	 Resident Advisory Board Membership and Consultation Process
	ii. Resident Membership on the PHA Governing Board
	iii. PHA Statement of Consistency with Consolidated Plan
	iv. (Reserved)
	10. Project-Based Voucher Program
\boxtimes	11. Supporting Documents Available for Review
\boxtimes	12. FY 2005 Capital Fund Program and Capital Fund Program Replacement Housing
	Factor, Annual Statement/Performance and Evaluation Report
\boxtimes	13. Capital Fund Program 5-Year Action Plan
	14. Other (List below, providing name for each item)

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50077, <u>PHA Certifications of Compliance with the PHA Plans and Related</u>
Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and
<u>Streamlined Five-Year/Annual Plans</u>;

<u>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</u>
For PHAs APPLYING FOR CAPITAL FUND PROGRAM (CFP) GRANTS:

Form HUD-50070, Certification for a Drug-Free Workplace;

Form HUD-50071, Certification of Payments to Influence Federal Transactions;

Form SF-LLL & SF-LLLa, <u>Disclosure of Lobbying Activities.</u>

Annual Plan for FY 2005

Executive Summary (optional)

[903.7(r)]. If desired, provide a brief overview of the contents of the streamlined 5-Year/Annual Plan.

1. Statement of Housing Needs [24 CFR Part 903.12 (b), 903.7(a)]

A. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. Complete one table for each type of PHA-wide waiting list administered by the PHA. PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the PHA's Waiting Lists						
Waiting list type: (select one)						
Section 8 tenant-based a	assistance					
Public Housing						
Combined Section 8 and						
Public Housing Site-Ba						
If used, identify which	h development/subjuriso		A 1/T			
W. C Parket	# of families	% of total families	Annual Turnover			
Waiting list total	126	-	10			
Extremely low income	85	67				
<=30% AMI						
Very low income	34	27				
(>30% but <=50% AMI) Low income	7					
	/	6				
(>50% but <80% AMI) Families with children	48	38				
Elderly families	37	29				
Families with Disabilities	12	10				
Race/ethnicity Asian	4	3				
Race/ethnicity Native	3	2				
Race/ethnicity White	119	95				
Race/ethnicity Hispanic	1	<1				
Characteristics by Bedroom						
Size (Public Housing Only)						
1BR	74					
2 BR	35					
3 BR	13					
4 BR	4					
5 BR	NA NA					
5+ BR	NA NA DAY					
Is the waiting list closed (selection	ct one)? \boxtimes No \square Ye	es				
If yes:	closed (# of months)?					
		PHA Plan year? No	7 Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?						

5-Year Plan for Fiscal Years: 2005 - 2009 Annual Plan for FY 2005

PHA Name: North Bend HA Code: OR 009

B. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families on the PHA's public housing and Section 8 waiting lists **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

	te resources by
Select al	ll that apply
	Employ effective maintenance and management policies to minimize the number of
	public housing units off-line
	Reduce turnover time for vacated public housing units
\bowtie	Reduce time to renovate public housing units
	Seek replacement of public housing units lost to the inventory through mixed finance development
	Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
	Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
	Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
	Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
	Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants
	to increase owner acceptance of program Participate in the Consolidated Plan development process to ensure coordination with
	broader community strategies
	Other (list below)
	gy 2: Increase the number of affordable housing units by:
Select al	ll that apply
	Apply for additional section 8 units should they become available Leverage affordable housing resources in the community through the creation of mixed -
finance	e housing
	Pursue housing resources other than public housing or Section 8 tenant-based assistance.
	Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

5-Year Plan for Fiscal Years: 2005 - 2009 Annual Plan for FY 2005

PHA Name: North Bend

HA Code: OR 009

Strategy 1: Target available assistance to families at or below 30 % of AMI					
Select al	Select all that apply				
	Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance Employ admissions preferences aimed at families with economic hardships Adopt rent policies to support and encourage work Other: (list below)				
	Speific Family Types: Families at or below 50% of median				
	gy 1: Target available assistance to families at or below 50% of AMI				
	Employ admissions preferences aimed at families who are working Adopt rent policies to support and encourage work Other: (list below)				
Need:	Specific Family Types: The Elderly				
Strategy 1: Target available assistance to the elderly: Select all that apply					
	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below)				
Need:	Specific Family Types: Families with Disabilities				
	gy 1: Target available assistance to Families with Disabilities:				
Select a	ll that apply				
	Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, should they become available Affirmatively market to local non-profit agencies that assist families with disabilities Other: (list below)				

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Page 9 of 49

PHA Name: North Bend 5-Year Plan for Fiscal Years: 2005 - 2009 Annual Plan for FY 2005

