

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: <u>Housing Authority of Owensboro</u> PHA Code: <u>KY 009</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2009</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>579</u> Number of HCV units: <u>289</u>				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> 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
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: None (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Administrative Office, 2161 East 19th Street, Owensboro, KY 42303				
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 <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , 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 <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The HAO historically has experienced a short waiting list in both its public housing and HCV programs. Despite this short waiting list, the authority will turn 25-33% of its units in any given year. The Authority offers significant supportive services, and reasonably concludes that economics may not be the driving force behind housing decisions. This historically has caused the Authority management to reasonably conclude that</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The HAO continues to consider the feasibility of development or expansion of low income housing units for populations identified in studies as being in need. This consideration is the result of a study conducted under the prior 5- year plan which established a potential need, but no method for implementing the service component. The HAO continues to consider this as a potential that may be addressed, as an effort to increase the availability of decent safe and affordable housing. It also has communicated regularly with the local governmental entity with respect to developing partnerships in the development of affordable housing. It has also continued with its aggressive modernization and renovation programs under the Capital Fund. In the first year of the second 5-year plan the HAO has completed multi-year Capital Fund projects at Rolling</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>a. Substantial Deviation from the 5-Year Plan: a discretionary change in the plan(s) or policy (ies) of the Housing Authority that fundamentally changes the mission(s), goals(s), objectives(s), or plans(s) of the agency, as expressed in the Five (5) Year Plan, and which requires formal approval by the Board of Commissioners.</p> <p>b. Significant Amendment or Modification to the Annual Plan: a discretionary change in the plan(s) or policy (ies) of the Housing Authority that fundamentally changes the mission(s), goals(s), objective(s), or plans(s) of the agency, as expressed in the Five (5) Year Plan and/or Annual Plan, and which requires formal approval by the Board of Commissioners.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

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, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide 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 is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 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 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. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: **1)** Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; **2)** Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and **3)** Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** **1)** A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and **2)** A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: **(1)** A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and **(2)** A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that **approved and/or pending** demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: **1)** A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; **2)** An analysis of the projects or buildings required to be converted; and **3)** A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a 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: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (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.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

Section 11:

(F) – RAB – No Comments

(G) – Challenged Elements – No Challenged Elements

B. Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

a. Substantial Deviation from the 5-Year Plan: a discretionary change in the plan(s) or policy (ies) of the Housing Authority that fundamentally changes the mission(s), goals(s), objectives(s), or plans(s) of the agency, as expressed in the Five (5) Year Plan, and which requires formal approval by the Board of Commissioners.

b. Significant Amendment or Modification to the Annual Plan: a discretionary change in the plan(s) or policy(ies) of the Housing Authority that fundamentally changes the mission(s), goals(s), objective(s), or plans(s) of the agency, as expressed in the Five (5) Year Plan and/or Annual Plan, and which requires formal approval by the Board of Commissioners.

Any change in the five year plan, annual plan, annual plan capital fund work statement, and/or five year plan capital fund work necessitated in the judgment of the HAO as the result of budget decreases or increases over what the HAO planned its work items and dollar assignments, is not a “discretionary change” and therefore, will not be considered substantial or significant for purposes of plan amendment procedures. This includes the possibility that entire work items may be deleted, in whole or in part, and funds transferred to other line items. This includes the possibility that future work items costing less may be substituted for current work items.

Changes to policies are not amendments, modifications or deviations from the annual or five-year plan. Required public comment is received prior to implementation of such changes.

Any Notice, Guidance or other form of instruction, direction, clarification, information, etc., from DHUD or its offices, which is published or made effective on a date which makes inclusion of the provisions of the information in the annual plan planning and hearing process impracticable (such as, during the comment period or after the public hearing but before final board action), and which the HAO determines to implement, is neither a substantial deviation nor a significant amendment or modification, without regard to whether formal Board action required or taken to implement the particular provisions.

Changes to the American Recovery and Reinvestment Act Capital Fund stimulus program plan which are required or suggested by HUD or in response to clarifications, directive, guidance, etc. from HUD or other

responsible entities, after adoption of the ARRA plan, are not substantial deviations or amendments to the ARRA 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)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing (<u>First Column</u> : represents the applicants on waiting list that have been determined eligible for housing; <u>Second Column (<i>Italic</i>)</u> : represents the applicants on waiting list that have not been determined eligible for housing.)			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	31 (20)		280
Extremely low income <=30% AMI	14 (15)	57%	
Very low income (>30% but <=50% AMI)	15 (4)	37%	
Low income (>50% but <80% AMI)	2 (1)	6%	
Families with children	12 (10)	22%	
Elderly families	2 (1)	14%	
Families with Disabilities	11 (2)	7%	
Race/ethnicity White/Non-Hispanic	25 (13)	89%	
Race/ethnicity White/Hispanic	6 (7)	1%	
Race/ethnicity Black/Non-Hispanic	5 (4)	10%	
Race/ethnicity Black/Hispanic	0 (0)	0%	
Single	19 (14)	49%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	27 (20)	54%	
2 BR	14 (8)	25%	
3 BR	8 (3)	13%	
4 BR	5 (2)	8%	
5 BR	0	0	
5+ BR	0	0	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/>			
No <input type="checkbox"/> Yes			

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input checked="" type="checkbox"/>	Section 8 tenant-based assistance		
<input type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	101		305
Extremely low income <=30% AMI	59	58%	
Very low income (>30% but <=50% AMI)	42	42%	
Low income (>50% but <80% AMI)	0	0	
Families with children	62	61%	
Elderly families	4	4%	
Families with Disabilities	29	29%	
Race/ethnicity White	84	83%	
Race/ethnicity Black	17	17%	
Race/ethnicity Other	0	0	
Race/ethnicity	0	0	
Singles	6	6%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	** 67 Under 30%	Subsidized	
2 BR	Over 30%	Subsidized	
3 BR	And Singles		
4 BR			
5 BR	** 57 Over 30%	Not Subsidized	
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/>			
No <input type="checkbox"/> Yes			

*The waiting list numbers include all persons who have applied, not just those found eligible. The Section 8 program has 5 vacancies out of 289 baseline units. This number has not changed since September 2006. 155 letters to applicants have been sent, without an increase in our occupancy rate; the raw waiting list numbers are deceptive.

