### 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 Fiscal Year Beginning: (MM/YYYY):	Performing 01/2010	☐ Standard	PHA Code: <u>CO071</u> HCV (Section 8)	_	
2.0	<b>Inventory</b> (based on ACC units at time of F Number of PH units: 40	Y beginning i -		umber of HCV units: _240		
3.0	Submission Type  5-Year and Annual Plan	Annual F	Plan Only	5-Year Plan Only		
4.0	PHA Consortia	HA Consortia	: (Check box if submitting a joi	nt Plan and complete table bel	ow.)	
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Unit Program PH	ts in Each HCV
	PHA 1:				111	TIC V
	PHA 2: PHA 3:					+
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 on	ly at 5-Year I	Plan update.			
5.1	Mission. State the PHA's Mission for servir jurisdiction for the next five years: To prosuitable living environment fr	omote ad ee from o	equate and affordable discrimination.	e housing, economic	opportuni	ity and a
5.2	Goals and Objectives. Identify the PHA's of low-income, and extremely low-income farm and objectives described in the previous 5-Y. See Attachment A and Attachment B.	ilies for the n				
6.0	PHA Plan Update  (a) Identify all PHA Plan elements that have (b) Identify the specific location(s) where the elements, see Section 6.0 of the instruction	e public may			nplete list of PF	IA Plan
7.0	Hope VI, Mixed Finance Modernization o Programs, and Project-based Vouchers. I	nclude staten	nents related to these programs of		ousing, Home	ownership
8.0	Capital Improvements. Please complete Pa	arts 8.1 throug	gh 8.3, as applicable.			
8.1	Capital Fund Program Annual Statement, complete and submit the <i>Capital Fund Program</i> open CFP grant and CFFP financing.					
8.2	Capital Fund Program Five-Year Action I Program Five-Year Action Plan, form HUD- for a five year period). Large capital items n	50075.2, and	subsequent annual updates (on	a rolling basis, e.g., drop curre		
8.3	Capital Fund Financing Program (CFFP).  ☐ Check if the PHA proposes to use any pofinance capital improvements.		apital Fund Program (CFP)/Repl	lacement Housing Factor (RH	F) to repay deb	t incurred to
9.0	Housing Needs. Based on information prov data, make a reasonable effort to identify the the jurisdiction served by the PHA, including other families who are on the public housing issues of affordability, supply, quality, acces	housing need g elderly fami and Section 8	ds of the low-income, very low-i lies, families with disabilities, a 8 tenant-based assistance waiting	ncome, and extremely low-ind nd households of various race	come families v s and ethnic gro	who reside in oups, and

- 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.

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

  (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

  (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"
- 11.0 Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
  - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
  - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
  - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
  - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
  - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
  - (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.

    (g) Challenged Elements
  - (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)
  - (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

#### **ATTACHEMENT A**

## Housing Authority of the City of Fountain PHA 5-Year Plan

#### PHA GOALS AND OBJECTIVES

Strategic Goal: Increase the availability of decent, safe, and affordable housing.

PHA Specific Goal: Expand the supply of assisted housing in the community.

#### Objectives:

- a. Apply for additional rental vouchers.
- b. Leverage private or other public funds to create additional housing opportunities by investigating the opportunity to partner with other entities to develop additional affordable housing units in the community.
- c. Pursue housing resources other than the public housing or Section 8 tenant-based assistance.

PHA Specific Goal: Improve the quality of assisted housing.

#### Objectives:

- a. Improve public housing management: (PHAS score) by maintaining High Performer Status.
- b. Improve voucher management: (SEMAP score) by maintaining High Performer Status.
- c. Concentrate on efforts to improve specific management functions by employing effective maintenance and management policies to minimize the number of units off-line.
- d. Renovate or modernize public housing units by using capital funds to renovate public housing units with an emphasis on increased energy efficiency.

PHA Specific Goal: Increase assisted housing choices in the community.

#### Objectives:

- a. Provide voucher mobility counseling by providing information at all certifications on the portability features of the Housing Choice Voucher Program.
- b. Conduct outreach efforts to potential voucher landlords by marketing participation in the Housing Choice Voucher Program to area landlords through publications and informational meetings.
- c. Educate the community on the value of affordable housing projects by participating in community planning efforts and supporting the development of affordable housing projects.

#### Strategic Goal: Improve community quality of life and economic vitality

PHA Specific Goal: Provide an improved living environment.

Objectives:

- a. Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments.
- b. Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments.

## PHA Strategic Goal: Promote self-sufficiency and asset development of families and individuals

PHA Specific Goal: Promote self-sufficiency and asset development of assisted households.

#### Objectives:

- a. Increase the number and percentage of employed persons in assisted families by investigating the feasibility of adopting policies that will promote self-sufficiency of families such as, the phase-in of increased tenant payments due to employment.
- b. Provide or attract supportive services to increase independence for the elderly or families with disabilities by developing relationships with community service providers that may be willing to provide supportive services to public housing residents that are elderly or disabled.
- c. Develop relationships with community service providers so that a network of services is available to program participants and other members of the community.

