PHA Plans

Streamlined Annual Version

U.S. Department of Housing and **Urban Development**

Office of Public and Indian Housing

OMB No. 2577-0226 $(\exp. 08/31/2009)$

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 for certain types of 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 OMB Control Number.

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 Annual PHA Plan for Fiscal Year: 2008

PHA Name: Archuleta County Housing

Authority

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.

Streamlined Annual PHA Plan Agency Identification

| PHA | Name: Archuleta Cou | unty Hou | ising Authority | PHA Number | r: CO081 |
|---------------|--|---|---------------------------------------|---|----------------------------|
| РНА | Fiscal Year Beginnin | g: 01 / 2 | 008 | | |
| Pub Number | Programs Administe blic Housing and Section of public housing units: of S8 units: | 8 \(\subseteq Se | | ablic Housing Onler of public housing units | |
| □PH | A Consortia: (check b | ox if subn | nitting a joint PHA P | lan and complete | table) |
| | Participating PHAs | PHA Code | Program(s) Included in the Consortium | Programs Not in the Consortium | # of Units Each Program |
| Participa | nting PHA 1: | | | | |
| Participa | ating PHA 2: | | | | |
| Participa | ating PHA 3: | | | | |
| Name: TDD: | Plan Contact Inform Tami Miller 1-877-735-2929 c Access to Informati | | | e: 970-259-1086 l (if available): ngsolutions.com | ı |
| | nation regarding any act | ivities out | lined in this plan can | be obtained by co | ontacting: |
| (select | all that apply) PHA's main administration | ve office | PHA's devel | opment manageme | ent offices |
| Displ | ay Locations For PH | A Plans | and Supporting D | ocuments | |
| public | HA Plan revised policies or review and inspection. select all that apply: Main administrative office PHA development manage Main administrative office Public library | Yes Yes The of the Property of the local section is the local section in the local section in the local section is the local section in the local section in the local section is the local section in the local section in the local section is the local section in the local section in the local section is the local section in the local section | □ No. HA Tices | , | |
| PHA P ⊠ | lan Supporting Document Main business office of the | | | (select all that app pment managemen | • |

- 4. Project-Based Voucher Programs
- 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
- 6. Supporting Documents Available for Review
- 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor,

Annual Statement/Performance and Evaluation Report
8. Capital Fund Program 5-Year Action Plan

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50076, *PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan* identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

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

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

Form SF-LLL &SF-LLLa, Disclosure of Lobbying Activities.

1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. 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 B.

| 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 | | | | |
| | | | | | | | | |

| 2. | What is the nuat one time? | umber of site ba | ased waiting list devel | opments to which fam | ilies may apply |
|------|-------------------------------|----------------------------------|---|---|------------------|
| 3. | How many un based waiting | • | n applicant turn down | before being removed | I from the site- |
| 4. | or any court or complaint and | rder or settleme describe how | ent agreement? If yes | nding fair housing com , describe the order, ag itting list will not viola tt below: | greement or |
| В. | Site-Based W | aiting Lists – | Coming Year | | |
| | - | - | more site-based waiting to next component | ng lists in the coming y | ear, answer each |
| 1. I | How many site- | based waiting | lists will the PHA ope | erate in the coming yea | ar? |
| 2. | Yes No | • | hey are not part of a p | ased waiting lists new reviously-HUD-appro | 1 0 |

PHA Name: Archuleta County Housing Authority

HA Code:

Streamlined Annual Plan for Fiscal Year 2008

| | HOPE VI Revitalization Grant Status | | | | | | | |
|-----------------------------------|---|--|--|--|--|--|--|--|
| a. Development Nam | | | | | | | | |
| b. Development Num | lber: | | | | | | | |
| Revitalizat | Revitalization Plan under development Revitalization Plan submitted, pending approval Revitalization Plan approved | | | | | | | |
| _ | pursuant to an approved Revitalization Plan underway | | | | | | | |
| 3. Yes No: | Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year? If yes, list development name(s) below: | | | | | | | |
| 4. Yes No: | Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below: | | | | | | | |
| 5. Yes No: Y | Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below: | | | | | | | |
| | ant Based AssistanceSection 8(y) Homeownership Program FR Part 903.12(c), 903.7(k)(1)(i)] | | | | | | | |
| 1. X 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.) | | | | | | | |
| 2. Program Descripti | ion: see attached Homeownership Option | | | | | | | |
| a. Size of Program ☐ Yes ⊠ No: | Will the PHA limit the number of families participating in the Section 8 homeownership option? | | | | | | | |
| | If the answer to the question above was yes, what is the maximum number of participants this fiscal year? | | | | | | | |
| b. PHA-established € ☐ Yes ☐ No: | eligibility criteria Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria: See Attached Homeownership Option | | | | | | | |