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.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2009 grants)		
a) Public Housing Operating Fund	1,400,000	
b) Public Housing Capital Fund	1,063,712	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,200,000	
f) Resident Opportunity and Self-Sufficiency Grants	0	
g) Community Development Block Grant	0	
h) HOME	0	
Other Federal Grants (list below)		
RHF 50207	60,734	
2. Prior Year Federal Grants (unobligated funds only) (list below)		
PHA Reserve	900,000	
Sec 8 Reserve		
Sec 8- Other Housing Purposes	120,000	
CFP 501-08	555,380	
CFP 501-07	270,000	
RHF 502-07	60,734	
RHF 502-08	64,069	
3. Public Housing Dwelling Rental Income	1,330,000	
Excess Utilities	85,000	
4. Other income (list below)		
Maintenance Charges, Third Party Rent, etc	85,000	
Interest	50,000	
4. Non-federal sources (list below)		
Total resources	7,920,946	

9.0

The HAO historically has experienced a short waiting list in both its public housing and HCV programs. Despite this short waiting list, the authority will turn 25-33% of its units in any given year. The Authority offers significant supportive services, and reasonably concludes that economics may not be the driving force behind housing decisions. This historically has caused the Authority management to reasonably conclude that massive new expansions of affordable housing is less in demand than other areas of the country. The Authority has previously engaged in a long term planning session, where the population most in need in the near future was the elderly. Population growth for the area is predicted to be less than half the average for the state in the next 20 years. The Authority has not seen a demand for its accessible units in excess of the available number of accessible units. The Authority's units are well spaced throughout the jurisdiction, and are not concentrated in any one or two areas. The age of the Authority properties will sooner rather than later become of concern, since although it is unlikely that any current construction will withstand the test of time as well as that of the original construction, an aging population, a population with greater numbers of recognized disabilities, will require more modern facilities, and perhaps only ground floor units. The Authority's LEP analysis showed no significant ethnic populations requiring specialized housing services. The jurisdiction is subject to current economic conditions which are adverse, but it has not relied on one industry so that it has typically weathered economic downturns more readily than other areas. At the same time, it has not experienced economic booms as have other jurisdictions. This significantly explains the relative stable nature of the housing needs over time.

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 2001 – 2005.)

The HAO continues to consider the feasibility of development or expansion of low income housing units for populations identified in studies as being in need. This consideration is the result of a study conducted under the prior 5- year plan which established a potential need, but no method for implementing the service component. The HAO continues to consider this as a potential that may be addressed, as an effort to increase the availability of decent safe and affordable housing. It also has communicated regularly with the local governmental entity with respect to developing partnerships in the development of affordable housing. It has also continued with its aggressive modernization and renovation programs under the Capital Fund. The HAO has completed practically all of its FFY 2005 Capital Fund work, including exterior repairs, an office addition, interior renovations, and complete window replacement at two individual apartment sites, comprising approximately 176 apartments, It has completed the majority of its work items as well as obligation and actual expenditure of most of the funds in its FFY 2006 Capital Fund program. Additional or replacement housing is a function of need and funding. The HAO continues to study these and other factors with respect to development of new and or replacement of previously demolished units. Changing demographics, and significant competition from other assisted housing providers are factors that are also considered. The HAO has continued its commitment to resident services by contracting with Ameri Corp for a part time volunteer person, and then employing that person in a part time capacity to provide additional needed services to its residents. The HAO has continued its supportive services programs for its residents and received the RIC program of the year award in 2008. Continuation of services despite no grant funds, and obtaining grant funds are demonstrations of success in meeting the strategic goal of improving the quality of assisted housing, and providing an improved living environment. It has continued with its practices of nondiscrimination to help ensure equal opportunity in housing for all Americans. The Housing Authority of Owensboro remains a high performer. Uncertainties about funding, asset management, and uncoordinated expansion of financially assisted housing in the jurisdiction have warranted caution in the implementation of new plans.

VAWA required statement: The HAO's admission policy provides a preference for victims of domestic violence. The preference is the top preference offered to applicants, with the exception of applicants who have been displaced by government action or disaster. The HAO refers current residents who may have issues, which threaten their lease to domestic violence treatment centers. The HAO for years have partnered with a residential domestic violence and drug rehabilitation center, and has set aside 12 units as special use units for occupancy by victims of domestic violence. The center includes a day care, health clinic, meeting and classrooms.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary					
PHA Name: Housing Authority of Owensboro		Grant Type and Number Capital Fund Program Grant No: KY36S00950109 Replacement Housing Factor Grant No: Date of CFFP: 3/18/2009			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
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)	\$134,644			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$1,211,805			
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)	\$1,346,449			
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	\$157,356			

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 I: Summary				
PHA Name: Housing Authority of Owensboro		Grant Type and Number Capital Fund Program Grant No: KY36S00950109 Replacement Housing Factor Grant No: Date of CFFP: 3/18/2009		FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
Signature of Executive Director		Date	Signature of Public Housing Director	
			Date	

Part II: Supporting Pages								
PHA Name: Housing Authority of Owensboro		Grant Type and Number Capital Fund Program Grant No: KY36S00950109 CFFP (Yes/ No): 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	
AMP 1	Administration	1410		\$54,000				
KY 9-1	Replace HVAC Equipment	1460	125	\$235,000				
KY 9-2	Replace HVAC Equipment	1460	53	\$100,000				
KY 9-4	Replace HVAC Equipment	1460	51	\$100,000				
	Install Replacement Windows	1460	ALL	\$75,000				
AMP 2	Administration	1410		\$80,644				
KY 9-3	Replace HVAC Equipment	1460	256	\$478,000				
	Install Replacement Windows	1460		\$82,356				
KY 9-5	Replace HVAC Equipment	1460	30	\$56,000				
KY 9-6	Replace HVAC Equipment	1460	32	\$60,000				
	Community Room Roof & Vinyl Trim	1470		\$25,000				

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		CFPP (Yes/ No):		Federal FFY of Grant:		
		Capital Fund Program Grant No:						
		Replacement Housing Factor Grant No:						
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:					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	
PHA Wide	3/18/2010	60% - 3/18/2011			
		40% - 3/18/2012			

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.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary					
PHA Name: Housing Authority of Owensboro		Grant Type and Number Capital Fund Program Grant No: Date of CFFP: 9/30/2009		Replacement Housing Factor Grant No: Ky36R0095010	
				FFY of Grant: 2009	
				FFY of Grant Approval: 2009	
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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	\$64,069			
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)	\$64,069			
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.

Part I: Summary				
PHA Name:		Grant Type and Number Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: _____ Date of CFFP: _____		FFY of Grant: FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
Signature of Executive Director		Date	Signature of Public Housing Director	
			Date	

Part II: Supporting Pages								
PHA Name: Housing Authority of Owensboro			Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KY36R00950109			CFPP (Yes/ No): 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	
AMP 2	Replacement Housing Development	1499		\$64,069				

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:		CFPP (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:				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	
	9/30/11		9/30/13		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:				Federal FFY of Grant:	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary					
PHA Name: Housing Authority of Owensboro		Grant Type and Number Capital Fund Program Grant No: Ky36P00950109 Replacement Housing Factor Grant No: Date of CFFP: 9/30/2009			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	-0-			
2	1406 Operations (may not exceed 20% of line 21) ³	\$199,928			
3	1408 Management Improvements	\$125,000			
4	1410 Administration (may not exceed 10% of line 21)	\$90,000			
5	1411 Audit	\$5,000			
6	1415 Liquidated Damages	-0-			
7	1430 Fees and Costs	\$27,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$95,000			
10	1460 Dwelling Structures	\$301,715			
11	1465.1 Dwelling Equipment—Nonexpendable	\$99,000			
12	1470 Non-dwelling Structures	\$57,000			
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)	\$999,643			
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	\$15,600			
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.

