

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
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1.0	PHA Information PHA Name: <u>Northeast Oregon Housing Authority</u> PHA Code: <u>OR032</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>_04/2009</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>129</u> Number of HCV units: <u>710</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.)																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:																										
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Capital Improvement Needs The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. (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. If yes, select all that apply: <input checked="" type="checkbox"/> Main administrative office of the PHA – Northeast Oregon Housing Authority, 2608 May Lane, La Grande, Oregon <input type="checkbox"/> PHA development management offices <input checked="" type="checkbox"/> Main administrative office of the local, county or State government - City Hall and County Courthouse for Grant, Baker, Union, and Wallowa Counties																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. See Attachment V																										
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. See Attachment V																										
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. See Attachment V																										
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	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.
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9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.
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Additional Information. Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. **Attachment VII / Progress Made In Meeting Missions and Goals**

Fair Housing Training

- Staff attended training on Fair Housing in La Grande on August 12, 2008

Housing Choice Voucher Program

- Leased up rate for FYE 03/31/08 was 96%
- SEMAP Score of 96%

Public Housing Program

- PHAS score for FYE 03/31/07 was 94%, FYE 03/31/08 94%
- FYE 03/31/08 Statistics
 - Union County Vacancy Rate 1.81% - Baker/Grant County 2.97%
 - Turnaround Days: Union County - Maintenance 8.9 Days
Occupancy 18.8 Days
27.7 Total
 - Baker/Grant County - Maintenance 6.8 Days
Occupancy 25.8 Days
32.6 Total
- Work Order Response Time: Union County 27.5 Days -- Baker/Grant County 10.8 Days

Homeownership Program

- Three families purchased homes with Housing Choice Vouchers
- No Rent To Own homes purchased
- Two family purchased without Voucher
- Three families are in the process of qualifying for a loan
- Two Rent To Own families moved without purchasing the unit

Family Self Sufficiency Program

- Seventy-nine families are currently participating in FSS
- Seven families graduated
- Eighteen families were terminated as FSS Participants
- Thirty-Two families were enrolled
- Four FSS graduates received escrow balances. The total disbursed was \$35,287.69

Asset Management Change Over

- Site Manager switch was implemented on October 1, 2006
- Units were divided into two projects: Union County and Baker / Grant Counties
- Income and expenses are tracked per project effective April 1, 2007
- A Central office was established and billing started on July 1, 2007
- Asset Management Plan submission is due to HUD on October 15, 2007 for Stop Loss. Second year was due March 15, 2008. Third year is due October 15, 2008

If we don't qualify for Stop Loss at 5%, we will be looking at opting out of the Public Housing Program.

Ready To Rent Training

Program Purchased
The first classes are scheduled for September 24, 2008 in La Grande, Oregon and September 29, 2008 in Baker City, Oregon

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" **Attachment X / NORTHEAST OREGON HOUSING AUTHORITY**

AGENCY PLAN AMENDMENT OR MODIFICATION POLICY

Listed below are the criteria Northeast Oregon Housing Authority will use to determine when to amend or modify the Agency Plan.

Substantial Deviation:

Any changes in goals and objectives that are not to address specific local emergencies or changes required for reasonable accommodations.

Significant Amendment or Modification:

- 1) **Changes to rent or admissions policies or organization of the waiting list.**
- 2) **Additions of non-emergency work items, or change in use of replacement reserves fund under the Capital Fund in excess of \$20,000.**
- 3) **Any changes with regard to demolition or disposition, designation, homeownership programs, or conversion activities.**

Approved by the NEOHA Board of Commissioners
May 22, 2001-Resolution # 265

10.0

<p>11.0</p>	<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> <ul style="list-style-type: none"> (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) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. See Attachment XII (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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Attachment VI

Section 8 Homeownership Program Capacity Statement

Northeast Oregon Housing Authority has the capacity to operate a Homeownership Program.