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities

HA Code: OR 009

Other: (list below)

	with disproportionate needs:
Select it	f applicable
	Affirmatively market to races/ethnicities shown to have disproportionate housing needs Other: (list below)
Strate	gy 2: Conduct activities to affirmatively further fair housing
Select a	ıll that apply
	Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
	Market the section 8 program to owners outside of areas of poverty /minority concentrations
	Other: (list below)
(2) Re	Housing Needs & Strategies: (list needs and strategies below) easons for Selecting Strategies factors listed below, select all that influenced the PHA's selection of the strategies it will ::
	Funding constraints Staffing constraints Limited availability of sites for assisted housing
	Extent to which particular housing needs are met by other organizations in the community Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
	Influence of the housing market on PHA programs
Ц	Community priorities regarding housing assistance
H	Results of consultation with local or state government
\mathbb{H}	Results of consultation with residents and the Resident Advisory Board
\square	Results of consultation with advocacy groups

2. Statement of Financial Resources

[24 CFR Part 903.12 (b), 903.7 (c)]

List on the following table the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

	cial Resources:				
Planned Sources and Uses Sources Planned \$ Planned Uses					
1. Federal Grants (FY 2005 grants)					
a) Public Housing Operating Fund	212,000				
b) Public Housing Capital Fund	217,000				
c) HOPE VI Revitalization	·				
d) HOPE VI Demolition					
e) Annual Contributions for Section 8 Tenant- Based Assistance					
f) Resident Opportunity and Self-Sufficiency Grants					
g) Community Development Block Grant					
h) HOME					
Other Federal Grants (list below)					
2. Prior Year Federal Grants (unobligated funds only) (list below)					
2003 CFP	142,000	Capital improvements			
3. Public Housing Dwelling Rental Income	273,000	Operating fund			
or Tubic Housing 2 wenning Reneul Medile	273,000	operating rand			
4. Other income (list below)					
4. Non-federal sources (list below)					
Total resources	844,000				

3. PHA Policies Governing Eligibility, Selection, and Admissions [24 CFR Part 903.12 (b), 903.7 (b)]

5-Year Plan for Fiscal Years: 2005 - 2009 Annual Plan for FY 2005

PHA Name: North Bend HA Code: OR 009

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility
a. When does the PHA verify eligibility for admission to public housing? (select all that apply) When families are within a certain number of being offered a unit: (state number) When families are within a certain time of being offered a unit: (state time) Other: At the time of application
 b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)? Criminal or Drug-related activity Rental history Housekeeping, if there is no rental history Other (describe)
c. \(\subseteq \text{ Yes } \subseteq \text{ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?} \) d. \(\subseteq \text{ Yes } \subseteq \text{ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?} \) e. \(\subseteq \text{ Yes } \subseteq \text{ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)} \)
(2)Waiting List Organization
 a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply) Community-wide list Sub-jurisdictional lists Site-based waiting lists Other: We have two waiting lists. One for our "elderly only" complex and one for our family complex. Households who need handicapped accessible units are placed on a list for handicapped accessible units.
 b. Where may interested persons apply for admission to public housing? PHA main administrative office PHA development site management office Other (list below)

- c. Site-Based Waiting Lists-Previous Year
 - 1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes,

complete the following table; if not skip to d. NO.

Site-Based Waiting Lists					
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics	

d.	Site-Based	Waiting	Lists –	Coming	Year
----	------------	---------	---------	--------	------

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) **Assignment**

1.	How many site-based waiting lists will the PHA operate in the coming year?0
2.	Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)? If yes, how many lists?
3.	Yes No: May families be on more than one list simultaneously If yes, how many lists?
4.	Where can interested persons obtain more information about and sign up to be on the site-
	based waiting lists (select all that apply)?
	PHA main administrative office
	All PHA development management offices
	Management offices at developments with site-based waiting lists
	At the development to which they would like to apply
	Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of

c. Preferences

Other: (list below)

1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy)

Resident choice: (state circumstances below)

Administrative reasons determined by the PHA (e.g., to permit modernization work)

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

Deconcentration Policy for Covered Developments						
Development Name Number of Units		Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]			

4. PHA Rent Determination Policies

[24 CFR Part 903.12(b), 903.7(d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one of the following two)
The PHA will not employ any discretionary rent-setting policies for income-based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2)) The PHA employs discretionary policies for determining income-based rent (If selected, continue to question b.)
b. Minimum Rent
1. What amount best reflects the PHA's minimum rent? (select one) \$0 \$1-\$25 \$26-\$50
2. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? NA
3. If yes to question 2, list these policies below:
c. Rents set at less than 30% of adjusted income
1. Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?
2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below: NA
d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA

plan to employ (select all that apply)