Part I: Summary				
PHA Name: Housing Authority of Owensboro		Grant Type and Number Capital Fund Program Grant No: KY36P00950109 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
Signature of Executive Director		Date	Signature of Public Housing Director	
			Date	

Part II: Supporting Pages								
PHA Name: Housing Authority of Owensboro			Grant Type and Number Capital Fund Program Grant No: KY36P00950109 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	
AMP 1								
Nannie Locke KY <input type="checkbox"/>	Asphalt and Landscape Parking Lot	1450		\$50,000				
AMP 1 Wide	In-House MOD	1460		\$36,000				
	Parking Lot and Service Drive <input type="checkbox"/>	1450		\$15,000				
Fees & Costs	A & E Fees for various work items	1430		\$10,000				
Management <input type="checkbox"/>	Drug Elimination, Boys Club, Girls <input type="checkbox"/>	1408		\$44,000				
	High School Employment/Resident <input type="checkbox"/>	1408		\$6,000				
Administration	Capital Fund Salaries/Expenses	1410		\$36,000				
Audit	Audit of the Capital Fund	1411		\$2,000				
Operations		1406		99,928				
Harry Smith <input type="checkbox"/>	Daycare/Office Building Generator	1470		\$22,000				
AMP 2								
Rolling Heights KY <input type="checkbox"/>	Site Enhancements	1460		\$211,715				
Rolling Heights KY <input type="checkbox"/>	Office Building Generator	1470		\$22,000				
Rolling Heights KY <input type="checkbox"/>	Install Waterheaters	1465.1	150	\$99,000				
Adams Village KY <input type="checkbox"/>	Adams Village Community Room <input type="checkbox"/>	1470		\$13,000				
AMP 2 Wide	Landscaping/Fencing	1450		\$20,000				

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Housing Authority of Owensboro		Grant Type and Number Capital Fund Program Grant No: KY36P00950109 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	
AMP 2 Wide	In-House MOD	1460		\$54,000				
	Parking Lot Sealing	1450		\$10,000				
	A&E Fees for various work items	1430		\$17,000				
Management ☒	Drug Elimination Program, Boys ☒	1408		\$66,000				
	High School Employment/Resident ☒	1408		\$9,000				
Administration	Capital fund Salaries/Expenses	1410		\$54,000				
Audit	Audit of the Capital Fund	1411		\$3,000				
Operations		1406		\$100,000				

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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of Owensboro					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	
AMP 1	09/30/11		09/30/13		
AMP 2	09/30/11		09/30/13		

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: Housing Authority of Owensboro				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	

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.

Capital Fund Program—Five-Year Action Plan

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/Number		Housing Authority of	Locality (City/County & State)		Owensboro, Daviess Co., Kentucky	<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
B.	Physical Improvements Subtotal	Annual Statement	\$584,715	\$584,715	\$584,715	\$584,715
C.	Management Improvements		\$120,000	\$120,000	\$120,000	\$120,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		\$90,000	\$90,000	\$90,000	\$90,000
F.	Other		\$5,000	\$5,000	\$5,000	\$5,000
G.	Operations		\$199,928	\$199,928	\$199,928	\$199,928
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$999,643	\$999,643	\$999,643	\$999,643
L.	Total Non-CFP Funds					
M.	Grand Total		\$999,643	\$999,643	\$999,643	\$999,643

Capital Fund Program—Five-Year Action Plan

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 (Continuation)							
PHA Name/Number		Locality (City/county & State)				<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____	
		Annual Statement					

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2009	Work Statement for Year 2010 FFY 2010			Work Statement for Year: 2011 FFY 2011		
	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	AMP 1			AMP 1		
Annual Statement	In-House MOD		\$35,600	In-House MOD		\$35,600
	Landscape		\$8,000	Landscape		\$8,000
	AMP 2			AMP 2		
	Rolling Heights (KY 9-3) Site		\$380,715	Rolling Heights (KY9-3)Site		\$455,715
	Adams Village (KY9-6) Front and Back	152	\$80,000	Landscape		\$12,000
	Landscape		\$12,000	In-House MOD		\$53,400
	In-House MOD		\$53,400	A/E Fees		\$20,000
	A/E Fees		\$15,000			
	Subtotal of Estimated Cost		\$ \$584,715	Subtotal of Estimated Cost		\$ \$584,715

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2009	Work Statement for Year 2010 FFY 2010		Work Statement for Year: 2011 FFY 2011	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement	AMP 1		AMP 1	
	Management Improvements: Drug Elimination Program, Boys & Girls Club, Girls Inc., After School Program and Off Duty Patrol	\$29,400	Management Improvements: Drug Elimination Program, Boys & Girls Club, Girls Inc., After School Program and Off Duty Patrol	\$29,400
	High School Employment/Resident Opportunities	\$7,000	High School Employment/Resident Opportunities	\$7,000
	Administration: CFP Salaries/Expenses	\$45,000	Administration: CFP Salaries/Expenses	\$45,000
	Audit CFP	\$2,500	Audit CFP	\$2,500
	Operations	\$99,928	Operations	\$99,928
	AMP 2		AMP 2	
	Management Improvements: Drug Elimination Program, Boys & Girls Club, Girls Inc., After School Program and Off Duty Patrol	\$75,600	Management Improvements: Drug Elimination Program, Boys & Girls club, Girls Inc., After School Program and Off Duty Patrol	\$75,600
	High School Employment/Resident Opportunities	\$8,000	High School Employment/Resident Opportunities	\$8,000
	Administration: CFP Salaries/Expenses	\$45,000	Administration: CFP Salaries/Expenses	\$45,000
	Audit CFP	\$2,500	Audit CFP	\$2,500
	Operations	\$100,000	Operations	\$100,000
	Subtotal of Estimated Cost	\$414,928	Subtotal of Estimated Cost	\$414,928

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY	Work Statement for Year <u>2012</u> FFY 2012		Work Statement for Year: <u>2013</u> 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	AMP 1		AMP 1	
Annual Statement	Management Improvements: Drug Elimination Program, Boys & Girls Club, Girls Inc., After School Program and Off Duty Patrol	\$29,400	Management Improvements: Drug Elimination Program, Boys & Girls Club, Girls Inc., After School Program and Off Duty Patrol	\$29,400
	High School Employment/Resident Opportunities	\$7,000	High School Employment/Resident Opportunities	\$7,000
	Administration: CFP Salaries/Expenses	\$45,000	Administration: CFP Salaries/Expenses	\$45,000
	Audit CFP	\$2,500	CFP Audit	\$2,500
	Operations	\$99,928	Operations	\$99,928
	AMP 2		AMP 2	
	Management Improvements: Drug Elimination Program, Boys & Girls Club, Girls Inc., After School Program and Off Duty Patrol	\$75,600	Management Improvements: Drug Elimination Program, Boys & Girls Club, Girls Inc., After School Program and Off Duty Patrol	\$75,600
	High School Employment/Resident Opportunities	\$8,000	High School Employment/Resident Opportunities	\$8,000
	Administration: CFP Salaries/Expenses	\$45,000	Administration: CFP Salaries/Expenses	\$45,000
	Audit CFP	\$2,500	CFP Audit	\$2,500
	Operations	\$100,000	Operations	\$100,000
	Subtotal of Estimated Cost	\$414,928	Subtotal of Estimated Cost	\$414,928