Northeast Oregon Housing Authority has been operating a Homeownership Rent to Own Program since January 26, 1996. Northeast Oregon Housing Authority received an Opportunity Purchase Program grant to purchase ten (10) lots and install manufactured homes on the sites.

The families have 5 years to improve their income through NEOHA's Family Self Sufficiency Program and purchase the homes.

The families use their Section 8 assistance to rent the homes. Of the six homes that were occupied in 1996, one (1) has already purchased the home and one (1) is in the process. The other four units have families that left the units and have new participants.

Northeast Oregon Housing Authority developed the Section 8 Homeownership Program off the proposed regulations and have had one family who has purchased their home. Upon approval to implement the program NEOHA will market the program to Voucher Holders and NEOHA's current Homeownership tenants.

Attachment VII

Progress Made In Meeting Missions and Goals

Fair Housing Training

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Attachment VIII

List of Resident Advisory Board

Name	Program	City
Teresa Duffy	Section 8	La Grande, OR 97850
Traci Murry	Section 8	La Grande, OR 97850
Jeff Corum	Section 8	La Grande, OR 97850
Ed Klimchock	Section 8	La Grande, OR 97850
Beverly Mathena	Section 8	La Grande, OR 97850
Brenda McGirr	Public Housing	La Grande, OR 97850
Joe Scott	Public Housing	La Grande, OR 97850
Ulee Yanok	Public Housing	Huntington, OR 97970

Attachment IX

PUBLIC HOUSING DECONCENTRATION POLICY

It is the Northeast Oregon Housing Authority's policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments. Toward this end, families will be skipped on the waiting list to reach other families with a lower or higher income. The selection will be accomplished in a uniform and non-discrimination manner.

The Northeast Oregon Housing Authority staff will affirmatively market its Public Housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, Northeast Oregon Housing Authority staff will analyze the income levels of families residing in each of the developments, the income levels of census tracts in which the developments are located, and the income levels of the families on the waiting list. Based on this analysis, Northeast Oregon Housing Authority staff will determine the level of marketing strategies and deconcentration incentive to implement.

The Northeast Oregon Housing Authority may offer one or more incentives to encourage applicant families whose income classification would help to meet the deconcentration goals of a particular development.

Various incentives may be used at different times, under different conditions, but will always be provided in a consistent and nondiscriminatory manner.

**Approved by the Board of Commissioners
Resolution # 240
November 10, 1999**

Attachment X

NORTHEAST OREGON HOUSING AUTHORITY

AGENCY PLAN AMENDMENT OR MODIFICATION POLICY

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- 1) Changes to rent or admissions policies or organization of the waiting list.**
- 2) Additions of non-emergency work items, or change in use of replacement reserves fund under the Capital Fund in excess of \$20,000.**
- 3) Any changes with regard to demolition or disposition, designation, homeownership programs, or conversion activities.**

Approved by the NEOHA Board of Commissioners

May 22, 2001

Resolution # 265

ATTACHMENT XI

DISPOSITION OF PUBLIC HOUSING

Northeast Oregon Housing Authority may consider the disposition of the 129 Public Housing dwelling units if HUD does not provide sufficient Operating Subsidy and/or Capital Fund Grants to effectively operate the units as Public Housing.

ATTACHMENT XII

MINUTES OF NORTHEAST OREGON HOUSING AUTHORITY'S AGENCY PLAN PUBLIC MEETING HELD, NOVEMBER 26, 2008 @ 2 PM AT 2608 MAY LANE, LA GRANDE, OR IN THE COMMUNITY ROOM

The public meeting was called to Order by Executive Director, Maggie LaMont with Staff, Lola Dutton in attendance. Guests presented were Joe Scott from May Park Public Housing Apartments and Ulee Yanok from Huntington Public Housing.

There were no written comments received on the published 2009 Agency Plan.

A discussion of the Agency Plan change in new reporting forms was held. The new forms were published after the plan was advertised.

The meeting was Open for Public Comments and the following comments were received.