#### PHA Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

PHA Specific Goal: Ensure equal opportunity and affirmatively further fair housing.

#### Objectives:

- a. Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability by administering all programs in a manner that will ensure consistent and fair treatment to all persons interested in program participation.
- b. Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability.
- c. Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.
- d. Ensure all program participants are aware of their rights under the PHA's grievance procedures, administrative plan and applicable Fair Housing Laws and

- provide assistance to program participants seeking to redress any discrimination encountered in obtaining housing.
- e. Monitor community populations to ensure that all members of the community have adequate housing choices and receive fair and equal treatment.

## PHA Strategic Goal: Provide Housing Opportunities and Safety for Battered Women and Children

PHA Specific Goal: Serve the needs of victims of domestic violence.

#### Objectives:

- a. Undertake affirmative measures to provide a suitable living environment for victims of domestic violence, dating violence, sexual assault or stalking.
- b. Develop relationships with community service providers so that a network of services is available to program participants and other members of the community that are victims of domestic violence, dating violence, sexual assault or stalking.

#### ATTACHMENT B

## Housing Authority of the City of Fountain PHA 5-Year Plan 2010-2014

#### PROGRESS REPORT

#### Goals and Objectives Described in the Five-Year Plan for 2005-2009

The PHA has made substantial progress in meeting the Goals and Objectives described in the Five-Year plan for 2005-2009.

#### 1. HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

#### PHA Goal: Expand the supply of assisted housing.

During the five-year period of 2005-2009, the PHA investigated partnering with several private developers on the creation of an assisted living facility; the conversion of a rural development housing development into a tax credit project and the development of a Section 202 project for the elderly. Due to economic conditions, none of these projects could obtain the necessary financing to complete.

The PHA participated in the Disaster Housing Assistance Program that provided assistance to four families displaced by Hurricanes Katrina and Rita. As a result, the Housing Authority has received 3 special admission vouchers to place the remaining participating families in permanent housing.

#### PHA Goal: Improve the quality of assisted housing.

The PHA maintained High Performer Status on all PHAS assessments during the five-year period of 2005-2009.

The PHA maintained High Performer Status on all SEMAP assessments during the five-year period 2005-2009.

The PHA maintained a high level of customer satisfaction in the operation of all its programs during the five-year period 2005-2009.

The PHA improved the specific management function of voucher unit inspection reporting during the five-year period of 2005-2009 resulting in the receipt of a 100% score on the SEMAP assessment for the year ending 2008.

The PHA used capital funds to renovate its public housing units. During the five-year period of 2005-2009, the PHA replaced the bathroom and kitchen sinks and faucets in all public housing units; installed energy efficient exterior lighting at the public housing facility; planted draught resistant landscaping to reduce water use at its public housing facility; installed energy efficient

lighting in the community areas of the public housing facility; installed new flooring in the tenant units and the community areas of its public housing facility; installed a new air conditioning unit for the community area of its public housing facility; replaced unit air conditioners; installed a new handicapped ramp on the north side of the parking lot; replaced bathroom heaters in all tenant units; and resurfaced the parking lot.

#### PHA Goal: Increase assisted housing choices.

The PHA provided information at all certifications on the portability features of the Housing Choice Voucher Program.

The PHA conducted outreach efforts to potential voucher landlords resulting in a total number of 105 new landlords that participated in the program during the five-year period of 2005-2009.

The PHA applied for a CDBG grant to provide deposit assistance to families that qualify for its programs so that such families will have the resources to enable them more choice in obtaining quality housing.

The PHA continued to educate the community on the value of affordable housing projects by participating in community planning efforts and supporting the development of affordable housing projects.

#### **HUD Strategic Goal: Improve community quality of life and economic vitality**

#### PHA Goal: Provide an improved living environment.

The PHA increased its percentage of higher income households admitted to its public housing from 0% in 2005 to 33% in 2009.

The PHA supported efforts to promote income mixing in public housing by assuring access for lower income families into higher income developments through use of income targeting requirements.

## **HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

#### PHA Goal: Promote self-sufficiency and asset development of assisted households.

The PHA continued to promote self-sufficiency and asset development of assisted families. However, due to budget constraints during the five-year period of 2005-2009, the PHA decided not to adopt a policy to phase-in increased tenant payments due to employment as a method to increase the number and percentage of employed persons in assisted families. Currently 51% of all assisted families serviced by the Housing Authority are employed.

The PHA continued to develop relationships with community service providers that are willing to provide supportive services to public housing residents that are elderly or disabled. The PHA

sponsors as annual flu shot clinic at its public housing facility and has explored the possibility of providing healthy living seminars and the establishment of a community garden in conjunction with Live Well Fountain.

The PHA continued its relationship with the Golden Circle Nutrition Program operated by the Colorado Springs Housing Authority to provide noon meals at its public housing facility that is available to program participants and other members of the community.