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No: Ky36P00950108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/09 <input type="checkbox"/> Final Performance and Evaluation Report						
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds	-0-	-0-	-0-	-0-	
2	1406 Operations	\$160,443	\$160,443	\$0	\$0	
3	1408 Management Improvements	\$125,000	\$125,000	\$125,000	\$19,283	
4	1410 Administration	\$94,700	\$94,700	\$94,700	\$23,672	
5	1411 Audit	\$5,000	\$5,000	\$0		
6	1415 Liquidated Damages	-0-	-0-	\$0	\$0	
7	1430 Fees and Costs	\$30,000	\$30,000	\$0	\$0	
8	1440 Site Acquisition	-0-	-0-	\$0	\$0	
9	1450 Site Improvement	\$30,000	\$30,000	\$0	\$0	
10	1460 Dwelling Structures	\$554,500	\$504,500	\$0	\$0	
11	1465.1 Dwelling Equipment— Nonexpendable	\$0	\$0	\$0	\$0	
12	1470 Nondwelling Structures	\$0	\$50,000	\$0	\$0	
13	1475 Nondwelling Equipment	-0-	-0-	-0-	-0-	
14	1485 Demolition	-0-	-0-	-0-	-0-	

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Ky36P00950108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 3/31/09 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
15	1490 Replacement Reserve	-0-	-0-	-0-	-0-
16	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
17	1495.1 Relocation Costs	-0-	-0-	-0-	-0-
18	1499 Development Activities	-0-	-0-	-0-	-0-
19	1501 Collateralization or Debt Service	-0-	-0-	-0-	-0-
20	1502 Contingency	-0-	-0-	-0-	-0-
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$999,643	\$999,643	\$219,700	\$42,955
22	Amount of line 21 Related to LBP Activities	-0-	-0-	-0-	-0-
23	Amount of line 21 Related to Section 504 compliance	-0-	-0-	-0-	-0-
24	Amount of line 21 Related to Security – Soft Costs	\$15,600	\$15,600	\$15,600	\$15,600
25	Amount of Line 21 Related to Security – Hard Costs	-0-	-0-	-0-	-0-
26	Amount of line 21 Related to Energy Conservation Measures	-0-	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No: KY 36P00950108 Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
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	
Rolling Heights Ky 9-3	Site Enhancements/Window Replacement	1460		\$410,000	\$410,000	\$0	\$0	
	Interior Renovation at the Administrative Office (previously daycare)	1470		\$0	\$50,000	\$50,000	\$0	
	Install Electric Igniter Furnaces	1460	32	\$32,000	\$0	\$0	\$0	
Baker Drive Ky 9-5	Install Electric Igniter Furnaces	1460	30	\$30,000	\$0	\$0	\$0	
PHA WIDE								
	Landscaping/ Fencing	1450		\$30,000	\$30,000	\$0	\$0	
	In-house MOD	1460		\$82,500	\$94,500	\$0	\$0	

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No: KY 36P00950108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008			
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	
Fees and Costs	A & E Fees for Various Work Items	1430		\$30,000	\$30,000	\$0	\$0	
Management Improvement	Drug Elimination Program, Boys Club, Girls Inc., After School Program, Off Duty Patrol	1408		\$110,000	\$110,000	\$110,000	\$19,283	
	High School Employment /Resident Opportunities	1408		\$15,000	\$15,000	\$15,000	\$0	
Administration	Capital Fund Salaries/Expenses	1410		\$94,700	\$94,700	\$94,700	\$23,672	
Audit	Audit of the Capital Fund	1411		\$5,000	\$5,000	\$0	\$0	
Operations		1406		\$160,443	\$160,443	\$0	\$0	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program No: Ky36P00950108 Replacement Housing Factor No:				Federal FY of Grant: 2008	
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	
PHA WIDE	09/30/10			09/30/12			

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: : Ky36R00950108	Federal FY of Grant: 2008
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending 3/31/09 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	-0-	-0-	-0-	-0-
2	1406 Operations	-0-	-0-	-0-	-0-
3	1408 Management Improvements	-0-	-0-	-0-	-0-
4	1410 Administration	-0-	-0-	-0-	-0-
5	1411 Audit	-0-	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	-0-	-0-	-0-	-0-
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	-0-	-0-	-0-	-0-
10	1460 Dwelling Structures	-0-	-0-	-0-	-0-
	1465.1 Dwelling Equipment— Nonexpendable	-0-	-0-	-0-	-0-
12	1470 Nondwelling Structures	-0-	-0-	-0-	-0-
13	1475 Nondwelling Equipment	-0-	-0-	-0-	-0-
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1490 Replacement Reserve	-0-	-0-	-0-	-0-
16	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
17	1495.1 Relocation Costs	-0-	-0-	-0-	-0-
18	1499 Development Activities	\$64,069	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: : Ky36R00950108	Federal FY of Grant: 2008
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending 3/31/09 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service	-0-	-0-	-0-	-0-
20	1502 Contingency	-0-	-0-	-0-	-0-
21	Amount of Annual Grant: (sum of lines 2 – 20)	-0-	-0-	-0-	-0-
22	Amount of line 21 Related to LBP Activities	-0-	-0-	-0-	-0-
23	Amount of line 21 Related to Section 504 compliance	-0-	-0-	-0-	-0-
24	Amount of line 21 Related to Security – Soft Costs	-0-	-0-	-0-	-0-
25	Amount of Line 21 Related to Security – Hard Costs	-0-	-0-	-0-	-0-
26	Amount of line 21 Related to Energy Conservation Measures	-0-	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Replacement Housing Factor Grant No: KY 36R00950108			Federal FY of Grant: 2008			
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	
PHA Wide	Replacement Housing Development	1499		\$64,069		-0-	-0-	

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program No Replacement Housing Factor No: Ky36R00950108				Federal FY of Grant: 2008	
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	
	09/30/10			09/30/12			