Comment # 1 – A request was made to widen parking spaces at the May Park Elderly Apartments at the next scheduled strip painting. Also there was a request to have apartment numbers painted back on parking spaces.

Comment # 2 - Huntington resident requested security lights installed in the alley and the irrigation system be replaced to make the alley available for residents to use as a garden space with water taps, etc.

After discussion of the comments the public hearing was closed.

NORTHEAST OREGON HOUSING AUTHORITY
RESIDENT ADVISORY COUNCIL MEETING NOVEMBER 26, 2008
HELD IMMEDIATELY AFTER PUBLIC HEARING
AT 2608 MAY LANE, LA GRANDE, OR
IN THE COMMUNITY ROOM

Those attending the public hearing were also present for the resident advisory board meeting. The two public comments were discussed at length. The action taken to address the request are listed below:

Comment # 1 – The Maintenance department will be instructed to eliminate a parking space when it is time to re-strip the West side parking lot between the 300 and 400 buildings. The maintenance department will be instructed to install the apartment numbers on the parking spaces as soon as possible, so office visitors will not be parking in the residents parking.

Comment # 2 – The installation of Street lights in Huntington have been added to the FY 2008 Capital Fund Program budget. Repairs to the irrigation system have been added to the FY 2008 Capital Fund Program budget. A garden policy is in place for those wanting to participate in a community garden.

With those being the only two items discussed in the Resident Advisory Meeting, the meeting was adjourned.

Part I: Summary

PHA Name: Northeast Oregon Housing Authority	Grant Type and Number Capital Fund Program Grant No: OR16P032-501-09 Replacement Housing Factor Grant No: Date of CFFP: _____	FFY of Grant: 2009 FFY of Grant Approval: _____
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Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	148,558.00	0.00	0.00	0.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	22,062.00	0.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	15,000.00	0.00	0.00	0.00
10	1460 Dwelling Structures	15,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	20,000.00	0.00	0.00	0.00
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)	220,620.00	0.00	0.00	0.00
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: Northeast Oregon Housing Authority	Grant Type and Number Capital Fund Program Grant No: OR16P032-501-09 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2009 FFY of Grant Approval: _____
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 <i>Maggie LaMont</i>		Date 2-10-09	Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Northeast Oregon Housing Authority		Grant Type and Number Capital Fund Program Grant No: OR16PO32-501-09 CFFP (Yes/No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	OPERATIONS	1406		148,558.00	0.00	0.00	0.00	
	ADMINISTRATIVE	1410						
	Salary & Benefits	1410		22,062.00	0.00	0.00	0.00	
OR032000001P	SITE IMPROVEMENTS	1450						
	Concrete Replacement		1,250 sf	7,500.00	0.00	0.00	0.00	
	DWELLING STRUCTURES	1460						
	Counter Tops		5	7,500.00	0.00	0.00	0.00	
	NONDWELLING EQUIPMENT	1475						
	Maintenance Vehicle		1	20,000.00	0.00	0.00	0.00	
OR032000002P	SITE IMPROVEMENTS	1450						
	Concrete Replacement		1,250 sf	7,500.00	0.00	0.00	0.00	
	DWELLING STRUCTURES	1460						
	Counter tops		5	7,500.00	0.00	0.00	0.00	
	GRAND TOTAL			220,620.00	0.00	0.00	0.00	

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 I: Summary					
PHA Name: Northeast Oregon Housing Authority		Grant Type and Number Capital Fund Program Grant No: OR16P032-501-08 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2008 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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08 <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	92,693.00	92,693.00	0.00	0.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	22,062.00	22,062.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	26,008.4	26,008.4	0.00	0.00
10	1460 Dwelling Structures	62,048.00	62,048.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	17,808.3	17,808.3	0.00	0.00
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)	220,620.00	220,620.00	0.00	0.00
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				