	For the earned income of a previously unemployed household member For increases in earned income Fixed amount (other than general rent-setting policy) If yes, state amount/s and circumstances below: Fixed percentage (other than general rent-setting policy) If yes, state percentage/s and circumstances below: For household heads For other family members For transportation expenses For the non-reimbursed medical expenses of non-disabled or non-elderly families Other (describe below)
e. Ceil	ling rents
1. Do	you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select e) Yes for all developments Yes but only for some developments No
2. Fo	r which kinds of developments are ceiling rents in place? (select all that apply)
	For all developments For all general occupancy developments (not elderly or disabled or elderly only) For specified general occupancy developments For certain parts of developments; e.g., the high-rise portion For certain size units; e.g., larger bedroom sizes Other (list below)
	lect the space or spaces that best describe how you arrive at ceiling rents (select all that ply)
	Market comparability study Fair market rents (FMR) 95 th percentile rents 75 percent of operating costs 100 percent of operating costs for general occupancy (family) developments Operating costs plus debt service The "rental value" of the unit Other (list below)

- f. Rent re-determinations:
- 1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

Never
At family option
Any time the family experiences an income increase
Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
Other (list below)

g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

a. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
☐ The section 8 rent reasonableness study of comparable housing
☐ Survey of rents listed in local newspaper
☐ Survey of similar unassisted units in the neighborhood

5-Year Plan for Fiscal Years: 2005 - 2009

5. Capital Improvement Needs

Other (list/describe below)

[24 CFR Part 903.12(b), 903.7 (g)]

PHA Name: North Bend

HA Code: OR 009

Exemptions from Component 5: Section 8 only PHAs are not required to complete this component and may skip to Component 6.

Annual Plan for FY 2005

A. (Cai	pital	F	und	Ac	etiv	vities

Exemptions from sub-component 5A: PHAs that will not participate in the Capital Fund Program may skip to component 5B. All other PHAs must complete 5A as instructed.

(1) Capital Fund Pro	ogram					
a. Xes No	Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 12 and 13 of this template (Capital Fund Program tables). If no, skip to B.					
b. Yes No:	Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).					
B. HOPE VI and (Non-Capital Fur	Public Housing Development and Replacement Activities ad)					
	onent 5B: All PHAs administering public housing. Identify any approved HOPE VI elopment or replacement activities not described in the Capital Fund Program Annual					
(1) Hope VI Revitali	zation					
a. Yes No:	Has the PHA received a HOPE VI revitalization grant? (if no, skip to next component; if yes, provide responses to questions on chart below for each grant, copying and completing as many times as necessary)					
6. Demolition and	l Disposition					
[24 CFR Part 903.12(b), 9						
a. ☐ Yes ⊠ No:	Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 or 24 (Hope VI)of the U.S. Housing Act of 1937 (42 U.S.C. 1437p) or Section 202/Section 33 (Mandatory Conversion) in the plan Fiscal Year? (If "No", skip to component 7; if "yes", complete one activity description for each development on the following chart.)					
7. Section 8 Tenant Based AssistanceSection 8(y) Homeownership Program [24 CFR Part 903.12(b), 903.7(k)(1)(i)]						
(1) Yes No:	Does the PHA plan to administer a Section 8 Homeownership program					

pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

8. Civil Rights Certifications

[24 CFR Part 903.12 (b), 903.7 (o)]

Civil rights certifications are included in the *PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans,* which is submitted to the Field Office in hard copy—see Table of Contents.

9. Additional Information

[24 CFR Part 903.12 (b), 903.7 (r)]

A. PHA Progress in Meeting the Mission and Goals Described in the 5-Year Plan

(Provide a statement of the PHA's progress against the goals and objectives established in the previous 5-Year Plan for the period FY 1999 - 2004_.

GOAL	STATUS
Acquire units	Discussed purchase of Cedar Grove. Owner withdrew
	property.
Improve PHAS sore	Score improved from 87 to 92
Homeownership program	Coos-Curry HA was lead agency.
Resident services programs	Implemented a program at Airport Heights. Did not
	receive a grant for Hamilton Court.
Establish Computer Learning Center at Airport Heights	Accomplished. Also installed computers in the Hamilton
	Court Activity Center.

B. Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

a. Substantial Deviation from the 5-Year Plan Any changes

b. Significant Amendment or Modification to the Annual Plan

Changes to rent, admission policies or the organization of the waiting list. Additions of non-emergency work items (as defined by the Board). Changes to the use of Replacement Reserves funds under the Capital Fund. Changes in any demolition, disposition, designation, homeownership or conversion activities.

