

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Reed City Housing Commission</u> PHA Code: <u>MI020</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2010</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>101</u> Number of HCV units: <u>90</u>				
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
					PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> 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: <u>The Reed City Housing Commission will provide decent, safe and affordable housing and promote a suitable living environment free from discrimination.</u>				
<b>5.2</b>	<b>Goals and Objectives.</b> 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. <b>Strive for 97% occupancy rate in PH, continue to lease-up in HCV program and continue to maintain SEMAP score of 100%. Modernize PH units by participating in CFP annually as eligible. Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability. Improved living environment by screening applicants with criminal background checks. Assist residents with attaining Self Sufficiency by continuing to guide them to the proper resources. Remain financially viable and fiscally independent of the City of Reed City. Further, the public housing and section 8 voucher programs have adequate reserves for ongoing administration.</b> Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <b>We have renovated our PH with energy efficient measures including boiler, hot water heater, shower head, light bulb and aerator replacement, elevator upgrade, new roofs, 504 renovation, new carpet, new kitchen cabinets, new bathtub faucets, site improvements, antenna system upgrade. Our goal of maintaining our Public Housing has resulted in no demolition or disposition of units.</b>				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <b>Common Area Use policy, Procurement policy, By-Laws, Personnel Policy</b> (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. <b>Reed City Housing Commission, 802 S. Mill St., Reed City, MI 49677.</b>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <u>N/A</u>				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFP financing. <b>2007 CFP, 2008 CFP, 2009 ARRA, 2009 CFP. See attachments</b>				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <b>See attachments</b>				
<b>8.3</b>	<b>Capital Fund Financing Program (CFPP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

9.0	<p><b>Housing Needs.</b> 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. <b>The RCHC has 101 Public Housing Units and maintains 96% occupancy. We also have 90 Housing Choice Vouchers which serves a 30 mile radius of the Reed City area, expanding through Osceola, Lake, Newaygo, Mecosta and Wexford Counties. We have not encountered any barriers regarding supply, quality, accessibility, size or location. Our waiting lists are very small in number.</b></p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. (See Attachment A)</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.  <b>-Achieve and maintain at a minimum a standard performer under PHAS and SEMAP: The RCHC has maintained those standards as of 12/31/09.</b>  <b>-Improve the physical environment of Public Housing. The Public Housing properties have a physical inspection score of 95% based on HUD REAC physical inspection standards. We continue to utilize every year of CFP funding available to improve our properties.</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <ul style="list-style-type: none"> <li>• The Reed City Housing Commission’s definition of substantial deviation and significant amendment or modification is as follows: <ul style="list-style-type: none"> <li>• Changes to admissions policies, rent policies or organization of waiting list;</li> <li>• Additions of non-emergency work items (items not in 5 Yr. Action Plan)</li> <li>• Any change regarding demolition, deposition, designation, homeownership or conversion activities.</li> </ul> </li> </ul>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

# Exhibit A

## Needs Assessment/Strategies Reed City Housing Commission

The Reed City Housing Commission has utilized the State's Consolidated Plan to develop strategies to address the housing needs in Osceola County.

1. Expand the availability and supply of safe, decent, affordable, and accessible rental housing for low and extremely low income individuals and families;

The Reed City Housing Commission will continue landlord outreach and placement of applicants into proper housing with the Housing Choice Voucher Program.

2. Improve and preserve the existing affordable housing stock and neighborhoods;

Continue to utilize Capital Fund Program monies and other resources to maintain and operate 101 Public Housing units.

3. Increase homeownership opportunities for individuals and families by reducing the costs of homeownership;

The Reed City Housing Commission participates in the Homeless Continuum of Care Mecosta/Osceola Board. This Board provides a broad range of services and resources to the homeless and families seeking homeownership.

We continue to work closely with Habitat for Humanity is providing referrals from our existing program stock.

4. Make homeless assistance more effective and responsive to local need through local autonomy and movement toward a Continuum of Care;

The Reed City Housing Commission is a member of the Mecosta/Osceola Housing Continuum of Care. Through coordination of local agencies many homeless families are provided housing assistance and informed of the resources available. We serve on the local TIPLAP voucher Interagency Service Team for the TIPLAP vouchers. We participate in the annual Mecosta/Osceola Housing Expo. We also provide voucher assistance to the local Domestic Violence Supportive Housing Initiative which was funded by MSHDA. RCHC will continue to seek additional opportunities as appropriate.

Needs/Strategies (continued)

5. Develop linkages between housing and service sectors to provide greater housing opportunities for household with special needs;

Working cooperatively with area resources such as Hope Network, Department of Human Services, Mid Michigan Community Action, Salvation Army, Mental Health, HUD and the City of Reed City the Housing Commission helps people with disabilities find homes of their own and the support they require to live independently. We serve on the local TIPLAP voucher Interagency Service Team. We also provide voucher assistance to the local Domestic Violence Supportive Housing Initiative.

