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: HOUSING AUTHORITY OF THE CITY OF TRINIDAD PHA Code: co005 PHA Type: Small High Performing Standard HCV (Section 8) PHA Fiscal Year Beginning: 04/01/2010
2.0	**Inventory** (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 198 Number of HCV units: 83
3.0	**Submission Type** 5-Year and Annual Plan Annual Plan Only 5-Year Plan Only
4.0	**PHA Consortia** 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	
					PH	HCV
	PHA 1: N/A					
	PHA 2: N/A					
	PHA 3: N/A					

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: The Trinidad Housing Authority is committed to providing quality, affordable housing that is decent, safe and accessible to eligible families. The Trinidad Housing Authority, in partnership with applicants, tenants and participants strives to build community in a manner that demonstrates mutual respect and shared responsibility.

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.
	
	PUBLIC HOUSING / HOUSING CHOICE VOUCHER PROGRAM
	    1. Increase level of compliance with 504 requirements to better meet the housing needs of individuals and families with disabilities.
	      a. Retrofit 10 units to comply with 504 and USEF specifications
	      b. Install curb cuts and accessible ramps where indicated
	    2. Improve curb appeal of homes.
	      a. Install sprinkling systems in both front and back yards
	      B. 0-scape where possible
	      c. Re-seed yards to control erosion
	      d. Construct off-street parking
	    3. Increase basic amenities in existing housing stock
	      a. Install dryer hook-ups in 3 and 5 bedroom family units.
	      b. Install exterior storage sheds.
	      c. Upgrade kitchens in build groups 5-6.
	    4. Remodel warehouse to serve to serve future needs of housing authority.
	Implement home-ownership program and family self-sufficiency programs.
	Obtain High Performer designation.
	Improve quality and efficiency of maintenance operations.
	Improve energy efficiency.
	      a. Install energy star rated water heaters
	      b. Implement energy conservation educational program.
	
	MULTI-FAMILIY
	    1. Obtain funding to renovate 50-unit elderly multi-family complex.

Report of Progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

1. <u>Reduce public housing vacancies</u>
   > Trinidad Housing Authority maintains an approximate 97% average occupancy rate each month. Make ready time has been greatly reduced over the past two years.

2. <u>Improve quality of assisted housing</u>.
   > <u>Renovate or modernize public housing</u>.
   >> Strong progress in this area most notably in kitchen renovation and updated plumbing and heating systems.
   > <u>Concentrate on efforts to improve management functions</u>.
   >> Trinidad Housing Authority is in a period of transition at this time as the Executive Director retired in January 2008 after serving 25 years in the position. Because of the change in management and management style at the executive level it is difficult to determine management improvement until sufficient time has lapsed. Trinidad Housing Authority is strong financially, tenants report general satisfaction with services and facilities and higher PHAS and SEMAP scores are anticipated.

3. Increase assisted housing choices.
   > <u>Provide voucher mobility counseling</u>.
   >> Counseling is provided. 2 families ported out to other locations in Colorado this past year.
   > <u>Conduct outreach efforts to potential voucher landlords.</u>
   >> Trinidad Housing Authority maintains a list of potential landlords and provides extensive orientation and training to landlords as requested. As the supply of acceptable housing stock is limited in the Trinidad area, it is difficult to fully maximize voucher resources. Goal 3 will be continued.

4. <u>Provide an improved living environment</u>.
   > <u>Implement public housing security improvements</u>.
   >> Trinidad Housing Authority maintains a close relationship with local law enforcement. The Trinidad Police Department has offered to help establish a neighborhood watch program. Motion sensor lights have been installed at two sites in an effort to deter loitering and trespassing in that neighborhood.
   > <u>Designate developments or buildings for particular resident groups (elderly persons with disabilities)</u>.
   >> A twelve unit building has been identified for elderly persons and persons with disabilities.

5. <u>Promote self-sufficiency and asset development of assisted households</u>.
   > <u>Increase number and percentage of employed persons in assisted families</u>.
   >> A preference for working families was established. 36% of families residing in public housing are working and 39% of HCV families are working.