C. Other Information

[24 CFR Part 903.13, 903.15]

(1) Re	(1) Resident Advisory Board Recommendations					
a. 🔀	Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?					
If yes,	provide the comments below: RAB was in agreement with draft proposal					
b. In v	what manner did the PHA address those comments? (select all that apply) Considered comments, but determined that no changes to the PHA Plan were necessary. The PHA changed portions of the PHA Plan in response to comments					
\boxtimes	List changes below: Other: RAB was in agreement with draft proposal					

(2) Resident Membership on PHA Governing Board

Other: RAB was in agreement with draft proposal

The governing board of each PHA is required to have at least one member who is directly assisted by the PHA, unless the PHA meets certain exemption criteria. Regulations governing the resident board member are found at 24 CFR Part 964, Subpart E.

a. Does the PHA governing board include at least one member who is directly assisted by

PHA Name: North Bend 5-Year Plan for Fiscal Years: 2005 - 2009 Annual Plan for FY 2005 HA Code: OR 009 the PHA this year? Yes No: If yes, complete the following: Name of Resident Member of the PHA Governing Board: Ronald Hankins Method of Selection: M **Appointment** The term of appointment is 1/2003 to 1/2008 Election by Residents (if checked, complete next section--Description of Resident Election Process) (3) PHA Statement of Consistency with the Consolidated Plan [24 CFR Part 903.15] For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary). Consolidated Plan jurisdiction: State of Oregon a. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply): \boxtimes The PHA has based its statement of needs of families on its waiting list on the needs expressed in the Consolidated Plan/s. The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan. The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan. Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below) Other: (list below)

b. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

(4) (Reserved)

10. Project-Based Voucher Program

a. Tes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If yes, answer the following questions.

PHA Name: North Bend 5-Year Plan for Fiscal Years: 2005 - 2009 Annual Plan for FY 2005

HA Code: OR 009

11. List of Supporting Documents Available for Review for Streamlined Five-Year/ Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

	List of Supporting Documents Available for Review	
Applicable	Supporting Document	Related Plan Component
& On Display		
VII Display √	PHA Certifications of Compliance with the PHA Plans and Related Regulations	Standard 5 Year and
V	and Board Resolution to Accompany the Standard Annual, Standard Five-Year,	Annual Plans; streamlined
	and Streamlined Five-Year/Annual Plans.	5 Year Plans
√	State/Local Government Certification of Consistency with the Consolidated Plan.	5 Yea Plans
√	Fair Housing Documentation Supporting Fair Housing Certifications: Records	5 Year and Annual Plans
•	reflecting that the PHA has examined its programs or proposed programs, identified	5 Tear and Filman Trans
	any impediments to fair housing choice in those programs, addressed or is	
	addressing those impediments in a reasonable fashion in view of the resources	
	available, and worked or is working with local jurisdictions to implement any of the	
	jurisdictions' initiatives to affirmatively further fair housing that require the PHA's	
	involvement.	
√	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which	Annual Plan:
	the PHA is located and any additional backup data to support statement of housing	Housing Needs
	needs for families on the PHA's public housing and Section 8 tenant-based waiting	
	lists.	
\checkmark	Most recent board-approved operating budget for the public housing program	Annual Plan:
		Financial Resources
$\sqrt{}$	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP),	Annual Plan: Eligibility,
	which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-	Selection, and Admissions
	Based Waiting List Procedure.	Policies
	Any policy governing occupancy of Police Officers and Over-Income Tenants in	Annual Plan: Eligibility,
	Public Housing. Check here if included in the public housing A&O Policy.	Selection, and Admissions
		Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions
		Policies
√	Public housing rent determination policies, including the method for setting public	Annual Plan: Rent
•	housing flat rents. Check here if included in the public housing A & O Policy.	Determination
√	Schedule of flat rents offered at each public housing development.	Annual Plan: Rent
,	Check here if included in the public housing A & O Policy.	Determination
	Section 8 rent determination (payment standard) policies (if included in plan, not	Annual Plan: Rent
	necessary as a supporting document) and written analysis of Section 8 payment	Determination
	standard policies.	
	Check here if included in Section 8 Administrative Plan.	
\checkmark	Public housing management and maintenance policy documents, including policies	Annual Plan: Operations
	for the prevention or eradication of pest infestation (including cockroach	and Maintenance
	infestation).	
$\sqrt{}$	Results of latest Public Housing Assessment System (PHAS) Assessment (or other	Annual Plan: Management
	applicable assessment).	and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations
		and Maintenance and
		Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management
	Acousts of facest Section o Management Assessment System (SEMAF)	and Operations
		and Operations
	Any policies governing any Section 8 special housing types	
	Any policies governing any Section 8 special housing types Check here if included in Section 8 Administrative Plan	Annual Plan: Operations
	check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
		Annual Plan: Operations and Maintenance Annual Plan: Agency
	check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance Annual Plan: Agency Identification and
	check here if included in Section 8 Administrative Plan Consortium agreement(s).	Annual Plan: Operations and Maintenance Annual Plan: Agency Identification and Operations/ Management
√	Consortium agreement(s). Public housing grievance procedures	Annual Plan: Operations and Maintenance Annual Plan: Agency Identification and Operations/ Management Annual Plan: Grievance
√	□ check here if included in Section 8 Administrative Plan Consortium agreement(s). Public housing grievance procedures □ Check here if included in the public housing A & O Policy.	Annual Plan: Operations and Maintenance Annual Plan: Agency Identification and Operations/ Management Annual Plan: Grievance Procedures
√	Consortium agreement(s). Public housing grievance procedures	Annual Plan: Operations and Maintenance Annual Plan: Agency Identification and Operations/ Management Annual Plan: Grievance