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Ky36P00950107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
---	--	-------------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: 3/31/09 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	-0-			
2	1406 Operations	\$179,082	\$180,099	\$100,000	\$100,000
3	1408 Management Improvements	\$125,000	\$113,861	\$113,861	\$113,861
4	1410 Administration	\$75,000	\$75,000	\$75,000	\$75,000
5	1411 Audit	\$5,000	\$5,000	\$5,000	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	\$30,000	\$20,000	\$281	\$281
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	\$126,000	\$134,530	\$50,055	\$50,055
10	1460 Dwelling Structures	\$354,500	\$354,500	\$126,847	\$74,402
11	1465.1 Dwelling Equipment—Nonexpendable	\$40,000	\$51,592	\$51,592	\$51,592
12	1470 Nondwelling Structures	\$12,500	\$12,500	\$12,500	-0-
13	1475 Nondwelling Equipment	-0-	-0-	-0-	-0-
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1490 Replacement Reserve	-0-	-0-	-0-	-0-
16	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Ky36P00950107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
---	--	-------------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: 3/31/09 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs	-0-	-0-	-0-	-0-
18	1499 Development Activities	-0-	-0-	-0-	-0-
19	1501 Collateralization or Debt Service	-0-	-0-	-0-	-0-
20	1502 Contingency	-0-	-0-	-0-	-0-
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$947,082	\$947,082	\$535,136	\$465,191
22	Amount of line 21 Related to LBP Activities	-0-	-0-	-0-	-0-
23	Amount of line 21 Related to Section 504 compliance	-0-	-0-	-0-	-0-
24	Amount of line 21 Related to Security – Soft Costs	\$15,600	\$15,600	\$15,600	\$15,600
25	Amount of Line 21 Related to Security – Hard Costs	-0-	-0-	-0-	-0-
26	Amount of line 21 Related to Energy Conservation Measures	-0-	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No: KY 36P00950107 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number/NameHA -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	
PG Walker Ky 9-2	Replace Windows	1460		\$0	\$45,347	\$45,347	\$45,347	Complete
Rolling Heights Ky 9-3	Replace Windows	1460		\$273,000	\$227,653	\$0	\$0	
	(2) Installation of new playgrounds	1450		-0-	\$50,000	-0-	-0-	New
Nannie Locke Ky 9-4	Asphalt and Landscape Parking Area	1450		\$50,000	-0-	-0-	-0-	Remove
Adams Village KY 9-6	Replace Stoves and Refrigerators	1465.1	75/each	\$40,000	\$51,592	\$51,592	\$51,592	Complete
	Community Room Carpet/Paint	1470		\$12,500	\$12,500	\$12,500	-0-	In Progress
PHA WIDE	Install new gas meters	1460		\$37,000	\$37,000	\$37,000	\$1,075	In Progress
	Landscaping	1450		\$23,000	\$23,000	\$8,525	\$8,525	Spring

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No: KY 36P00950107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007			
Development Number/NameHA -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	
	In-house MOD	1460		\$44,500	\$44,500	\$44,500	\$27,980	In Progress
	Sidewalk Repair	1450		\$20,000	\$20,000	-0-	-0-	Spring
	Standing Water / Dirt Work	1450		\$33,000	\$41,530	\$41,530	\$41,530	Complete
Fees and Costs	A & E Fees for Various Work Items	1430		\$30,000	\$20,000	\$281	\$281	
Management Improvement	Drug Elimination Program, Boys Club, Girls Inc., After School Program, Off Duty Patrol	1408		\$110,000	\$109,370	\$109,370	\$109,370	Complete
	High School Employment /Resident Opportunities	1408		\$15,000	\$4,491	\$4,491	\$4,491	Complete
Administration	Capital Fund Salaries/Expenses	1410		\$75,000	\$75,000	\$75,000	\$75,000	Complete
Audit	Audit of the Capital Fund	1411		\$5,000	\$5,000	\$5,000	-0-	In Progress
Operations		1406		\$179,082	\$180,099	\$100,000	\$100,000	

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program No: Ky36P00950107 Replacement Housing Factor No:					Federal FY of Grant: 2007
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	
PHA WIDE	09/12/09			09/12/11			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program No: Ky36P00950107 Replacement Housing Factor No:				Federal FY of Grant: 2007	
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	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: : Ky36R00950207			Federal FY of Grant: 2007
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending 3/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	-0-	-0-	-0-	-0-
2	1406 Operations	-0-	-0-	-0-	-0-
3	1408 Management Improvements	-0-	-0-	-0-	-0-
4	1410 Administration	-0-	-0-	-0-	-0-

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: : Ky36R00950207			Federal FY of Grant: 2007	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending 3/31/09 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
5	1411 Audit	-0-	-0-	-0-	-0-	
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-	
7	1430 Fees and Costs	-0-	-0-	-0-	-0-	
8	1440 Site Acquisition	-0-	-0-	-0-	-0-	
9	1450 Site Improvement	-0-	-0-	-0-	-0-	
10	1460 Dwelling Structures	-0-	-0-	-0-	-0-	
	1465.1 Dwelling Equipment— Nonexpendable	-0-	-0-	-0-	-0-	
12	1470 Nondwelling Structures	-0-	-0-	-0-	-0-	
13	1475 Nondwelling Equipment	-0-	-0-	-0-	-0-	
14	1485 Demolition	-0-	-0-	-0-	-0-	
15	1490 Replacement Reserve	-0-	-0-	-0-	-0-	
16	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-	
17	1495.1 Relocation Costs	-0-	-0-	-0-	-0-	
18	1499 Development Activities	\$60,734	-0-	-0-	-0-	
19	1501 Collateralization or Debt Service	-0-	-0-	-0-	-0-	
20	1502 Contingency	-0-	-0-	-0-	-0-	
21	Amount of Annual Grant: (sum of lines 2 – 20)	-0-	-0-	-0-	-0-	
22	Amount of line 21 Related to LBP Activities	-0-	-0-	-0-	-0-	

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: : Ky36R00950207	Federal FY of Grant: 2007
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending 3/31/09 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance	-0-	-0-	-0-	-0-
24	Amount of line 21 Related to Security – Soft Costs	-0-	-0-	-0-	-0-
25	Amount of Line 21 Related to Security – Hard Costs	-0-	-0-	-0-	-0-
26	Amount of line 21 Related to Energy Conservation Measures	-0-	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No Replacement Housing Factor Grant No : KY36R00950207				Federal FY of Grant: 2007		
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	
PHA Wide	Replacement Housing Development	1499		\$60,734		-0-	-0-	

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program No Replacement Housing Factor No: Ky36R00950207					Federal FY of Grant: 2007
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	
	09/12/09			09/12/11			