6. <u>Ensure equal opportunity and affirmatively further fair housing</u>
   > The Board of Commissioners is committed to fair housing most recently demonstrated by the approval of a plan to bring at least 10 units into full 504 compliance.
   > Training in Fair Housing philosophy, rules and regulations is mandatory for all employees.

6.0	**PHA Plan Update**
	(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:
	(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.
	(a) The ACOP and HCV Administrative Plan have been revised since the last Annual Plan submission.
	(b) Copies of the 5-Year and Annual PHA may be obtained at The Trinidad Housing Authority Office 128 W First Street Trinidad, Colorado 81082 719-846-7204
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.*
	N/A

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 **t**he *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing. SEE ATTACHED
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* 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 ATTACHED
8.3	**Capital Fund Financing Program (CFFP).** 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. N/A

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.
	HOUSING NEEDS – WAIT LIST SPECIFIC – See Addendum 9.0 AFFORDABILITY: Medium income for Trinidad Households is well below the Colorado State average and the number of families living at or below the poverty level is reported well above the Colorado State average. Additionally a high percentage of Trinidad families are single parent households with single women as head of household. Employment opportunities for most working women with a limited formal educational background in the area are limited to traditionally low paying service jobs. Nearly half of Trinidad families living at or below the poverty level list the head of household as disabled; further limiting income potential. Non subsidized rents have been high the past several years due to the influx of gas field workers. Rents although still somewhat high for the quality of the housing stock have decreased this past year but continue to be a deterrent to affordable housing. SUPPLY / ACCESSIBILITY: Clearly the supply of affordable housing is a major issue within the community. The Housing Authority maintains a long waiting list for both public housing and Section 8 rental assistance. The number of accessible housing units is extremely limited and the availability of affordable senior housing is also inadequate. QUALITY: Trinidad housing stock in general is old and not always well maintained with private rental stock no exception. Because of this, coupled with the relatively high rents for non-subsidized units it has been difficult house families through the Housing Choice Voucher program. The 198 public housing units managed by the Housing Authority are maintained in good general repair. SIZE OF UNITS: A variety of units of all sizes exist both within public and private sectors. Utility costs are an issue however for many of the older, larger units.
	LOCATION: The public housing units were built on scattered sites throughout the city. Students living outside certain

proximity to schools are bused to school; grocery shopping; banking and access to other community services are within walking distance from the centrally located units.

A need exists for more subsidized units located nearer the center of town would better serve the elderly low-income population.

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.**

AFFORDABILITY:

Employee effective maintenance and management policies to minimize the number of public housing units off-line
Reduce turnover time for vacated public housing units
Reduce time to renovate public housing units
Increase Section 8 lease up rates by increasing payment standards
Increase Section 8 lease up rates by marketing program to owners
Participate in community wide efforts to address housing and related issues
Supply / Accessibility:

Seek designation of public housing for the elderly
Seek designation for public housing for families with disabilities
Complete modification of identified public housing units to meet 504 requirements
Affirmatively market to local non-profit agencies that assist families with disabilities

QUALITY:

Continue to maintain public housing units in good repair
Continue modernization efforts

SIZE / LOCATION:

Determine feasibility of constructing assisted housing development in or near the downtown area.

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"

   (a) The Housing Authority of the City of Trinidad continues to meet its' "Mission and Goals" with improvements noted including a consistently higher occupancy rate, a reinstatement of a resident council to promote partnership and a renewed commitment to Fair Housing and accessibility.
   (b) Criteria for Substantial Deviations and Significant Amendments:

SUBSTANTIAL DEVIATIONS FROM THE 5-YEAR PLAN

   • Additions or deletions of Strategic Goals
   • Any deviation that requires reviews and input by the Resident Advisory Board as well as approval by the Board of Commissioners.

10.0	

SIGNIFICANT AMENDMENTS OR MODIFICATION TO THE ANNUAL PLAN

   • Any change to rent or admissions policies or organization of the waiting list;
   Additions of non-emergency work items over $25,000 (items not included in the latest approved PHA Plan Capital Fund Annual Statement or 5-Year Action Plan); and
   Any change with regard to demolition or disposition, designation of housing, homeownership programs or conversion activities. An exception to this definition will be made for any of the above that are

		adopted to reflect changes in HUD regulatory requirements since such changes are not considered significant. This criterion does not supersede the requirements of OMB Circular No. A-87 (Cost Principal for State, Local, and Indian Tribal Governments) and 25 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements), as well as federal, state, or local regulations or statues. Any future issuance of HUD guidelines or additional regulations shall take precedence over the above criterion.