6. Establish a suitable living environment and expand economic opportunities for low and moderate income people through economic and infrastructure development;

The Reed City Housing Commission through networking with all area agencies continues involvement in every aspect of economic opportunities and suitable environment for low and moderate income people.

## EXHIBIT B

### Resident Board Advisory Meeting Comments December 29, 2009

Present: Residents-June Fox, Anne Graham, Joann Jones, Nancy Plutchak, Robert Swinehart, Donna Roggow, Winston Causley, Louie Morlock, Marjorie Brooks, Arnold Karns, Kenneth Brooks.

The purpose of this meeting was to inform the Board of the FY 2010-2014 Year Plan and the 2010 Annual Plan. The plan will be advertised to be available for public review on February 25, 2010 in the Pioneer Publications. This will also be posted on several bulletin boards throughout the Senior & Family apartments and in the March 2010 newsletter. Comments given by the RAB are as follows:

- 1) Request was made to install eaves above resident doors in apts. 1-45. Answer: We have researched the installation of eaves however it has been recommended by several contractors that we not install eaves due to the ice build up that they cause therefore creating a hazardous condition to resident.
- 2) Request was made to add lighting in living room in apts. 1-45. Answer: it is already in the 2009 CFP.
- 3) Request was made to do a complete kitchen upgrade in apts. 1-45. Answer: although previously a work item in a former CFP grant other items took precedence. This item will be an item in the current 5 Year Plan.
- 4) Request was made to have a light in the oven in apts. 1-45. Answer: due to appliances being recently replaced (2004), lights will be in future purchases of stoves.
- 5) Request was made for blinds in the lobby area windows due to morning sun. Answer: item will be addressed in current 5 year plan.
- 6) Request was made for double sink in apts. 1-45. Answer: This item will be considered with kitchen remodel project in current 5 year plan.
- 7) Request was made for sink sprayer in kitchen sinks apts. 1-45. Answer: This item will be added with kitchen remodel project in current 5 year plan.
- 8) Request was made for storage sheds to be installed for Senior Apartments. Answer: Office will research if there is sufficient space to add sheds as we must consider that the 2 story 2<sup>nd</sup> level occupants would have to be provided a shed as well. This item may be added into the CFP at a later date.
- 9) Request was made for larger front load washing machine. Answer: we will consider this request upon next purchase of laundry equipment. Laundry equipment was purchased new in approx. 2003-04.
- 10) Request was made for a new countertop in dining room. Answer: will be addressed with regular Operating Funds in the 2010-11 Operating Budget.

## **EXHIBIT C**

### 2010 Annual Agency Plan VAWA Amendments to the Housing Act of 1937

The Reed City Housing Commission does certify that it provides the following activities, services, or programs to child or adult victims of domestic violence, dating violence, sexual assault, or stalking:

- 1) We have partnered with Mecosta and Newaygo County in a 3 county effort to promote supportive housing to victims of domestic violence. The grant is administered by our local Women's Informational Services, Inc. (WISE) of Mecosta County. We have adopted a preference for domestic violence in our Section 8 Admin Plan.
- 2) We currently have an apartment designated and under contract with Salvation Army to provide homeless shelter to anyone who is homeless. This applies to victims of domestic violence as well.
- 3) We continue to guide all applicants/tenants to the proper local resources that they may need to end domestic violence in their lives.

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

<b>Part I: Summary</b>		
PHA Name: Reed City Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33P02050107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval: 2007

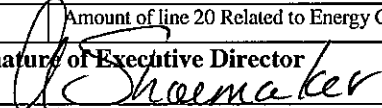
Type of Grant  
 Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/2009     Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	29,429	29,429	29,429	29,429
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	9,000	9,000	9,000	9,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	1,974.08	1,974.08	1,974.08	1,974.08
10	1460 Dwelling Structures	78,499.92	78,499.92	78,499.92	78,499.92
11	1465.1 Dwelling Equipment—Nonexpendable	6,930.00	6,930.00	6,930.00	6,930.00
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 <sup>4</sup>				

<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

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

<b>Part I: Summary</b>						
PHA Name: <b>Reed City Housing Commission</b>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2007 FFY of Grant Approval: 2007	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	125,833	125,833	125,833	125,833	
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 4.15.10		Signature of Public Housing Director  		Date  

<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.