	List of Supporting Documents Available for Review	Т
Applicable	Supporting Document	Related Plan Component
& 0 D: 1		
On Display		N. I
-1	and Evaluation Report for any active grant year. Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP	Needs
√	grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
V	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
V	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
V	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Sectionof the Section 8 Administrative Plan)	Annual Plan: Homeownership
$\sqrt{}$	Public Housing Community Service Policy/Programs Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
V	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
V	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
V	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). Check here if included in the public housing A & O Policy.	Pet Policy
V	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Consortium agreement(s), if a consortium administers PHA programs.	Joint PHA Plan for Consortia
	Consortia Joint PHA Plans ONLY: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection	Joint PHA Plan for Consortia
	Other supporting documents (optional). List individually.	(Specify as needed)

5-Year Plan for Fiscal Years: 2005 - 2009

PHA Name: North Bend HA Code: OR 009

Page 26 of 49

Annual Plan for FY 2005

12. <u>Annual Statement/Performance and Evaluation Report</u> <u>Capital Fund Program and Capital Fund Program Replacement Housing Factor</u>

Ann	ual Statement/Performance and Evalua	ation Report			
Capi	tal Fund Program and Capital Fund P	rogram Replacement	Housing Factor (CFP/CFPRHF) Pa	rt I: Summary
PHA Name: North Bend City		Grant Type and Number	-		Federal FY of Grant:
		Capital Fund Program Grant No:			2005
		Replacement Housing Factor Gran			
	ginal Annual Statement \square Reserve for Disasters/ Eme	~ <u> </u>	,)	
	formance and Evaluation Report for Period Ending:	Final Performance and			
Line	Summary by Development Account	Total Estimat	ed Cost	Total Actual Cost	
No.					
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	22,000			
3	1408 Management Improvements				
4	1410 Administration	4,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	174,000			
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)	200,000			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

5-Year Plan for Fiscal Years: 2005 - 2009

Annual Plan for FY 2005

PHA Name: North Bend HA Code: OR 009

Annual Statement/Performance and Evaluation Report											
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary											
PHA N	PHA Name: North Bend City Grant Type and Number Federal FY of Grant										
	Capital Fund Program Grant No: OR16P00950105 2005										
	Replacement Housing Factor Grant No:										
⊠Ori	Soriginal Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:										
☐ Per	formance and Evaluation Report for Period Ending:	Final Performance	and Evaluation Report								
Line	Summary by Development Account	Total Esti	mated Cost	Total A	ectual Cost						
No.											
	Original Revised Obligated Expended										
24	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										

PHA Name: North Bend

HA Code: OR 009

5-Year Plan for Fiscal Years: 2005 - 2009 Annual Plan for FY 2005

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

PHA Name: North I	Bend City	Grant Type and N	lumber	Federal FY of Grant: 2005				
	•	Capital Fund Prog						
		Replacement Hous	sing Factor Grant N	lo:				
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	Part-time maintenance worker	1406		22,000		_	_	·
HA wide	CFP administrative costs	1408		4,000				·
9-1	Replace kitchen and bathroom cabinets plus other upgrades	1460	16	74,000				
9-2	Replace exterior siding	1460	10	100,000				
								
								
								
								
								
								
								
								
	TOTAL			200,000				i

Annual Plan for FY 2005

PHA Name: North Bend HA Code: OR 009

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

PHA Name: North Bend (City	Capita		nber m No: OR16P0095 ng Factor No:	50105	Federal FY of Grant: 2005			
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			
HA wide	06/30/07			09/30/07					
9-1 & 9-2	06/30/07			09/30/07					

5-Year Plan for Fiscal Years: 2005 - 2009

PHA Name: North Bend

HA Code: OR 009

Annual Plan for FY 2005

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary PHA Name: North Bend City **Grant Type and Number** Federal FY Capital Fund Program Grant No: OR16P00950104 of Grant: Replacement Housing Factor Grant No: 2004 Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: 06/30/04 Final Performance and Evaluation Report **Summary by Development Account Total Estimated Cost Total Actual Cost** Line No. **Original** Revised **Obligated Expended** Total non-CFP Funds 1406 Operations 125,000 0 0 1408 Management Improvements 1410 Administration 5 1411 Audit 1415 Liquidated Damages 1430 Fees and Costs 1440 Site Acquisition 9 1450 Site Improvement 10 1460 Dwelling Structures 63,000 0 11 1465.1 Dwelling Equipment—Nonexpendable 12 1470 Nondwelling Structures 13 1475 Nondwelling Equipment 14 1485 Demolition 15 1490 Replacement Reserve 1492 Moving to Work Demonstration 16 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) 188,000 0 0 22 Amount of line 21 Related to LBP Activities 23 Amount of line 21 Related to Section 504 compliance Amount of line 21 Related to Security – Soft Costs 24 25 Amount of Line 21 Related to Security - Hard