3. Capacity of the PHA to Administer a Section 8 Homeownership Program: The PHA has demonstrated its capacity to administer the program by (select all that apply): \bowtie Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources. Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards. \boxtimes Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below): 1. Wells Fargo Bank – 16 years, will underwrite to the Voucher Program 2. Regional Housing Authority – 1 year, will offer down payment for Voucher families \boxtimes Demonstrating that it has other relevant experience (list experience below): Housing Solutions is the management agent for Archuleta County H.A. As a H.U.D. designated Housing Counseling Agency, Housing Solutions, working with the Regional Housing Authority can pre-qualify families for affordable local homeownership programs and use the RHA's down payment assistance to help with gap financing. 4. Use of the Project-Based Voucher Program **Intent to Use Project-Based Assistance** Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1. Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:

low utilization rate for vouchers due to lack of suitable rental units access to neighborhoods outside of high poverty areas other (describe below:)

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

PHA Name: Archuleta County Housing Authority

HA Code: CO081

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

| 1. Con | solidated Plan jurisdiction: (provide name here) |
|--------|---|
| | PHA has taken the following steps to ensure consistency of this PHA Plan with the solidated Plan for the jurisdiction: (select all that apply) |
| | The PHA has based its statement of needs of families on its waiting lists 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) |
| | Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions mmitments: (describe below) |
| | |

NOTE: The progress on meeting the goals of the 5-year Plan for the Archuleta County Housing Authority are contained as attachments in that plan.

<u>6. Supporting Documents Available for Review for Streamlined Annual PHA</u> 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 & On Display | Supporting Document | Related Plan Component | |
| - | PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans; | 5 Year and Annual Plans | |
| XX | PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan | Streamlined Annual Plans | |
| | Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan. | 5 Year and standard Annual Plans | |
| xx | Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified 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. | 5 Year and Annual Plans | |
| XX | Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists. | Annual Plan: Housing Needs | |
| | Most recent board-approved operating budget for the public housing program | Annual Plan: Financial Resources | |
| | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure. | Annual Plan: Eligibility, Selection, and Admissions Policies | |
| | Deconcentration Income Analysis | Annual Plan: Eligibility, Selection, and Admissions Policies | |
| | Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. Check here if included in the public housing A&O Policy. | Annual Plan: Eligibility, Selection, and Admissions Policies | |
| XX | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies | |
| | Public housing rent determination policies, including the method for setting public housing flat rents. Check here if included in the public housing A & O Policy. | Annual Plan: Rent Determination | |
| | Schedule of flat rents offered at each public housing development. Check here if included in the public housing A & O Policy. | Annual Plan: Rent Determination | |
| | Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. Check here if included in Section 8 Administrative Plan. | Annual Plan: Rent Determination | |

| | List of Supporting Documents Available for Review | | | | | | | | |
|-------------------------------|---|--|--|--|--|--|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component | | | | | | | |
| | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation). | Annual Plan: Operations and Maintenance | | | | | | | |
| | Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment). | Annual Plan: Management 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 | | | | | | | |
| XX | Results of latest Section 8 Management Assessment System (SEMAP) | Annual Plan: Management and Operations | | | | | | | |
| | Any policies governing any Section 8 special housing types Check here if included in Section 8 Administrative Plan | Annual Plan: Operations and Maintenance | | | | | | | |
| | Public housing grievance procedures Check here if included in the public housing A & O Policy | Annual Plan: Grievance Procedures | | | | | | | |
| XX | Section 8 informal review and hearing procedures. | Annual Plan: Grievance | | | | | | | |
| | ☐ Check here if included in Section 8 Administrative Plan. The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year. | Procedures Annual Plan: Capital Needs | | | | | | | |
| | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP 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 | | | | | | | |
| | 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 | | | | | | | |
| | 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 | | | | | | | |
| | 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 | | | | | | | |
| XX | Policies governing any Section 8 Homeownership program (Section <u>Amendment #1</u> of the Section 8 Administrative Plan) | Annual Plan: Homeownership | | | | | | | |
| | 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 | | | | | | | |
| | Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing. | Annual Plan: Community Service & Self-Sufficiency | | | | | | | |
| | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services | Annual Plan: Community | | | | | | | |
| | grant) grant program reports for public housing. 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. | Service & Self-Sufficiency Annual Plan: Pet Policy | | | | | | | |
| XX | The results of the most recent fiscal year audit of the PHA conducted under the | Annual Plan: Annual Audit | | | | | | | |

| | List of Supporting Documents Available for Review | | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component | | | | | | | |
| | Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings. | | | | | | | | |
| | Other supporting documents (optional) (list individually; use as many lines as necessary) | (specify as needed) | | | | | | | |
| | Consortium agreement(s) and for Consortium 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 Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations | | | | | | | |

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

| Annual Statement/Pe | rformance and Evaluation Report | | | | |
|----------------------|--|-------------------------|----------------|-----------------|------------|
| Capital Fund Program | m and Capital Fund Program Replacemen | t Housing Factor | (CFP/CFPRHF) | Part I: Summary | • |
| PHA Name: | | Frant Type and Number | <u> </u> | | Federal FY |
| | | Capital Fund Program Gr | | | of Grant: |
| | | Replacement Housing Fa | ctor Grant No: | | |
| | ment Reserve for Disasters/ Emergencies Revi | | | | |
| | | rformance and Evalu | | | |
| Line No. | Summary by Development Account | | mated Cost | | tual Cost |
| | | 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 | | | | |
| 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) | | | | |
| 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: | | Grant Type an Capital Fund Pr Replacement H | d Number rogram Grant No: ousing Factor Gr | ant No: | | Federal FY of Grant: | | |
|---|---|---|--|----------------------|---------|----------------------|-------------------|-------------------|
| 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 | |
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7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

| Annual Statement Capital Fund Prog Part III: Implement PHA Name: | gram and | Capital Formation Capital Capi | | ram Replac mber m No: | ement Housi | ing Factor | (CFP/CFPRHF) Federal FY of Grant: |
|---|----------|--|--------|------------------------|-----------------------------|------------|------------------------------------|
| Development Number Name/HA-Wide Activities | | Fund Obliga ter Ending I | ted | All | Funds Expendenter Ending Da | | Reasons for Revised Target Dates |
| | Original | Revised | Actual | Original | Revised | Actual | |
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8. Capital Fund Program Five-Year Action Plan

| Capital Fund Program Five-Year Action Plan Part I: Summary | | | | | | | | |
|--|---------------------|------------------------------|------------------------------|-----------------------------------|------------------------------|--|--|--|
| PHA Name | . y | | | Original 5-Year Plan Revision No: | | | | |
| Development Number/Name/ HA-Wide | Year 1 | Work Statement for Year 2 | Work Statement for Year 3 | Work Statement for Year 4 | Work Statement for Year 5 | | | |
| | | FFY Grant: PHA FY: | FFY Grant: PHA FY: | FFY Grant: PHA FY: | FFY Grant: PHA FY: | | | |
| | Annual Statement | | | | | | | |
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| CFP Funds Listed for 5-year planning | | | | | | | | |
| Replacement Housing Factor Funds | | | | | | | | |

8. Capital Fund Program Five-Year Action Plan

| Capital Fund Program Five-Year Action Plan | | | | | | | | | | |
|--|-----------------------|------------|-----------------------|----------------------|------------|-----------|--|--|--|--|
| Part II: Supporting Pages—Work Activities | | | | | | | | | | |
| Activities | Activities for Year : | | | Activities for Year: | | | | | | |
| for | FFY Grant: | | | FFY Grant: | | | | | | |
| Year 1 | PHA FY: | | | PHA FY: | | | | | | |
| | Development | Major Work | Estimated Cost | Development | Major Work | Estimated | | | | |
| | Name/Number | Categories | | Name/Number | Categories | Cost | | | | |
| See | | | | | | | | | | |
| Annual | | | | | | | | | | |
| Statement | | | | | | | | | | |
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| Total CFP Estimated Cost | | | \$ | | | \$ | | | | |

8. Capital Fund Program Five-Year Action Plan

| Capital Fund Program Five-Year Action Plan | | | | | | | | | | |
|--|----------------------|-----------------------|----------------------|------------|-----------------------|--|--|--|--|--|
| Part II: Supporting Pages—Work Activities | | | | | | | | | | |
| . A | Activities for Year: | | Activities for Year: | | | | | | | |
| | FFY Grant: | | FFY Grant: | | | | | | | |
| | PHA FY: | T | PHA FY: | | | | | | | |
| Development | Major Work | Estimated Cost | Development | Major Work | Estimated Cost | | | | | |
| Name/Number | Categories | | Name/Number | Categories | | | | | | |
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| Total CFP Estimated Cost | | \$ | | | \$ | | | | | |

Membership of Resident Advisory Board 2008

Sarah Dittrich 390 Dakota Drive #10 Bayfield, CO 81122

Tammy Rutledge 60 Sierra Durango, CO 81301

John Ware P.O. Box 2350 Durango, CO 81302