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)

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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. **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 off ice 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 exten**t 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.

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. 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) **F**orm 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.

Part I: Summary

	PHA Name/Number		Locality (City/County & State)		**Original 5-Year Plan Revision No:**	
A.	Development Number and Name	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 - 2013	Work Statement for Year 5 FFY- 2014
B.	Physical Improvements Subtotal	Annual Statement	133,763	263,763	253,600	173,096
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		130,000		17,248	137,752
E.	Administration					
F.	Other		25,000	25,000	10,000	10,000
G.	Operations		32,085	32,085		
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total	320,848	320,848	320,848	320,848	320,848

Part I: Summary (Continuation)

PHA Name/Number			Locality (City/county & State)		**Original 5-Year Plan Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 FFY _____	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 2010	Work Statement for Year 2 FFY -2011			Work Statement for Year: 3 FFY 2012		
	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	Operations HA- Wide		32,085	Operations HA- Wide		32,085
Annual	Architectural and Design Fees – 4 Bedroom Units		15,000	Architectural and Design Fees – HA Wide		25,000
Statement	Architectural and Design Fees – HA Wide Parking		10,000	Install Sprinkler Systems Reseed as Indicated	*36*	263,763
	Construct Off-Street Parking HA Wide	18	130,000			
	Construct Add-On Laundry Room – 4 Bedroom Units	6	133,763			
		Subtotal of Estimated Cost	$	Subtotal of Estimated Cost		$

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

Work Statement for Year 1 FFY _____	Work Statement for Year 4 FFY 2013			Work Statement for Year: 5 FFY 2014		
	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	Architectural and Design Fees		10,000	Architectural and Design Fees		10,000
Annual	Modify Pantry to Accommodate Dryer 3-Bedroom Units	8	40,800	Replace Kitchen Cabinets / Counter Tops coOO5	35	173,096
Statement	Modify Pantry to Accommodate Dryer 2-Bedroom Units	12	52,800	Replace Fencing HA-Wide	46	137,735
	Replace Kitchen Cabinets/Countertops Co003	20	200,000			
	Replace Fencing HA-Wide	8	17,248			
	Subtotal of Estimated Cost		$	Subtotal of Estimated Cost		$

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	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				
	Subtotal of Estimated Cost	$	Subtotal of Estimated Cost	$

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	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				
	Subtotal of Estimated Cost	$	Subtotal of Estimated Cost	$

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 THE CITY OF TRINIDAD	**Grant Type and Number** Capital Fund Program Grant No: CO06P005501-07 Replacement Housing Factor Grant No: N/A Date of CFFP: N/A			**FFY of Grant: 2007** **FFY of Grant Approval: 2007**	

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]	0	20,000	20,000	20,000
3	1408 Management Improvements	25,000	0		
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0	3,240	3,240	3,240
8	1440 Site Acquisition	0	165,000	165,000	165,000
9	1450 Site Improvement	167,918	0		
10	1460 Dwelling Structures	130.000	134,678		80,446
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]				

[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.

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 THE CITY OF TRINIDAD	**Grant Type and Number** Capital Fund Program Grant No: CO06P005501-07 Replacement Housing Factor Grant No: N/A Date of CFFP: N/A	**FFY of Grant:2007** **FFY of Grant Approval: 2007**

Type of Grant

Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending: 12/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		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				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	322,918	322,918	268,686	268,686
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 of Executive Director **Date 01/15/10** **Signature of Public Housing Director** **Date**

[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.