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Ky36P00950106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 5)
 Performance and Evaluation Report for Period Ending: 03/31/09 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	-0-	-0-	-0-	-0-
2	1406 Operations	\$179,382	\$179,382	\$179,382	\$179,382
3	1408 Management Improvements	\$112,864	\$112,864	\$112,864	\$112,864
4	1410 Administration	\$89,852	\$89,852	\$89,852	\$89,852
5	1411 Audit	\$3,170	\$3,170	\$3,170	\$3,170
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	\$15,000	\$15,000	\$15,000	\$15,000
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	\$110,500	\$117,341	\$117,341	\$114,999
10	1460 Dwelling Structures	\$251,777	\$238,944	\$239,181	\$239,181
11	1465.1 Dwelling Equipment— Nonexpendable	-0-	-0-	-0-	-0-
12	1470 Nondwelling Structures	\$182,122	\$188,114	\$187,877	\$118,663
13	1475 Nondwelling Equipment	\$29,646	\$29,646	\$29,646	\$29,646
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1490 Replacement Reserve	-0-	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Ky36P00950106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 5)
 Performance and Evaluation Report for Period Ending: 03/31/09 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
16	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
17	1495.1 Relocation Costs	-0-	-0-	-0-	-0-
18	1499 Development Activities	-0-	-0-	-0-	-0-
19	1501 Collateralization or Debt Service	-0-	-0-	-0-	-0-
20	1502 Contingency	-0-	-0-	-0-	-0-
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$974,313	\$974,313	\$974,313	\$902,757
22	Amount of line 21 Related to LBP Activities	-0-	-0-	-0-	-0-
23	Amount of line 21 Related to Section 504 compliance	-0-	-0-	-0-	-0-
24	Amount of line 21 Related to Security – Soft Costs	\$15,600	\$15,600	\$15,600	\$15,600
25	Amount of Line 21 Related to Security – Hard Costs	-0-	-0-	-0-	-0-
26	Amount of line 21 Related to Energy Conservation Measures	-0-	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No: KY 36P00950106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number/NameHA -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	
Harry Smith Ky 9-1	Asbestos Removal Daycare	1460		\$7,480	\$7,480	\$7,480	\$7,480	Complete
Rolling Heights Ky 9-3	Repave Parking Lot at Girl's Inc and Boys & Girls Club	1450		\$45,000	\$40,332	\$40,332	\$40,332	Complete
	Sewer/Storm Drain/Dirt Work	1450		\$40,000	\$40,000	\$40,000	\$40,000	Complete
	Gable Ends	1460		\$25,000	\$7263	\$7263	\$7,263	Complete
	Office Addition & Reconfiguration/Maint. Blding	1470		\$130,000	\$140,910	\$140,910	\$71,696	In-Progress
	Girls Inc. MOD Interior/Exterior	1470		\$37,000	\$39,325	\$39,325	\$39,325	Complete
	Boys & Girls Club MOD Interior	1470		\$7,642	\$7,642	\$7,642	\$7,642	Complete
Baker Drive KY 9-5	Replace Front and Rear Storm Doors	1460		\$26,188	\$23,612	\$23,612	\$23,612	Complete
Adams Village KY 9-6	Install Filter Grills	1460		\$1,958	\$1,958	\$1,958	\$1,958	Complete
	Install New Water Heater Doors	1460		\$10,131	\$10,131	\$10,131	\$10,131	Complete
PHA WIDE	Replace/Repair Fencing	1450		\$10,000	\$10,000	\$10,000	\$7,658	In-Progress

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No: KY 36P00950106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number/NameHA -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	
	Replace/Repair Sidewalks	1450		\$31,000	\$14,947	\$14,947	\$14,947	Complete
	Replace Windows	1460		\$125,000	\$125,000	\$125,000	\$125,000	Complete
	In House MOD	1460		\$33,000	\$63,737	\$63,737	\$63,737	Complete
	Landscaping	1450		\$15,000	\$12,062	\$12,062	\$12,062	Complete
Fees and Costs	A/E Fees For Various Work Items	1430		\$15,000	\$15,000	\$15,000	\$15,000	Complete
Management Improvements	Drug Elimination Program, Boys Club, Girls Inc., After School Program, Off Duty Patrol	1408		\$110,726	\$110,726	\$110,726	\$110,726	Complete
	High School Employment/ Resident Opportunities	1408		\$2,138	\$2,138	\$2,138	\$2,138	Complete
	Computers	1475		\$29,646	\$29,646	\$29,646	\$29,646	Complete
Administration	Capital Fund Salaries/Expenses	1410		\$89,852	\$89,852	\$89,852	\$89,852	Complete
Audit	Audit of Capital Fund	1411		\$3,170	\$3,170	\$3,170	\$3,170	Complete
Operations	PHA Operations	1406		\$179,382	\$179,382	\$179,382	\$179,382	Complete

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program No: Ky36P00950106 Replacement Housing Factor No:				Federal FY of Grant: 2006	
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	
PHA WIDE	07/17/08			07/17/10			

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: : Ky36R00950206	Federal FY of Grant: 2006
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending 3/31/09 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	-0-	-0-	-0-	-0-
2	1406 Operations	-0-	-0-	-0-	-0-
3	1408 Management Improvements	-0-	-0-	-0-	-0-
4	1410 Administration	-0-	-0-	-0-	-0-
5	1411 Audit	-0-	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	-0-	-0-	-0-	-0-
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	-0-	-0-	-0-	-0-
10	1460 Dwelling Structures	-0-	-0-	-0-	-0-
	1465.1 Dwelling Equipment-Nonexpendable	-0-	-0-	-0-	-0-
12	1470 Nondwelling Structures	-0-	-0-	-0-	-0-
13	1475 Nondwelling Equipment	-0-	-0-	-0-	-0-
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1490 Replacement Reserve	-0-	-0-	-0-	-0-
16	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
17	1495.1 Relocation Costs	-0-	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: : Ky36R00950206	Federal FY of Grant: 2006
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending 3/31/09 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
18	1499 Development Activities	\$58,012	-0-	-0-	-0-
19	1501 Collateralization or Debt Service	-0-	-0-	-0-	-0-
20	1502 Contingency	-0-	-0-	-0-	-0-
21	Amount of Annual Grant: (sum of lines 2 – 20)	-0-	-0-	-0-	-0-
22	Amount of line 21 Related to LBP Activities	-0-	-0-	-0-	-0-
23	Amount of line 21 Related to Section 504 compliance	-0-	-0-	-0-	-0-
24	Amount of line 21 Related to Security – Soft Costs	-0-	-0-	-0-	-0-
25	Amount of Line 21 Related to Security – Hard Costs	-0-	-0-	-0-	-0-
26	Amount of line 21 Related to Energy Conservation Measures	-0-	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No Replacement Housing Factor Grant No: KY36R00950206			Federal FY of Grant: 2006			
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	
PHA Wide	Replacement Housing Development	1499		\$58,012		-0-	-0-	

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program No Replacement Housing Factor No: Ky36R00950206					Federal FY of Grant: 2006	
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		
	07/17/08			07/17/10				