Amount of line 21 Related to Energy Conservation

Costs

26

5-Year Plan for Fiscal Years: 2005 - 2009

PHA Name: North Bend

HA Code: OR 009

Annual Plan for FY 2005

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary									
PHA Name: North Bend City	y G	rant Type and Number			Federal FY				
	C	Capital Fund Program Grant No: OR16P00950104							
	R	eplacement Housing Fac	ctor Grant No:		2004				
Original Annual Staten	nent Reserve for Disasters/ Emergencies Revis	ed Annual Statement	t (revision no:)						
Performance and Evalu	Performance and Evaluation Report for Period Ending: 06/30/04 Final Performance and Evaluation Report								
Line No. Summary by Development Account Total Estimated Cost Total Actual Cost									
		Original	Revised	Obligated	Expended				
	Measures								

5-Year Plan for Fiscal Years: 2005 - 2009 Annual Plan for FY 2005

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

Part II: Supporting Pages

PHA Name: North Bend

HA Code: OR 009

PHA Name: North	Grant Type and	d Number		Federal FY of Grant: 2004				
	•	Capital Fund Pa	rogram Grant No:	OR16P0095010				
		Replacement H	ousing Factor Gra	nt No:				
Development	General Description of Major	Dev. Acct	Quantity	Total Estin	nated Cost	Total Actual Cost		Status of
Number	Work Categories	No.						Work
Name/HA-Wide								
Activities								
	Original Revi		Revised	Funds Obligated	Funds			
						C	Expended	
HA wide	Operations	1406	NA	125,000		0	0	No funding
9-1 Hamilton	Replace kitchen cabinets and	1460	16	63,000		0	0	No funding
Court	flooring							
HA wide	Landscaping improvements	1450	NA	0		0	0	No funding
	TOTAL			188,000		0	0	

5-Year Plan for Fiscal Years: 2005 - 2009 Annual Plan for FY 2005

PHA Name: North Bend HA Code: OR 009

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

PHA Name: North Bend City			Type and Nun		Federal FY of Grant: 2004		
	d Fund Progra	m No: OR16P009:	50104				
			cement Housin	•			
Development Number	ed	All Funds Expended			Reasons for Revised Target Dates		
Name/HA-Wide	(Qua	arter Ending Da	ate)	(Q	uarter Ending Date	e)	
Activities							
	Original	Revised	Actual	Original	Revised	Actual	
HA wide	12/31/05			12/31/05			
9-1	12/31/05	12/31/06		12/31/05	12/31/06		Have not received funding

5-Year Plan for Fiscal Years: 2005 - 2009

PHA Name: North Bend

HA Code: OR 009

- 2009 Annual Plan for FY 2005

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary **PHA Name: North Bend City Grant Type and Number** Federal FY of Grant: Capital Fund Program Grant No: OR16P00950103 2003 Replacement Housing Factor Grant No: Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 01) Performance and Evaluation Report for Period Ending: 06-30-04 Final Performance and Evaluation Report Line No. **Summary by Development Account Total Estimated Cost Total Actual Cost Original** Revised **Obligated** Expended Total non-CFP Funds 1406 Operations 50,000 6,851 6,851 1408 Management Improvements 1410 Administration 10,000 1411 Audit 1415 Liquidated Damages 6 1430 Fees and Costs 2,596 1440 Site Acquisition 1450 Site Improvement 10 1460 Dwelling Structures 125,000 11 1465.1 Dwelling Equipment—Nonexpendable 12 1470 Nondwelling Structures 13 1475 Nondwelling Equipment 14 1485 Demolition 1490 Replacement Reserve 15 16 1492 Moving to Work Demonstration 17 1495.1 Relocation Costs 1499 Development Activities 18 19 1501 Collaterization or Debt Service 20 1502 Contingency 21 Amount of Annual Grant: (sum of lines 2 - 20) 187,596 6.851 6,851 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

5-Year Plan for Fiscal Years: 2005 - 2009

PHA Name: North Bend

HA Code: OR 009

Years: 2005 - 2009 Annual Plan for FY 2005

Annual Statement/Perform	mance and Evaluation Report							
Capital Fund Program an	d Capital Fund Program Replacement Housing Fa	ctor (CFP/CFPRHF)	Part I: Summary					
PHA Name: North Bend Cit	ty G	Frant Type and Number	r		Federal FY			
		Capital Fund Program G	rant No: OR16P00950	103	of Grant:			
	I	Replacement Housing Fa	ctor Grant No:		2003			
Original Annual Stater	nent Reserve for Disasters/ Emergencies Revi	sed Annual Statemen	t (revision no: 01)					
Performance and Evaluation	uation Report for Period Ending: 06-30-04 Final	Performance and Ev	valuation Report					
Line No.	Summary by Development Account	Total Esti	mated Cost	Total Ac	tual Cost			
		Original	Revised	Obligated	Expended			
25 Amount of Line 21 Related to Security – Hard								
	Costs							
26	Amount of line 21 Related to Energy Conservation							
	Measures							