#### **HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

#### PHA Goal: Ensure equal opportunity and affirmatively further fair housing.

The PHA undertook affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability by administering all of its programs in a manner that will ensure consistent and fair treatment to all persons interested in program participation.

The PHA has ensured that all program participants are aware of their rights under the PHA's grievance procedures, administrative plan and applicable Fair Housing Laws.

The PHA provided assistance to program participants seeking to redress any discrimination encountered in obtaining housing.

The PHA continued to monitor populations to ensure that all members of the community have adequate housing choices and receive fair and equal treatment.

#### PHA Goal: Educate the community on the value of affordable housing projects.

The PHA continued to educate the community on the value of affordable housing projects by participating in community planning efforts and supporting the development of affordable housing projects.

#### ATTACHMENT C

## Resident Advisory Board Review and Comments Housing Authority of the City of Fountain, Colorado Five-Year Plan 2010-1014

The PHA Board of Commissioners held its regular meeting of the Board on June 18, 2009 at its public housing facility, Grinde Manor, and discussed the five-year capital plan with the residents of the facility.

The PHA published notice of a public hearing and comment period on the PHA's Five-Year Plan on July 1, 2009. The PHA Five-Year Plan along with supporting documentation was available for review and comment at the PHA's main office from July 1, 2009 until the public hearing date of August 20, 2009. In addition, a summary of the PHA's Five-Year Plan was mailed to each member of the Resident Advisory Board on July 1, 2009 along with an invitation to attend the public hearing.

The PHA received no comments on the PHA plan from the Resident Advisory Board or members of the public.

The Board of Commissioners approved the PHA's Five-Year Plan at its regular meeting held September 17, 2009.

# <u>Challenged Elements</u> Housing Authority of the City of Fountain, Colorado Five-Year Plan 2010-1014

There are no elements of the PHA Five-Year Plan that have been challenged.

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

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

Part I: Summary	ummary					CONTRACTOR CONTRACTOR
PHA Name: Ifou	PHA Name: Housing Authority of the Grant Type and Number City of Fountain Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	mber i Grant No: g Factor Grant No:				FFY of Grant Approvat: 2010
Type of Grant	Type of Grant  Original Annual Statement  Original Annual Statement  December for David Kindings	rx/Emergencies		Revised Annual S	Revised Annual Statement (revision no:	~
Line	Common by Develorment Account			Total Estimated Cost		Total Actual Cost 1
THE	Junium V Oy 10 very principal account		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds					
ri.	1406 Operations (may not exceed 20% of line 21) 3					
tes	1408 Management Improvements					
#	1410 Administration (may not exceed 10% of line 21)	_				
vs:	1411 Audit					
10	1415 Liquidated Damages					
7	1430 Fees and Costs					
50	1440 Site Aequisition					
0.	1450 Site Improvement		50,000.00			
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					
91	1495.1 Relocation Costs					
1.7	1499 Development Activities 4					

To be completed for the Performance and Evaluation Report.

<sup>3</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PLAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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

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

PHA Name: Housing Authority of the City of Fountain	hority Capital Fund Program Grant No.  Capital Fund Program Grant No.  Replacement Housing Factor Grant No.  Date of CEFP.		FFY of G FFY of G	FFY of Grant:2010 FFY of Grant Approval: 2010	
Type of Grant	ype of Grant    Reserve for Disasters/Emergencies	nergencies	☐ Revised Ann	Revised Annual Statement (revision no:	ıa
Perfon	n Report for Period I		☐ Final Perfor	Hinal Performance and Evaluation Report	ort
Line	Summary by Development Account	Total Est	Total Estimated Cost	Ţ	Total Actual Cost 1
		Original	Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
61	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	50,000,00			
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				
ignature	Signature of Executive Director	Date Signat	Signature of Public Housing Director	rector	P.SD 2875

To be completed for the Performance and Evaluation Report.
To be completed for the Performance and Evaluation Report or a Revised Armual Statement.
PHAs with under 250 units in management may use 100% of CFP Grants for operations.
RIIF funds shall be included here.

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

	134.7. Name: Housing Authorny of metally of Poundain	CFFP (Ye	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No:	o: rant No:		Federal	Federal FFY of Grant: 2010	110	
Development Number Name/PHA-Wide	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
eanth and					Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
CO071	Replace Roof		1450	_	50,000.00				

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Par	t I: Summary					
PHA	Name/Number		Locality (City/C	County & State)	<b>⊠Original 5-Year Plan</b> □	Revision No:
A.	Development Number and Name CO071 Grinde Manor	Work Statement for Year 1 FFY _2010	Work Statement for Year 2 FFY _2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY	Work Statement for Year 5 FFY _2014
В.	Physical Improvements Subtotal	Annual Statement	\$40,000.00	\$40,000.00		\$50,000.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment				\$35,000.00	
E.	Administration					
F.	Other					
G.	Operations		\$10,000.00	\$10,000.00	\$15,000.00	
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total	\$50,000	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00