CAPITAL FUND PROGRAM TABLES

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No: Ky36P00950105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 5) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	-0-		-0-	-0-
2	1406 Operations	\$198,794		\$198,794	\$198,794
3	1408 Management Improvements	\$109,448		\$109,448	\$109,448
4	1410 Administration	\$94,536		\$94,536	\$94,536
5	1411 Audit	\$2,835		\$2,835	\$2,835
6	1415 Liquidated Damages	-0-		-0-	-0-
7	1430 Fees and Costs	\$10,000		\$10,000	\$10,000
8	1440 Site Acquisition	-0-		-0-	-0-
9	1450 Site Improvement	\$24,698		\$24,698	\$24,698
10	1460 Dwelling Structures	\$375,399		\$375,399	\$375,399
11	1465.1 Dwelling Equipment— Nonexpendable	-0-		-0-	-0-
12	1470 Nondwelling Structures	\$199,084		\$199,084	\$199,084
13	1475 Nondwelling Equipment	-0-		-0-	-0-
14	1485 Demolition	-0-		-0-	-0-
15	1490 Replacement Reserve	-0-		-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Ky36P00950105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 5)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
16	1492 Moving to Work Demonstration	-0-		-0-	-0-
17	1495.1 Relocation Costs	-0-		-0-	-0-
18	1499 Development Activities	-0-		-0-	-0-
19	1501 Collateralization or Debt Service	-0-		-0-	-0-
20	1502 Contingency	-0-		-0-	-0-
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$1,014,794		\$1,014,794	\$1,014,794
22	Amount of line 21 Related to LBP Activities	-0-		-0-	-0-
23	Amount of line 21 Related to Section 504 compliance	-0-		-0-	-0-
24	Amount of line 21 Related to Security – Soft Costs	\$15,600		\$15,600	\$15,600
25	Amount of Line 21 Related to Security – Hard Costs	-0-		-0-	-0-
26	Amount of line 21 Related to Energy Conservation Measures	-0-		-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No: KY 36P00950105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
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	
P G Walker Ky 9-2	Repair Porch Columns and Roofs	1460		\$88,471		\$88,471	\$88,471	Complete
Rolling Heights Ky 9-3	Install Water Connects & Replace Fire Hydrants	1450		\$14,698		\$14,698	\$14,698	Complete
	Repair Porch Columns and Roofs	1460		\$102,060		\$102,060	\$102,060	Complete
	Replace Water Heaters	1460	30	\$16,974		\$16,974	\$16,974	Complete
	Office Addition/Modernization & Maint. Building	1470		\$199,084		\$199,084	\$199,084	Complete
Baker Drive Ky 9-5	Replace cabinets and countertop. New range, hood, refrigerator. Install outlet, GFI, kitchen flooring and paint-all as needed	1460	28	\$50,573		\$50,573	\$50,573	Complete
PHA WIDE	Replace Windows	1460		\$70,000		\$70,000	\$70,000	Complete
	In-House Mod Units	1460		\$47,321		\$47,321	\$47,321	Complete
	Landscaping	1450		\$10,000		\$10,000	\$10,000	Complete

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No: KY 36P00950105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
Development Number/Name eHA-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	
Fees and Costs	A/E Fees for various work items	1430		\$10,000		\$10,000	\$10,000	
Management Improvement	Drug Elimination Program, Boys Club, Girls, Inc. After School Program, Off Duty Patrol	1408		\$101,017		\$101,017	\$101,017	Complete
	High School Employment/ Resident Opportunities	1408		\$8,431		\$8,431	\$8,431	Complete
Administration	Capital Fund Program Administrative Salaries/Expenses	1410		\$94,536		\$94,536	\$94,536	Complete
Audit	Audit of Capital Fund Program	1411		\$2,835		\$2,835	\$2,835	Complete
Operations	PHA Operations	1406		\$198,794		\$198,794	\$198,794	Complete

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program No: Ky36P00950105 Replacement Housing Factor No:					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	
PHA WIDE	08/17/07			08/17/09			

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: : Ky36R00950105	Federal FY of Grant: 2005
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending 3/31/09 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	-0-	-0-	-0-	-0-
2	1406 Operations	-0-	-0-	-0-	-0-
3	1408 Management Improvements	-0-	-0-	-0-	-0-
4	1410 Administration	-0-	-0-	-0-	-0-
5	1411 Audit	-0-	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	-0-	-0-	-0-	-0-
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	-0-	-0-	-0-	-0-
10	1460 Dwelling Structures	-0-	-0-	-0-	-0-
	1465.1 Dwelling Equipment— Nonexpendable	-0-	-0-	-0-	-0-
12	1470 Nondwelling Structures	-0-	-0-	-0-	-0-
13	1475 Nondwelling Equipment	-0-	-0-	-0-	-0-
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1490 Replacement Reserve	-0-	-0-	-0-	-0-
16	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
17	1495.1 Relocation Costs	-0-	-0-	-0-	-0-
18	1499 Development Activities	\$66,321	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: : Ky36R00950105	Federal FY of Grant: 2005
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending 3/31/09 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service	-0-	-0-	-0-	-0-
20	1502 Contingency	-0-	-0-	-0-	-0-
21	Amount of Annual Grant: (sum of lines 2 – 20)	-0-	-0-	-0-	-0-
22	Amount of line 21 Related to LBP Activities	-0-	-0-	-0-	-0-
23	Amount of line 21 Related to Section 504 compliance	-0-	-0-	-0-	-0-
24	Amount of line 21 Related to Security – Soft Costs	-0-	-0-	-0-	-0-
25	Amount of Line 21 Related to Security – Hard Costs	-0-	-0-	-0-	-0-
26	Amount of line 21 Related to Energy Conservation Measures	-0-	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Replacement Housing Factor Grant No: KY36R00950105			Federal FY of Grant: 2005			
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	
PHA Wide	Replacement Housing Development	1499		\$66,321		-0-	-0-	

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program No Replacement Housing Factor No: Ky36R00950105					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		
	12/16/07			12/16/09				

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Ky36R00950104	Federal FY of Grant: 2004
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending 3/31/09 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	-0-	-0-	-0-	-0-
2	1406 Operations	-0-	-0-	-0-	-0-
3	1408 Management Improvements	-0-	-0-	-0-	-0-
4	1410 Administration	-0-	-0-	-0-	-0-
5	1411 Audit	-0-	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	-0-	-0-	-0-	-0-
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	-0-	-0-	-0-	-0-
10	1460 Dwelling Structures	-0-	-0-	-0-	-0-
	1465.1 Dwelling Equipment— Nonexpendable	-0-	-0-	-0-	-0-
12	1470 Nondwelling Structures	-0-	-0-	-0-	-0-
13	1475 Nondwelling Equipment	-0-	-0-	-0-	-0-
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1490 Replacement Reserve	-0-	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Ky36R00950104	Federal FY of Grant: 2004
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending 3/31/09 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
16	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
17	1495.1 Relocation Costs	-0-	-0-	-0-	-0-
18	1499 Development Activities	\$28,003	-0-	-0-	-0-
19	1501 Collateralization or Debt Service	-0-	-0-	-0-	-0-
20	1502 Contingency	-0-	-0-	-0-	-0-
21	Amount of Annual Grant: (sum of lines 2 – 20)	-0-	-0-	-0-	-0-
22	Amount of line 21 Related to LBP Activities	-0-	-0-	-0-	-0-
23	Amount of line 21 Related to Section 504 compliance	-0-	-0-	-0-	-0-
24	Amount of line 21 Related to Security – Soft Costs	-0-	-0-	-0-	-0-
25	Amount of Line 21 Related to Security – Hard Costs	-0-	-0-	-0-	-0-
26	Amount of line 21 Related to Energy Conservation Measures	-0-	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No Replacement Housing Factor Grant No: KY36R00950104			Federal FY of Grant: 2004			
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	
PHA Wide	Replacement Housing Development	1499		\$28,003		-0-	-0-	