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

5-Year Plan for Fiscal Years: 2005 - 2009

PHA Name: North	Bend City	Grant Type an	d Number			Federal FY of Gran	nt: 2003	
	•			OR16P0095010	3			
		Replacement H	ousing Factor Gra	ant No:				
Development	General Description of Major	Dev. Acct	Quantity	Total Estir	Total Estimated Cost		al Cost	Status of
Number	Work Categories	No.						Work
Name/HA-Wide								
Activities								
				Original	Revised	Funds Obligated	Funds	
							Expended	
HA wide	Operations	1406	NA	50,000		6,851	6,851	ongoing
HA wide	Administration	1410		10,000		0	0	ongoing
HA wide	Fees and costs	1430		2,596		0	0	ongoing
9-1	Replace fences	1460	17	25,000		0	0	Late 2004
9-2	Paint exteriors	1460	50	100,000		0	0	2005
_	TOTAL			107.506		6.071	6.051	
	TOTAL			187,596		6,851	6,851	

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

5-Year Plan for Fiscal Years: 2005 - 2009

PHA Name: North Bend (City	Capita	Type and Nur al Fund Progra cement Housir	m No: OR16P0095	Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			A	ll Funds Expended uarter Ending Date	Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual	
HA wide	06/30/05			09/30/05			
9-1	06/30/05			09/30/05			
9-2	06/30/05			09/30/05			
							

Annual Plan for FY 2005

Ann	ual Statement/Performance and Evalua	ation Report			
Cap	ital Fund Program and Capital Fund P	rogram Replacement	Housing Factor (CFP/CFPRHF) Par	t I: Summary
	Name: North Bend City	Grant Type and Number Capital Fund Program Grant No Replacement Housing Factor Gr	,	Federal FY of Grant: 2003	
Or	iginal Annual Statement Reserve for Disasters/ Emer	rgencies Revised Annual St	atement (revision no:)	
	formance and Evaluation Report for Period Ending: 0		ce and Evaluation Report	t	
Line	Summary by Development Account	Total Estima	nted Cost	Total Ac	tual Cost
No.					
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	22,388		0	(
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	15,000		0	
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)	37,388		0	
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				

5-Year Plan for Fiscal Years: 2005 - 2009 Annual Plan for FY 2005

PHA Name: North Bend 5-Year Plan for Fiscal Years: 2005 - 2009 HA Code: OR 009

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

PHA Name: North!	PHA Name: North Bend City		Number		Federal FY of Grant: 2003			
	•	Capital Fund Prog	gram Grant No: OR	.16P00950203				
		Replacement House	sing Factor Grant N	lo:				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Act	Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended	
9-2	Exterior painting	1460		22,338		0	0	2005
9-1 Office Building	Replace carpeting and windows, install records storage	1470		15,000		0	0	Late 2004
		+				-		
	TOTAL			37.338		0	0	

Annual Plan for FY 2005

Annual Plan for FY 2005

PHA Name: North Bend HA Code: OR 009

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

PHA Name: North Bend C	City		Type and Nur			Federal FY of Grant: 2003	
		Capita Repla	al Fund Progra cement Housir	m No: OR16P009. ng Factor No:	50203		
Development Number Name/HA-Wide		Fund Obligate Fund Obligate Funding D		A (Q	ll Funds Expended warter Ending Date	l e)	Reasons for Revised Target Dates
Activities	Original	Revised	Actual	Original	Revised Actual		
9-2	06/30/05			09/30/05			
9-1	06/30/05			09/30/05			

5-Year Plan for Fiscal Years: 2005 - 2009

Annual Plan for FY 2005

	mance and Evaluation Report							
	d Capital Fund Program Replacement Housing F		Part I: Summary		1			
PHA Name: North Bend Cit	у	Grant Type and Number	N OD160005010	2	Federal FY			
		Capital Fund Program Grant No: OR16P00950102 of Grant: Replacement Housing Factor Grant No: 2002						
Original Annual States	nent Reserve for Disasters/ Emergencies Rev	rised Annual Statement (2002			
		nal Performance and Ev	` /					
Line No.	Summary by Development Account	Total Estima	Total Act	ual Cost				
	, , , , , , , , , , , , , , , , , , ,	Original	Revised	Obligated	Expended			
1	Total non-CFP Funds							
2	1406 Operations	0	10,000	10,000	10,000			
3	1408 Management Improvements							
4	1410 Administration	10,000	0	0	0			
5	1411 Audit							
6	1415 Liquidated Damages							
7	1430 Fees and Costs							
8	1440 Site Acquisition							
9	1450 Site Improvement							
10	1460 Dwelling Structures							
11	1465.1 Dwelling Equipment—Nonexpendable							
12	1470 Nondwelling Structures							
13	1475 Nondwelling Equipment							
14	1485 Demolition							
15	1490 Replacement Reserve	218,005	218,005	218,005	218,005			
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)	228,005	228,005	228,005	228,005			
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							