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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: Northeast Oregon Housing Authority		Grant Type and Number Capital Fund Program Grant No: OR16P032-501-08 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2008 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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08 <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 <i>Maggie Lamont</i>	Date 2-10-09	Signature of Public Housing Director	Date	

Part II: Supporting Pages								
PHA Name: Northeast Oregon Housing Authority		Grant Type and Number Capital Fund Program Grant No: OR16PO32-501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	OPERATIONS	1406		92,693.3	92,693.3	0.00	0.00	
	Salary & Benefits	1410		22,062.00	22,062.00	0.00	0.00	
OR032000001P	Concrete Replacement	1450	750 sf	5,000.00	5,000.00	0.00	0.00	spring
	Replace A/C units	1460	14	7,000.00	7,000.00	0.00	0.00	spring
	Low Flow toilets	1460	46	13,892.00	13,892.00	0.00	0.00	spring
	Maintenance Vehicle	1475	1	17,808.3	17,808.3	0.00	0.00	spring
OR032000002P	Retaining Wall	1450	2	16,008.4	16,008.4	0.00	0.00	spring
	Concrete Replacement	1450	750 sf	5,000.00	5,000.00	0.00	0.00	spring
	Replace A/C units	1460	14	7,000.00	7,000.00	0.00	0.00	spring
	Low Flow toilets	1460	113	34,156.00	34,156.00	0.00	0.00	spring
	GRAND TOTAL			220,620.00	220,620.00	0.00	0.00	

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 I: Summary

PHA Name: Northeast Oregon Housing Authority	Grant Type and Number Capital Fund Program Grant No: OR16P032-501-07 Replacement Housing Factor Grant No: Date of CFFP: _____	FFY of Grant: 2007 FFY of Grant Approval:
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Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:3)
 Performance and Evaluation Report for Period Ending: 9/30/08 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	107,199.3	134,293.43	134,293.43	85,058.80
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	20,083.00	20,083.3	20,083.3	20,024.7
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	9,615.4	26,456.27	26,456.27	26,456.27
10	1460 Dwelling Structures	63,935.00	20,000.00	20,000.00	8,830.34
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	0.00	0.00	0.00	0.00
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)	200,833.00	200,833.00	200,833.00	140,370.11
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: Northeast Oregon Housing Authority		Grant Type and Number Capital Fund Program Grant No: OR16P032-501-07 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2007 FFY of Grant Approval: _____
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:3) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/08 <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 <i>Maggie LaMent</i>		Date 2-10-09	Signature of Public Housing Director		Date

Part II: Supporting Pages								
PHA Name: Northeast Oregon Housing Authority		Grant Type and Number Capital Fund Program Grant No: OR16PO32-501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	OPERATIONS	1406		107,199.3	134,293.43	134,293.43	85,058.8	
	Salary & Benefits	1410		20,083.3	20,083.3	20,083.3	20,024.70	
OR032000001P	Replace security lighting	1450	1 site	4,807.7	5,799.13	5,799.13	5,799.13	complete
OR032000002P	Replace security lighting	1450	1 site	4,807.7	5,799.12	5,799.12	5,799.12	complete
	Retaining Wall	1450	2	0.00	14,858.02	14,858.02	14,858.02	complete
	Replace cabinet doors & drawers	1460	2	43,935.00	0.00	0.00	0.00	moved 1450
	Replace windows	1460	70	20,000.00	20,000.00	20,000.00	8,830.34	in-progress
	GRAND TOTAL			200,833.00	200,833.00	200,833.00	140,370.11	