Part II: Sup	porting Pages – Physic	cal Needs Work State	ement(s)			
Work	Work S	tatement for Year 2		Work S	tatement for Year: 3	
Statement for		FFY <u>2011</u>			FFY <u>2012</u>	
Year 1 FFY 2010	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	CO071 Grinde Manor			CO071 Grinde Manor		
Annual	Replace Refrigerators	40	\$40,000.00	Replace Ranges	40	\$35,000.00
Statement						
				Replace Range Hoods	40	\$ 5,000.00
	Sub	total of Estimated Cost	\$40,000.00	Sub	total of Estimated Cost	\$40,000.00

Part II: Sup	porting Pages – Physic	cal Needs Work State	ement(s)			
Work	Work S	tatement for Year <u>4</u>		Work S	Statement for Year: _5	
Statement for		FFY _2013			FFY _2014	
Year 1 FFY 2010	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	CO071 Grinde Manor			CO071 Grinde Manor		
Annual	Replace Admin Vehicles	2	\$35,000.00	Replace Boiler System	3	\$50,000.00
Statement						
	Sub	total of Estimated Cost	\$35,000.00	Sul	ototal of Estimated Cost	\$50,000.00

Part III: Sup	porting Pages – Management Needs Worl	k Statement(s)		
Work	Work Statement for Year _2		Work Statement for Year: <u>3</u>	
Statement for	FFY <u>2011</u>		FFY _2012	
Year 1 FFY	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost
<u>2010</u>	General Description of Major Work Categories		General Description of Major Work Categories	
See				
Annual				
Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part III: Sup	pporting Pages – Management Needs Worl	x Statement(s)		
Work	Work Statement for Year _4_		Work Statement for Year: <u>5</u>	
Statement for	FFY <u>2013</u>		FFY _2014	
Year 1 FFY	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost
<u>2010</u>	General Description of Major Work Categories		General Description of Major Work Categories	
See				
Annual				
Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Office of Public and Indian Housing OMB No. 2577-0226 U.S. Department of Housing and Urban Development

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

Part I:	Part I: Summary					
PHA Name: Hou City of Fountain	g Authority of the	Grant Type and Number Capital Fund Program Grant No: CC060071 Replacement Housing Factor Grant No. Date of CFFP:	07150106			FFY of Grant Approval: 2006 FFY of Grant Approval: 2006
Type of Grant Original A	nnual Statement	Reserve for Disasters/Emergencies for Period Ending: 9/30/2009		Revised Annual Statement (revision no.3 )	(revision no;3 )	
Line	Summary by Development Account	i ju	Tot	Total Estimated Cost		Total Actual Cost 1
			Original	Revised <sup>2</sup>	Obligated	Expended
26	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21)3	0% of line 21) 3	þ	32,000.00	32,000.00	32,000.00
11	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	ed 10% of line 21)				
vi	1411 Audit					
9	1415 Liquidated Damages					
7	1430 Focs and Costs					
200	1440 Site Aequisition					
o.	1450 Site Improvement					
01	1460 Dwelling Structures		50,136.00	7,511.00	7,511.00	7,199,00
Ξ	1465.1 Dwelling Equipment Nonexpendable	expendable	- O	14,867.00	14,867.00	15,179.00
12	1470 Non-dwelling Structures					
22	1475 Non-dwelling Equipment					
14	1485 Demolition					
18	1492 Moving to Work Demonstration	ou				
16	1495.1 Relocation Costs					
1.2	1499 Development Activities					

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<sup>\*</sup> To be completed for the Performance and Evaluation Report.

\* To be completed for the Performance and Evaluation Report or a Revised Amnual Statement.

\* PELAs with under 250 units in management may use 100% of CFP Grants for operations.

\* RHF funds shall be included here.

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

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

	Fait L. Summary		7007 040	2000	
PHA Name: Housing Authority of the City of Fountain	Grant Type and Number Capital Fund Program Grant No: CC06P07150106 Replacement Housing Factor Grant No: Date of CFFP.		FFY C	FFY of Grant. 2006 FFY of Grant Approval: 2006	
Type of Grant					
Original /	Original Annual Statement	8	Revised /	M. Revised Annual Statement (revision no: 3	186
	Performance and Evaluation Report for Period Ending; 9/30/2009		☐ Final	☐ Final Performance and Evaluation Report	eport
Line Su	Summary by Development Account	Total I	Total Estimated Cost	Tot	Total Actual Cost
		Original	Revised <sup>1</sup>	Obligated	Expended
18a 150	3501 Collateralization or Liebt Service paid by the PHA				
18ba 900	9000 Collateralization or Lebt Service paid Via System of Direct Payment				
951 61	1502 Contingency (may not exceed 8% of line 20)				
20 An	Amount of Annual Grant: (sum of lines 2 - 19)	50,136.00	54,378.00	54,378.00	54,378,00
21 An	Amount of line 20 Related to LBP Activities				
22 An	Amount of line 20 Related to Section 504 Activities				
23 Am	Amount of line 20 Related to Security - Soft Costs				
24 Am	Amount of line 20 Related to Security - Hard Costs				
25 An	Amount of line 20 Related to Energy Conservation Measures				
Signature of	Signature of Executive Director  Signature of Executive Director  Anthony	Date Sign	Signature of Public Housing Director	Director	9-30 2009
	5.	, )		5	

<sup>&</sup>lt;sup>4</sup> To be completed for the Performance and Evaluation Report.