5-Year Plan for Fiscal Years: 2005 - 2009

PHA Name: North Bend

Measures

HA Code: OR 009

Annual Plan for FY 2005

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary **PHA Name: North Bend City Grant Type and Number** Federal FY Capital Fund Program Grant No: OR16P00950102 of Grant: Replacement Housing Factor Grant No: 2002 Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: 06/30/04 Final Performance and Evaluation Report Line No. **Summary by Development Account Total Estimated Cost Total Actual Cost** Obligated **Original Expended** Revised Costs 26 Amount of line 21 Related to Energy Conservation

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

5-Year Plan for Fiscal Years: 2005 - 2009

PHA Name: North	Bend City	Grant Type an		OR16P00950102	2.	Federal FY of Grant: 2002		
			lousing Factor Gra		-			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estin	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended	
HA wide	Operating expenses	1406	NA	0	10,000	10,000	10,000	
9-1	Replacement reserve to increase funds for residing Hamilton Court	1490	One Building	218,005	218,005	218,005	218,005	
HA wide	Admin	1410	NA	10,000	0	0	0	
	TOTAL			228,005	228,005	228,005	228,005	Completed but not closed ou

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

PHA Name: North Bend O	City	Capita		m No: OR16P009:	Federal FY of Grant: 2002			
Development Number All Fund Name/HA-Wide (Quarter En				All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
HA wide and 9-1	06/30/03	12/31/03	07/31/003	06/30/03	12/31/03	11/30/03	Original bid was challenged and subsequently re-bid.	

13. Capital Fund Program Five-Year Action Plan

Capital Fund P	Capital Fund Program Five-Year Action Plan										
Part I: Summar	'y										
PHA Name				Original 5-Year Plan							
North Bend City				☐Revision No:							
Development	Year 1	Work Statement	Work Statement	Work Statement	Work Statement for						
Number/Name/ HA-Wide		for Year 2	for Year 3	for Year 4	Year 5						
		FFY Grant: 2006	FFY Grant: 2007	FFY Grant: 2008	FFY Grant: 2009						
		PHA FY: 2006	PHA FY: 2007	PHA FY: 2008	PHA FY: 2009						
	Annual Statement										
HA wide				40,000							
HA wide		30,000	32,000	35,000	38,000						
9-1		80,000									
9-2		90,000	125,000	125,000							
9-5			43,000								
New Development					162,000						
CFP Funds Listed for 5-year planning		200,000	200,000	200,000	200,000						
Replacement Housing Factor Funds											

Part II: Supporting Pages—Work Activities	Capital Fund Program Five-Year Action Plan
	Part II: Supporting Pages—Work Activities

	pporting rages	VV OT IN TACE VICES						
Activities for		Activities for Year: 2		Activities for Year: 3				
Year 1	1	FFY Grant: 2006		FFY Grant: 2007				
		PHA FY: 2006	PHA FY: 2007					
	Development	Major Work	Estimated Cost	Development	Major Work	Estimated Cost		
	Name/Number	Categories		Name/Number	Categories			
See	HA wide	Operations and admin	30,000	HA wide	Operations and admin	32,000		
Annual	9-1	Kitchen cabinets and other upgrades	80,000	9-1				
Statement	9-2	Re-siding the exterior	90,000	9-2	Kitchen cabinets and other upgrades	125,000		
				9-5	Kitchen cabinets and other upgrades	43,000		
	Total CFP Estimate	d Cost	200,000			200,000		

PHA Name: North Bend 5-Year Plan for Fiscal Years: 2005 - 2009 HA Code: OR 009

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities

Part II: Supportin	g Pages—Work Ac	tivities					
	Activities for Year: 4		Activities for Year: 5				
	FFY Grant: 2008 PHA FY: 2008		FFY Grant: 2009 PHA FY: 2009				
Development	Major Work	Estimated Cost	Development Major Work Estimated Cost				
Name/Number	Categories	Estimated Cost	Name/Number	Categories	Estimated Cost		
HA wide	Operations and admin	35,000	HA wide	Operations and admin	38,000		
9-1							
9-2	New doors; light, bathroom and kitchen fixtures	125,000					
HA wide	New maintenance vehicle and landscape equipment	40,000					
			New development	Duplex	162,000		
Total CFP Es	Total CFP Estimated Cost				200,000		