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 I: Summary

PHA Name: Northeast Oregon Housing Authority	Grant Type and Number Capital Fund Program Grant No: OR16P032-501-06 Replacement Housing Factor Grant No: Date of CFFP: _____	FFY of Grant: 2006 FFY of Grant Approval:
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:3)
 Performance and Evaluation Report for Period Ending: 09/30/08
 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	164,117.00	164,117.00	164,117.00	164,117.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	21,719.00	21,719.00	21,719.00	21,719.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	9,780.00	9,780.00	9,780.00	9,780.00
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	21,573.00	21,573.00	21,573.00	21,573.00
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)	217,189.00	217,189.00	217,189.00	217,189.00
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: Northeast Oregon Housing Authority		Grant Type and Number Capital Fund Program Grant No. OR16P032-501-06 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2006 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:3) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08 <input checked="" 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 <i>Maggie LaMont</i>		Date 2-10-09		Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Northeast Oregon Housing Authority		Grant Type and Number Capital Fund Program Grant No: OR16PO32-501-06 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	OPERATIONS	1406		164,117.00	164,117.00	164,117.00	164,117.00	complete
	Salary & Benefits	1410		21,719.00	21,719.00	21,719.00	21,719.00	complete
	Maintenance Vehicle	1475	1	21,573.00	21,573.00	21,573.00	21,573.00	complete
OR032000001P	Concrete Replacement	1450	1,500 sf	9,780.00	9,780.00	9,780.00	9,780.00	complete
OR032000002P								
	GRAND TOTAL			217,189.00	217,189.00	217,189.00	217,189.00	

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 I: Summary						
PHA Name/Number Northeast Oregon Housing Authority OR032		Locality (City/County & State) La Grande, Union Co., Oregon			<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
	OR032000001P	Annual Statement	20,816.00	37,500.00	18,250.00	15,000.00
	OR032000002P		60,816.00	17,500.00	76,750.00	40,000.00
B.	Physical Improvements Subtotal		81,632.00	55,000.00	95,000.00	55,000.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		0.00	0.00	0.00	0.00
E.	Administration		22,062.00	22,062.00	22,062.00	22,062.00
F.	Other					
G.	Operations		116,926.00	143,558.00	103,558.00	143,558.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		220,620.00	220,620.00	220,620.00	220,620.00
L.	Total Non-CFP Funds					
M.	Grand Total		220,620.00	220,620.00	220,620.00	220,620.00

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

Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010			Work Statement for Year: 3 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 Annual Statement	HA WIDE			HA WIDE		
	Operations		116,926.00	Operations		143,558.00
	Administration		22,062.00	Administration		22,062.00
	OR032000001P			OR032000001P		
	Replace Refrigerators	46	10,000.00	Replace concrete	1500 sf	7,500.00
	Replace concrete	1500 sf	5,000.00	Re-seal parking lot	1 site	10,000.00
	Replace Mower	1	5,816	Maintenance Vehicle	1	20,000.00
	OR032000002P			OR032000002P		
	Replace Refrigerators	46	10,000.00	Replace concrete	1500 sf	7,500.00
	Replace concrete	1500 sf	5,000.00	Re-seal parking lot	1 site	10,000.00
	Cabinet doors / drawers	8 units	20,000.00			
	Maintenance Vehicle	1	20,000.00			
	Replace Mower	1	5,816			
	Subtotal of Estimated Cost		\$220,620.00	Subtotal of Estimated Cost		\$220,620.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2009	Work Statement for Year 4 FFY 2012			Work Statement for Year: 5 FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	HA WIDE			HA WIDE		
	Operations		103,558.00	Operations		143,558.00
	Administration		22,062.00	Administration		22,062.00
	OR032000001P			OR032000001P		
	Concrete Replacement	1,000 sf	5,000.00	Concrete Replacement	1,000 sf	5,000.00
	Replace refrigerators	46	13,250.00	Washer / dryers	1 site	10,000.00
	OR032000002P			OR032000002P		
	Concrete Replacement	1,000 sf	5,000.00	Concrete Replacement	1,000 sf	5,000.00
	Replace refrigerators	90	31,750.00	Washer / dryers	1 site	10,000.00
	Play ground Haines	1	20,000.00	Irrigation system	1 site	25,000.00
Maintenance Vehicle	1	20,000.00				
	Subtotal of Estimated Cost		\$ 220,620.00	Subtotal of Estimated Cost		\$ 220,620.00