<sup>5</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>5</sup> PILAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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

PHA Name: Housing A	PHA Name: Housing Authority of the City of Fountain	Grant Type and Capital Fund Pro CIFFP (Yes/ No): Replacement Ho.	Grant Type and Number Capital Fund Program Grant No. CO06P07150106 CIFP (Yes/ No): Replacement Housing Factor Grant No.	o: CO06P07150 rant No:	9010	Federal	Federal FFY of Grant: 2006	900	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
CO071	Replace Kitchen Cabinets and Counter Tops	ounter	1460	01	50,136.00	0			
	Complete Flooring From 2005 CFP	FP	1460		0	7,511.00	5,153.00	5,153.00	Complete
	Replace Unit Air Conditioners		1465.1	26	-0-	14,867.00	2,099.00	2,099.00	Complete
	Landscaping		1460		-0-	2,046.00	2,046.00	2,046.00	Complete
	Replace Unit Bathroom Heaters		1465.1	40	Erom CFP 2007	13,080.00	13,080,00	13,080.00	Complete

<sup>1</sup>To be completed for the Performance and Evaluation Report or a Revised Annual Statement. <sup>2</sup>To be completed for the Performance and Evaluation Report.

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

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

Part I: S	Part I: Summary					
PHA Name: Hou City of Fountain	PHA Name: Housing Authority of the City of Fountain	Grant Type and Number Capital Fund Program Grant No. C006P071 Replacement Housing Factor Grant No: Date of GFFP:	071501-07			FFY of Grant Approval: 2007
Type of Grant  □ Original A  Rerforman	nnual Statement	Reserve for Disasters/Emergencies for Period Ending: 9/30/2009		Revised Annual Statement (revision no:2     ☐ Final Performance and Evaluation R	vised Annual Statement (revision not2 ) Final Performance and Evaluation Report	
Line	Summary by Development Account	Account		otal Estimated Cost		Total Actual Cost
			Original	Revised <sup>2</sup>	Obligated	Expended
	Total non-CFP Funds					
7	1406 Operations (may not exceed 20% of line 21) 2	cccd 20% of line 21) *				
10	1408 Management Improvements	ents				
4	1410 Administration (may not exceed 10% of line 21)	t exceed 10% of line 21)				
in.	1411 Audit					
9	1415 Liquidated Damages					
1	1430 Fees and Costs					
00	1440 Site Acquisition					
O.	1450 Site Improvement		-0-	9,103.00	10,801.00	1,103.00
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment-Nonexpenduble	-Nonexpenduble	20,000.00	9,420.00	7,890.00	7,890.00
[]	1470 Non-dwelling Structures	8				
13	1475 Non-dwelling Equipment	nt.	31,216.00	32,693.00	32,525.00	26,874.00
14	1485 Demolition					
15	1492 Moving to Work Demonstration	nstration				
16	1495.1 Relocation Costs					
5-	1499 Development Activities *	· ·				

To be completed for the Performance and Evaluation Report.

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

PPHAs with under 250 units in management may use 100% of CFP Grants for operations.

RIJF funds shall be included here.

U.S. Department of Housing and Urban Development Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Office of Public and Indian Housing

Part I: Summary					
PHA Name: Housing Authority of the City of Fountain	Grant Type and Number Capital Fund Program Grant No: CC06P071501-07 Replacement Housing Factor Grant No: Date of CFFP:		FPV	FFY of Grant Approval: 2007	
Type of Grant					
Original Annual Statement	al Statement   Reserve for Disasters/Emergeneies	ics	⊠ Revised	□ Revised Annual Statement (revision no: 2	2 )
Performance a	Performance and Evaluation Report for Period Ending; 9/30/2009		□ Fins	Final Performance and Evaluation Report	Report
Line Summa	Summary by Development Account	Total Estimated Cost		Lo	Total Actual Cost '
		Original	Revised 2	Obligated	Expended
18a 1501 C.	1501 Collateralization or Debt Service paid by the PHA				
18ba 9000 C	90000 Collateralization or Debt Service paid Via System of Direct Payment				
19 1502 CA	1502 Contingency (may not exceed 8% of line 20)				
20 Amount	Amount of Annual Grant: (sum of lines 2 - 19)	51,216.00		51,216.00	35,867,00
21 Amount	Amount of line 20 Related to LBP Activities				
22 Amount	Amount of line 20 Related to Section 504 Activities				
23 Amount	Amount of line 20 Related to Security - Soft Costs				
24 Amount	Amount of line 20 Related to Security - Hard Costs				
25 Amount	Amount of line 20 Related to Energy Conservation Measures				
Signature of Ex	Signature of Executive Director	Signaturo	Signature of Public Housing Director	Director	Date Date