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

U.S. Department of Housing and Urban

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

Expires 4/30/2011

Part II: Supporting Pages							
PHA Name: HOUSING AUTHORITY OF THE CITY OF TRINIDAD	**Grant Type and Number** Capital Fund Program Grant No: CO06P005501-07 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			20,000	20,000	20,000	N/A
CO005503	Install Fire Suppression System							
	4 Units (High Street)	1460		54,232	-0-			
CO005502	Complete CFP 2006 Flooring Project	1460			48,048	48,048	48,084	100%
CO005502	Complete CFP 2006 Plumbing Project	1460			26,910	26,910	26,910	100%
	Complete CFP 2006 Cabinet Installation							
CO005502	Supplies Only	1460			706	706	706	100%
	Complete CFP 2006 Cabinet Installation							
CO005502	Force Labor Only	1460			4,782	4,782	4,782	100%
HA - Wide	Purchase Storage Building / Shop	1440			165,000	165,000	165,000	100%
CO005506	Drawings Carbon-Kitchens	1430			3,240	3,240	3,240	100%
CO005506	Install new flooring							
	Labor and Materials	1460	16	0	54,322	54,322	-0-	0%

[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.

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 II: Supporting Pages			
PHA Name: Housing Authority of the City of Trinidad	**Grant Type and Number** Capital Fund Program Grant No: CO06P005501-07 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]	

[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.

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 III: Implementation Schedule for Capital Fund Financing Program				
PHA Name: Housing Authority of the City of Trinidad - N/A				**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 U.S. Department of Housing and Urban Development
Capital Fund Program, Capital Fund Program Replacement Housing Factor and Office of Public and Indian Housing
Capital Fund Financing Program OMB No. 2577-0226

Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of Trinidad - N/A					**Federal FFY of Grant: 2007**
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 THE CITY OF TRINIDAD	**Grant Type and Number** Capital Fund Program Grant No: CO06P005501-08 Replacement Housing Factor Grant No: N/A Date of CFFP: N/A				**FFY of Grant: 2007** **FFY of Grant Approval: 2007**	

Type of Grant

Original Annual Statement   Reserve for Disasters/Emergencies   Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending: 12/31/09   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	35,353	35,353		
10	1460 Dwelling Structures	241,070	268,186		
11	1465.1 Dwelling Equipment—Nonexpendable	74,860	47,744		
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]				

[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.

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 THE CITY OF** **TRINIDAD**	**Grant Type and Number** Capital Fund Program Grant No: CO06P005501-08 Replacement Housing Factor Grant No: N/A Date of CFFP: N/A	**FFY of Grant:2007** **FFY of Grant Approval: 2007**

Type of Grant		
Original Annual Statement	Reserve for Disasters/Emergencies	Revised Annual Statement (revision no:)
Performance and Evaluation Report for Period Ending: 12/31/09		Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		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				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	351,283	351,283		
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 of Executive Director	**Date 01/15/10**	**Signature of Public Housing Director**	**Date**

[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.

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

U.S. Department of Housing and Urban

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

Expires 4/30/2011

Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY OF THE CITY OF TRINIDAD		**Grant Type and Number** Capital Fund Program Grant No: CO06P005501-08 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		25,000	0	0	0	
	Install Fire Suppression System							
CO005503/4	4 Units (High Street 12/Units First St	1460		161,070	215,302			
HA - Wide	Paint Exterior Trim	1460		80,000	52,884			
HA - Wide	Install Energy Star Rated Ranges	1465.1		74,860	47,744			
CO005504	Install Picnic Area First Street	1450		8,500	8,500			
CO005501	Build Playground Strong/San Luis	1450		26,853	26,853			

[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.

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 II: Supporting Pages			
PHA Name: Housing Authority of the City of Trinidad	**Grant Type and Number** Capital Fund Program Grant No: CO06P005501-07 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]	

[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.

Annual Statement/Performance and Evaluation Report	U.S. Department of Housing and Urban Development
Capital Fund Program, Capital Fund Program Replacement Housing Factor and	Office of Public and Indian Housing
Capital Fund Financing Program	OMB No. 2577-0226

Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program				
PHA Name: Housing Authority of the City of Trinidad - N/A				**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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of the City of Trinidad - N/A

Federal FFY of Grant: 2007

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

PHA Name: Housing Authority of the City of Trinidad	Grant Type and Number	Federal FY of Grant: 2009
	Capital Fund Program Grant No: CO06P005501-09	
	Replacement Housing Factor Grant No:	