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: : KY 36R00950104	Federal FY of Grant: 2004
--	---	----------------------------------

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	
	12/16/07			12/16/09			

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Ky36R00950103	Federal FY of Grant: 2003
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending 3/31/09 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	-0-	-0-	-0-	-0-
2	1406 Operations	-0-	-0-	-0-	-0-
3	1408 Management Improvements	-0-	-0-	-0-	-0-
4	1410 Administration	-0-	-0-	-0-	-0-
5	1411 Audit	-0-	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	-0-	-0-	-0-	-0-
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	-0-	-0-	-0-	-0-
10	1460 Dwelling Structures	-0-	-0-	-0-	-0-
	1465.1 Dwelling Equipment— Nonexpendable	-0-	-0-	-0-	-0-
12	1470 Nondwelling Structures	-0-	-0-	-0-	-0-
13	1475 Nondwelling Equipment	-0-	-0-	-0-	-0-
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1490 Replacement Reserve	-0-	-0-	-0-	-0-
16	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
17	1495.1 Relocation Costs	-0-	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Ky36R00950103	Federal FY of Grant: 2003
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending 3/31/09 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
18	1499 Development Activities	\$24,180	-0-	-0-	-0-
19	1501 Collateralization or Debt Service	-0-	-0-	-0-	-0-
20	1502 Contingency	-0-	-0-	-0-	-0-
21	Amount of Annual Grant: (sum of lines 2 – 20)	-0-	-0-	-0-	-0-
22	Amount of line 21 Related to LBP Activities	-0-	-0-	-0-	-0-
23	Amount of line 21 Related to Section 504 compliance	-0-	-0-	-0-	-0-
24	Amount of line 21 Related to Security – Soft Costs	-0-	-0-	-0-	-0-
25	Amount of Line 21 Related to Security – Hard Costs	-0-	-0-	-0-	-0-
26	Amount of line 21 Related to Energy Conservation Measures	-0-	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No Replacement Housing Factor Grant No: KY36R00950103			Federal FY of Grant: 2003			
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	
PHA WIDE	Replacement Housing Development	1499		\$24,180		-0-	-0-	

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: Ky36R00950103			Federal FY of Grant: 2003		
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	
	12/16/07			12/16/09			

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No Replacement Housing Factor Grant No: Ky36R00950102	Federal FY of Grant: 2002
--	--	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 0)
 Performance and Evaluation Report for Period Ending 3/31/09 Final Performance and Evaluation Report

Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	-0-	-0-	-0-	-0-
2	1406 Operations	-0-	-0-	-0-	-0-
3	1408 Management Improvements	-0-	-0-	-0-	-0-
4	1410 Administration	-0-	-0-	-0-	-0-
5	1411 Audit	-0-	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	-0-	-0-	-0-	-0-
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	-0-	-0-	-0-	-0-
10	1460 Dwelling Structures	-0-	-0-	-0-	-0-
	1465.1 Dwelling Equipment— Nonexpendable	-0-	-0-	-0-	-0-
12	1470 Nondwelling Structures	-0-	-0-	-0-	-0-
13	1475 Nondwelling Equipment	-0-	-0-	-0-	-0-
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1490 Replacement Reserve	-0-	-0-	-0-	-0-
16	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No Replacement Housing Factor Grant No: Ky36R00950102	Federal FY of Grant: 2002
--	--	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 0)
 Performance and Evaluation Report for Period Ending 3/31/09 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs	-0-	-0-	-0-	-0-
18	1499 Development Activities	\$29,388	-0-	-0-	-0-
19	1501 Collateralization or Debt Service	-0-	-0-	-0-	-0-
20	1502 Contingency	-0-	-0-	-0-	-0-
21	Amount of Annual Grant: (sum of lines 2 – 20)	-0-	-0-	-0-	-0-
22	Amount of line 21 Related to LBP Activities	-0-	-0-	-0-	-0-
23	Amount of line 21 Related to Section 504 compliance	-0-	-0-	-0-	-0-
24	Amount of line 21 Related to Security – Soft Costs	-0-	-0-	-0-	-0-
25	Amount of Line 21 Related to Security – Hard Costs	-0-	-0-	-0-	-0-
26	Amount of line 21 Related to Energy Conservation Measures	-0-	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No Replacement Housing Factor Grant No: KY36R00950102			Federal FY of Grant: 2002			
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	
PHA Wide	Replacement Housing Development	1499		\$29,388		-0-	-0-	

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program No Replacement Housing Factor No: Ky36r00950102					Federal FY of Grant: 2002	
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		
	12/16/07			12/16/09				

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: : Ky36R00950101	Federal FY of Grant: 2001
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending 3/31/09 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	-0-	-0-	-0-	-0-
2	1406 Operations	-0-	-0-	-0-	-0-
3	1408 Management Improvements	-0-	-0-	-0-	-0-
4	1410 Administration	-0-	-0-	-0-	-0-
5	1411 Audit	-0-	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	-0-	-0-	-0-	-0-
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	-0-	-0-	-0-	-0-
10	1460 Dwelling Structures	-0-	-0-	-0-	-0-
	1465.1 Dwelling Equipment— Nonexpendable	-0-	-0-	-0-	-0-
12	1470 Nondwelling Structures	-0-	-0-	-0-	-0-
13	1475 Nondwelling Equipment	-0-	-0-	-0-	-0-
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1490 Replacement Reserve	-0-	-0-	-0-	-0-
16	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
17	1495.1 Relocation Costs	-0-	-0-	-0-	-0-
18	1499 Development Activities	\$30,875	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: : Ky36R00950101	Federal FY of Grant: 2001
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending 3/31/09 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service	-0-	-0-	-0-	-0-
20	1502 Contingency	-0-	-0-	-0-	-0-
21	Amount of Annual Grant: (sum of lines 2 – 20)	-0-	-0-	-0-	-0-
22	Amount of line 21 Related to LBP Activities	-0-	-0-	-0-	-0-
23	Amount of line 21 Related to Section 504 compliance	-0-	-0-	-0-	-0-
24	Amount of line 21 Related to Security – Soft Costs	-0-	-0-	-0-	-0-
25	Amount of Line 21 Related to Security – Hard Costs	-0-	-0-	-0-	-0-
26	Amount of line 21 Related to Energy Conservation Measures	-0-	-0-	-0-	-0-

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program Grant No Replacement Housing Factor Grant No: KY36R00950101			Federal FY of Grant: 2001			
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	
PHA Wide	Replacement Housing Development	1499		\$30,875		-0-	-0-	

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

PHA Name: HOUSING AUTHORITY OF OWENSBORO		Grant Type and Number Capital Fund Program No Replacement Housing Factor No: Ky36R00950101					Federal FY of Grant: 2001	
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		
	12/16/07			12/16/09				