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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

PHA Name: Housing Aur	hority of the City of Fountain	Grant Type and Number Capital Fund Program Grant No: CO06P071501-07 CFPP (Yes/ No): Replacement Housing Factor Grant No:	No: C:006P07150 Grant No:	11-07	Federal	Federal FFY of Grant: 2007	000	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	k Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
CO071	Replace South; West and East Doors	1450	(C)	0	8,000.00	00'869'6		In Process
	Install New Handicapped Ramp to Parking Lot from West Door	1450	-	0	1,103.00	1,103.00	1,103.00	Complete
	Replace Bathroom Heaters	1465.1	40	20,000.00	5,345.00	5,345.00	5,345.00	Complete
	Replace Unit Air Conditioners	1465.1	∞	-0-	4,075.00	2,545.00	2,545.00	Carry Over From CFP 2006
	Replace Lobby Furniture	1475		15,000.00	20,000.00	26,578.00	20,089	In Process
	Replace Community Kitchen Appliances	ccs 1475		16,216.00	12,693.00	5,947.00	5,852	In Process

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>2</sup> To be completed for the Performance and Evaluation Report.

form HUD-50075.1 (4/2008)

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

Office of Public and Indian Housing OMB No. 2577-0226

U.S. Department of Housing and Urban Development

Part I:	Part I: Summary					
PHA Name: Hou City of Fountain	sing Authority of the	Grant Type and Number Capital Fund Fregram Grant No. CO06P07150108 Replacement Housing Factor Grant No: Date of CFFP:	37150108			FFY of Grant: 2008 FFY of Grant Approval: 2008
Type of Grant  ☐ Original Ar	nnual Statement	Reserve for Disasters/Emergencies for Period Ending: 9/30/2009		Revised Annual Statement (revision no.1 )	ent (revision no:1 ) and Evaluation Report	
Line	Summary by Development Account		1	Fotal Estimated Cost		Total Actual Cost 1
			Original	Revised2	Obligated	Expended
1	Total non-CFP Funds					
12	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	f line 21)3	5,699.00	-0-		
m	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	1% of line 21)				
80	1411 Andit					
9	1415 Liquidated Damages					
73	1430 Fees and Costs					
00	1440 Site Acquisition					
6	1450 Site Improvement		-0-	20,000.00	5,136.00	5,136,00
10	1460 Dwelling Structures		50,000.00	35,699.00		
H	1465.1 Dwelling Equipment—Nonexpendable	rdahle				
17	1470 Non-dwelling Structures					
22	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
91	1495.1 Relocation Costs					
12	1400 Decelonment Activities *					

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.
<sup>4</sup> RHF funds shall be included here.

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

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

PHA Name: Housing Authority of the City of Fountain	Part I; Summary				
Type of Co	thority Crant Type and Number Capital Fund Program Grant No: CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			FFY of Grant Approval: 2008	
Type of or and		8	j		
Origin	Original Annual Statement   Reserve for Disasters/Emergencies  Performance and Evaluation Report for Period Ending: 6/30/2009	gencies	R ⊠		I ) Report
Line	Summary by Development Account	Total	Total Estimated Cost	To	Fotal Actual Cost 1
		Original	Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct. Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	50,000.00	55,699,00	5,136.00	5,136.00
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				
Signature	Signature of Executive Director  Signature of Executive Director	tte 2009	Signature of Public Housing Director	sing Director	9.30 Date

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RFF funds shall be included here.

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

Part II: Supporting Pages									
PIIA Name: Housing Au	PIIA Name: Housing Authority of the City of Fountain	Grant Ty Capital Fu CEFP (Ye Replacem	Grant Type and Number Capital Fund Program Grant No; CO06P07150108 CEFP (Yes/ No): Replacement Housing Factor Grant No:	o; CO06P07150 rant No:	11.08	Federal	Federal FFY of Grant: 2008	800	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
CO071	Reurface Parking Lot		1450		0	20,000.00	5,136.00		Complete
	Reface Kitchen Cabinets and Replace	place	1460	40 Units	50,000.00	35,699.00			Planning

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement. <sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