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1)
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
1	Total non-CFP Funds				
2	1406 Operations	0	32,000		
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	143,429	143,429		
10	1460 Dwelling Structures	169,629	145,419		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	320,359	320,848		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures		60,200		

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 the City of Trinidad	Grant Type and Number Capital Fund Program Grant No: CO06P005501-09 Replacement Housing Factor Grant No:				Federal FY of Grant: 2009		

evelopmen Number me/HA-Wi Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406		0	32,000			
	Install Playground / Smith Street	1450		20,000	28,070	0	0	0%
HA-Wide	Replace Red Wood Fencing	1450		115,359	115,359	0	0	0%
CO005504	Convert 420 W Third to 504 Accessible Unit	1460		23,930	0	0	0	0%
CO00554	First Street Renovation	1460	10	100,870	85,219	0	0	0%
HA-Wide	Exterior Door Replacement	1460	172	60,200	60,200	0	0	0%
	Total All			320,359	320,848	0	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 the City of Trinidad	Grant Type and Number Capital Fund Program No: CO06P005501-09 Replacement Housing Factor No:						Federal FY of Grant: 2009
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	
CO06P005501-09	06/30/2010						

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: Trinidad Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: CO06S00550109 ARRA Replacement Housing Factor Grant No: Date of CFFP: 3/18/09			**FFY of Grant: 2010** **FFY of Grant Approval: 2010**	
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]				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	44,465	0	0	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0	8,510	0	
8	1440 Site Acquisition				
9	1450 Site Improvement	118,559	167,732	132,672	7,170.00
10	1460 Dwelling Structures	141,400	186,964	33,249	8,930.12
11	1465.1 Dwelling Equipment—Nonexpendable	137,230	81,448	76,847	76,829.00
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]	3,000	0	0	

[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.

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: **Trinidad Housing Authority**	**Grant Type and Number** Capital Fund Program Grant No: CO06S00550109 ARRA Replacement Housing Factor Grant No: Date of CFFP:			**FFY of Grant: 2010** **FFY of Grant Approval: 2010**	

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**
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)	444,654.00	444,654	242,768	92,929.12
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	0	40,635.00	16,645	7,170
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	0	81,448	76,847	76,829

Signature of Executive Director	**Date 01/08/09**	**Signature of Public Housing Director**	**Date**

[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.

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

U.S. Department of Housing and Urban

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

Expires 4/30/2011

Part II: Supporting Pages								
PHA Name: Trinidad Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: CO06S00550109 ARRA CFFP (Yes/ No): Replacement Housing Factor Grant 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]	
PHA-Wide	Coordinate Work / Grant Administration	1410		44,645	0	0	0	
CO5-2/CO5-3/CO5-4	Design and Engineering Fees	1430	4	0	8,510	0	0	
CO5-6	Sewer Line Realignment	1450	4	20,000	35,000	0	0	
PHA-Wide	Install Concrete Retaining Walls	1450	4	83,000	116,027	116,027	0	
	Install Accessible Walk-Ways and Ramps	1450		15,559	16,705	16,645	7,170	
PHA-Wide	Replace Kitchen Cabinets / Countertops	1460	18	127,400	127,400	0	0	
CO5-6	Pour Concrete Floor in Storage Basement	1460	4	14,000	23,249	23,249	0	
	Convert 420 W 3rd to 504 Unit	1460	1	0	23,930	0	0	
PHA-Wide	Renovate 506 1/2 E First Street	1460	1	0	8,070	7,000	6,698	
PHA-Wide	Install Kitchen/Bath and Interior Doors at 1313 N Linden	1460	1	0	4,315	3,000	2,232	
	Install Energy Star Refrigerators	1465.1	96	137,230	81,448	76,847	76,829	
	Develop Plans and Specificatios	1499		3,000	0			

Annual Statement/Performance and Evaluation Report	U.S. Department of Housing and Urban Development
Capital Fund Program, Capital Fund Program Replacement Housing Factor and	Office of Public and Indian Housing
Capital Fund Financing Program	OMB No. 2577-0226

Expires 4/30/2011

Part II: Supporting Pages							
PHA Name:		**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant 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.