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

Part I: 5	Part I: Summary					
PIIA Name: Hou City of Fountain	City of Fountain  City of Fountain  Capital Fund Program Grant No. C006S97  Replacement Housing Factor Grant No.  Date of GFFP.	CC06507150109				FFY of Grant 2009 ARRA FFY of Grant Approval: 2009 ARRA
Type of 6	Type of Grant  Governor for Disasters/Emergencies Performance and Evaluation Report for Period Ending: 9/30/2009	ries	O Re-	Revised Annual Statement (revision no:	revision no: Evaluation Report	~
Line	Summary by Development Account		Total Estimated Cost	d Cost		Total Actual Cost 1
		Original	Res	Revised <sup>2</sup>	Obligated	Expended
_	Total non-CFP Funds					
68	1406 Operations (may not exceed 20% of line 21)?					
10	1408 Management Improvements					
**	1410 Administration (may not exceed 10% of line 21)					
923	1411 Audit					
9	1415 Liquidated Damages					
1	1430 Fees and Costs					
oc	1440 Site Acquisition					
0	1450 Site Improvement	70,503.00			50,836.00	50,836.00
10	1460 Dwelling Structures					
=	1465.1.13welling Equipment—Nonexpendable					
13	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
*	1485 Demolition					
<u>v</u>	1492 Moving to Work Demonstration					
91	1495.1 Relocation Costs					
17	1499 Development Activities*					

form HUD-50075.1 (4/2008)

To be completed for the Performance and Evaluation Report

To be completed for the Performance and Evaluation Report (or a Revised Annual Statement, PHAss with under 250 units in management may use 100% of CFP Grants for operations.

\* RHF tunds shall be included here.

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

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

Annual Statement/Performance and Evaluation Report

Heaving Authority   Grant Type and Number   Grant No. C0068(7150109)   Copied End Contait No. C0068(7150109)   Copied End Organia Contait No. C0068(7150109)   Copied End Organia Number   Copied En	Part I: Summary	ummary			CONTRACTOR CONTRACTOR		
Prizate Annual Statement   Continued Statement   Continued Statement (revision no: Driginal Annual Statement (revision no: Dobligated Service paid Via System of Direct Payment   Physical Payment   Physical Payment   Physical Service paid Via System of Direct   Physical Service	PHA Nan Housing A of the City Fountain	iority			FFY of G	srant.2009 ARRA irant.Approval: 2009 ARRA	
Ferformance and Evaluation Report for Period Ending: 9/30/2009  Summary by Development Account  Summary by Development Account  Summary by Development Account  Summary by Development Account  1501 Collateralization or Debt Service paid by the PHA  9000 Collateralization or Debt Service paid by the PHA  9000 Collateralization or Debt Service paid by the PHA  1502 Contingency (may not exceed 8% of line 20)  Amount of line 20 Related to LiPP Activities  Amount of line 20 Related to Security - Hand Costs  Amount of line 20 Related to Security - Hand Costs  Amount of line 20 Related to Energy Conservation Measures  Amount of line 20 Related to Energy Ene	Type of C	Annual Statement	mergencies		Revised Ann	ual Statement (revision no:	
Summary by Development Account   Total Estimated Cost   Total Actual Cost	Nerd Perf	remance and Evaluation Report for Period Ending; 9/30/2009			☐ Final Pe	rformance and Evaluation Repo	TT.
1501 Collateralization or Debt Service paid by the PHA	Line	Summary by Development Account		Total Estimated Cost		Total A	Actual Cost
1501 Collateralization or Debt Service paid Vin System of Direct   9000 Collateralization or Debt Service paid Vin System of Direct   Payment			Origina		ised:		
9000 Collateralization of Debt Service paid Via System of Direct Payment 1502 Contingency (may not exceed 8% of line 20) Amount of line 20 Related to LBP Activities Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Energy Conservation Measures Amount of line 20 Related to Energy Conservation Measures  Amount of line 20 Related to Energy Conservation Measures  Amount of Line 20 Related	183	1501 Collateralization or LXbt Service paid by the PHA					
1502 Contingency (may not exceed 8% of line 20)	18ba	9000 Collateralization or Ebbt Service paid Vin System of Direct Payment					
Amount of Natural Grant. (sum of lines 2 - 19)         70,503.00         50,836.00         50,836.           Amount of line 20 Related to Exertion 564 Activities         Amount of line 20 Related to Security - Soft Costs         Amount of line 20 Related to Security - Hard Costs         Amount of line 20 Related to Energy Conservation Measures           Amount of line 20 Related to Energy Conservation Measures         Date 9/30/2009         Signature of Public Housing Director	6.1	1502 Contingency (may not exceed 8% of line 20).					
Amount of line 20 Related to Section 504 Activities  Amount of line 20 Related to Security - Soft Costs  Amount of line 20 Related to Security - Hard Costs  Amount of line 20 Related to Security - Hard Costs  Amount of line 20 Related to Energy Conservation Measures  Date 9/30/2009  Signature of Public Housing Director	20	Amount of Annual Grant: (sum of lines 2 - 19)	70,503.00			50.836.00	50,836.00
Section 504 Activities Security - Soft Costs Security - Hard Costs Energy Conservation Measures Date 9/30/2009 Signature of Public Housing Director 9/30/2009	21	Amount of line 20 Related to LBP Activities					
Security - Soft Costs Security - Hard Costs Energy Conservation Measures Date 9/30/2009 Signature of Public Housing Director 9/30/2009	22	Amount of line 20 Related to Section 504 Activities					
Security - Hard Costs  Energy Conservation Measures  Date 9/30/2009 Signature of Public Housing Director  9/30/2009	23	Amount of line 20 Related to Security - Soft Costs					
Energy Conservation Measures  Date 9/30/2009 Signature of Public Housing Director  9/30/2009	24	Amount of line 20 Related to Security - Hard Costs.					
Folia Date 9/30/2009 Signature of Public Housing Director 9/30/2009 Anthree Ment	2.5	Amount of line 20 Related to Energy Conservation Measures					
	Signatu	ge of Executive Director	Date 9/30/2009	Signature of Public 9/30/2009	Housing Di	rector	Date O-Day