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 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	
All Activites	03/17/2010				
All Activities 60%			03/17/2011		
All Activities 100%			03/17/2012		

[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.

Annual Statement/Performance and Evaluation Report U.S. Department of Housing and Urban Development
Capital Fund Program, Capital Fund Program Replacement Housing Factor and Office of Public and Indian Housing
Capital Fund Financing Program OMB No. 2577-0226

Expires 4/30/2011

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 THE CITY OF TRINIDAD	**Grant Type and Number** Capital Fund Program Grant No: CO06P005501-10 Replacement Housing Factor Grant No: Date of CFFP:			**FFY of Grant:** **FFY of Grant Approval: 2010**	

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]	32,085			
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	10,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	33,763			
10	1460 Dwelling Structures	175,000			
11	1465.1 Dwelling Equipment—Nonexpendable	70,000			
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]				

[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.

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 THE CITY OF** **TRINIDAD**	**Grant Type and Number** Capital Fund Program Grant No: CO06P005501-10 Replacement Housing Factor Grant No: Date of CFFP:		**FFY of Grant:2010** **FFY of Grant Approval:**

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**
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)	320,848			
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	70,000			

Signature of Executive Director	**Date 1/13/09**	**Signature of Public Housing Director**	**Date**

[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.

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

U.S. Department of Housing and Urban

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

Expires 4/30/2011

Part II: Supporting Pages								
PHA Name: AD			**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): CO06P005501-11 Replacement Housing Factor Grant No:			**Federal FFY of Grant: 2010**		
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		32,085				
HA-Wide	Complete 504 Conversions	1460		175,000				
	Architectural and Design Fees	1430		10,000				
HA-Wide	Construct Accessible Ramps, Walkways, and Curb Cuts	1450		33,763				
HA-Wide	Replace Water Heaters	1465.1		70,000				

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

Annual Statement/Performance and Evaluation Report	U.S. Department of Housing and Urban Development
Capital Fund Program, Capital Fund Program Replacement Housing Factor and	Office of Public and Indian Housing
Capital Fund Financing Program	OMB No. 2577-0226

Expires 4/30/2011

Part II: Supporting Pages

PHA Name: HOUSING AUTHORITY OF THE CITY OF TRINIDAD	**Grant Type and Number** Capital Fund Program Grant No: CO06P005501-10 CFFP (Yes/ No): Replacement Housing Factor Grant 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.

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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: HOUSING AUTHORITY OF THE CITY OF TRINIDAD - N/A

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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: HOUSING AUTHORITY OF THE CITY OF TRINIDAD - N/A					**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.

Housing Authority of the City of Trinidad
5-Year Plan 2010-2014
Addendum 9.0

Housing Needs of Families on Low Rent Waiting List
as of January 12, 2010

	Number	Percent
No. of Families on Waiting List	100	100%
Extremely Low Income <30% AMI	92	92%
Very Low Income >30% but 50% AMI	4	4%
Low Income >50% but <80% AMI	3	3%
Families with Children	53	53%
Elderly Families	2	2%
Families with Disabilities	4	4%
Race		
Black	1	1%
White	99	99%
Other	0	0%
Ethnicity		
Hispanic	60	60%
Other	40	40%
Characteristics by Bedroom Size		
1 BR	42	42%
2 BR	36	36%
3 BR	19	19%
4 BR	2	2%
5 BR	0	0%
>5 BR	0	0%

Housing Authority of the City of Trinidad
5-Year Plan 2010-2014
Addendum 9.0(a)

Housing Needs of Families on the Housing Choice Voucher Waiting List
as of January 12, 2010

	Number	Percent
No. of Families on Waiting List	99	100%
Extremely Low Income <30% AMI	85	86%
Very Low Income >30% but 50% AMI	11	11%
Low Income >50% but <80% AMI	3	3%
Families with Children	63	64%
Elderly Families	2	2%
Families with Disabilities	7	7%
Race		
Black	1	1%
White	98	99%
Other	0	0%
Ethnicity		
Hispanic	58	59%
Other	42	42%
Characteristics by Bedroom Size		
1 BR	36	36%
2 BR	34	34%
3 BR	26	26%
4 BR	3	3%
5 BR	0	0%
>5 BR	0	0%