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Amoual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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

	Status of Work		
09 ARRA	Cost	Funds Expended <sup>2</sup>	50,836.00
Federal FFY of Grant: 2009 ARRA	Total Actual Cost	Funds Obligated <sup>2</sup>	50,836.00
Federal	ated Cost	Revised	
60	Total Estimated Cost	Original	70,503.00
CO06S07150	Quantity		40 Units
Grant Type and Number Capital Fund Program Grant No. CC06S07150109 CFFP (Yes/No): Replacement Housing Factor Grant No.	Development Account No.		1450
Grant Type and Capital Fund Pro; CFFP (Yes' No); Replacement Hou	or Work		
PHA Name: Housing Authority of the City of Fountain	General Description of Major Work Categories		Replace Unit Windows
PHA Name: Housing Aur	Development Number Name/PIIA-Wide Activities		CO06S07.1

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement <sup>2</sup> To be completed for the Performance and Evaluation Report.

form HUD-50075.1 (4/2008)

marker / Smarram 1 som 1 mudas						
Part I: Summary	ummary					
PHA Name: Hou City of Fountain	PHA Name: Housing Authority of the Grant Type and Number CXX06P07150109 Capital Fund Program Grant No: CXX06P07150109 Replacement Housing Factor Grant No: Date of CFFP	r nnt No: CCO66P07150109 tor Grant No:			in in	FFY of Grant Approval: 2009
Type of Grant  Original A	Type of Grant  Original Annual Statement  Reserve for Disasters/Emergencies  Performance and Evaluation Report for Period Ending:	mergencies	Revised Annual Statement (revision no:	it (revision no:	~	
Line	Summary by Development Account	I	Total Estimated Cost		Total Ac	Total Actual Cost 1
		Original	Revised?	Obligated		Expended
-	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) 3	55,215.00				
m	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
165	1411 Audit					
9	1415 Liquidated Damages					
7	1430 Fees and Costs					
50	1440 Site Acquisition					
6	1450 Site Improvement					
10	1460.Dwelling Structures					
=	1465.1 Dwelling Equipment—Nonexpendable					
13	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
91	1495.1 Relocation Costs					
1.1	1499 Development Activities					

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement,

<sup>1</sup> PtLvs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Office of Public and Indian Housing OMB No. 2577-0226 U.S. Department of Housing and Urban Development

Capital Fund Program, Capital Fund Program Replacement Housing Factor and

Capital Fund Financing Program

Annual Statement/Performance and Evaluation Report

Expires 4/30/2011 Date Expended . Total Actual Cost Final Performance and Evaluation Report Revised Annual Statement (revision no: Obligated FFY of Grant: 2009 FFY of Grant Approval: Signature of Public Housing Director Revised 2 Total Estimated Cost Original 55,215.00 ☐ Reserve for Disasters/Emergeneies Date 9000 Collateralization or Debt Service paid Via System of Direct Payment Capital Fund Program Grant No: CO06P071S0109 Replacement Housing Factor Grant No: Date of CFFP-Amount of line 20 Related to Energy Conservation Measures 1501 Collateralization or Debt Service paid by the PHA Performance and Evaluation Report for Period Ending: Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Soft Costs 1502 Contingency (may not exceed 8% of line 20) Amount of Annual Grant:: (sum of Jines 2 - 19) Amount of line 20 Related to LBP Activities Grant Type and Number Summary by Development Account Signature of Executive Director Look Type of Grant

Original Annual Statement Part I: Summary Housing Authority of the City of PHA Name: Fountain Line 18ba 183 20 20 23 8 87 8

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report in a Revised Annual Statement.
<sup>2</sup> To be completed for the Performance and Evaluation Report in a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CEP Grants for operations.

RITF funds shall be included here

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

PHA Name: Housing At	PHA Name: Housing Authority of the City of Fountain	Grant Ty Capital Fi CIFF (%	Grant Type and Number Capital Fund Program Grant No: CO06P07150109 CITP (Yes/ No): Replacement Housing Factor Grant No:	5: CO06P07150 rant No:	601	Federal	Federal FFY of Grant: 2009	600	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	r Work	Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
CO071	Operations		1406		55,215.00				

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>7</sup> To be completed for the Performance and Evaluation Report.