<b>Part II: Supporting Pages</b>								
PHA Name: Reed City Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P02050107 CFFP (Yes/ No): 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MI020	Operations	1406		29,429	29,429	29,429	29,429	complete
	Administration-Partial Salary/Benefits	1410		9,000	9,000	9,000	9,000	
	Upgrade Entry Sign	1450		1,174.08	1,174.08	1,174.08	1,174.08	complete
	Install Sidewalk Handrails	1450		800.00	800.00	800.00	800.00	complete
	Clean Siding	1460		4,030.00	4,030.00	4,030.00	4,030.00	complete
	Clean Windows	1460		850.00	850.00	850.00	850.00	complete
	Elevator Upgrade	1460						
	Antenna System Upgrade HDTV	1460		8,690	8,690	8,690	8,690	complete
	504 Renovations	1460		25,926.58	25,926.58	25,926.58	25,926.58	complete
	Soft Cost-504 Reno	1460		691.34	691.34	691.34	691.34	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.

Part III: Implementation Schedule for Capital Fund Financing Program					Federal FFY of Grant: 2007
PHA Name: Reed City Housing Commission					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MI020	09/12/2009	06/30/2009	09/12/2011	12/30/2009	

<sup>1</sup> 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

<b>Part I: Summary</b>		
PHA Name: Reed City Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33P02050108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval: 2008

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 12/31/2009       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	22,596	28,533	-0-	-0-
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	15,000	13,000	-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	65,600	68,547	-0-	-0-
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	20,000	8,921	-0-	-0-
13	1475 Non-dwelling Equipment	-0-	4,195	-0-	-0-
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

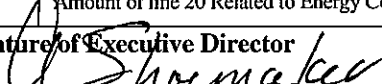
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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

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

<b>Part I: Summary</b>							
PHA Name: Reed City Housing Commission		Grant Type and Number Capital Fund Program Grant No: M133P02050108 Replacement Housing Factor Grant No: 2008 Date of CFFP:			FFY of Grant:2008 FFY of Grant Approval: 2008		
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report							
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>			
		Original	Revised <sup>2</sup>	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)	123,196	123,196	-0-	-0-		
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 4-15-10		Signature of Public Housing Director  		Date  	

<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.

<b>Part II: Supporting Pages</b>								
PHA Name: Reed City Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P02050108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MI020	Operations	1406		22,596	28,533	-0-	-0-	
	Admin Exp-Computer Upgrade/ Website	1410		15,000	13,000	-0-	-0-	
	Office Remodel	1470	1	20,000	8,921	-0-	-0-	
	New Carpet	1460	55	58,600	36,518	-0-	-0-	
	504 Renovation	1460	6	-0-	32,029	32,029	-0-	
	Water Heater Replacement	1475	1	-0-	4,195	-0-	-0-	
	Smoke Detector Upgrade	1460	101	7,000	-0-			
	<b>TOTAL</b>			123,196	123,196	32,029	-0-	

<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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Reed City Housing Commission				Federal FFY of Grant: 2008	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MI020	06/12/2010		05/12/2013		

<sup>1</sup> 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

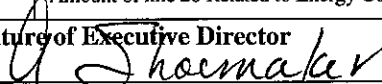
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name: Reed City Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P02050109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	27,356		-0-	-0-
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)			-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000			
10	1460 Dwelling Structures	70,196		-0-	-0-
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures			-0-	-0-
13	1475 Non-dwelling Equipment			-0-	-0-
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Recd City Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P02050109 Replacement Housing Factor Grant No: 2008 Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	122,552	-0-	-0-	-0-	
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					
<b>Signature of Executive Director</b> 		<b>Date</b> 4-15-10		<b>Signature of Public Housing Director</b>  		
				<b>Date</b>		

<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.



Part II: Supporting Pages								
PHA Name: Reed City Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P02050109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MI020	Operations	1406		27,356		-0-	-0-	
	A & E Fees	1430		5,000		-0-	-0-	
	Common Area Lighting Upgrade	1460	1	10,196		-0-	-0-	
	Install Bathroom Heaters	1460	10	3,000		-0-	-0-	
	Boiler Replace	1460	1	8,000		-0-	-0-	
	Drywall Repair	1460	33	25,000		-0-	-0-	
	Resurface Parking Lots	1450	6	20,000		-0-	-0-	
	Replace Heat Register Covers	1460	33 apts.	7,000		-0-	-0-	
	Install Blinds	1460	68 apts.	17,000		-0-	-0-	
	TOTAL							

<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.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Reed City Housing Commission				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MI020	09/15/2011	09/15/2013	09/15/2014		

<sup>1</sup> 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

<b>Part I: Summary</b>		
PHA Name: Reed City Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33P02050109-ARRA Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/2009       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
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	6,000		6,000	6,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	149,941		149,941	149,941
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 <sup>4</sup>				

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

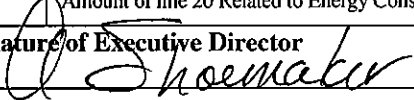
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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

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

<b>Part I: Summary</b>						
PHA Name: Reed City Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P02050109-ARRA Replacement Housing Factor Grant No: 2008 Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	155,941		155,941	155,941	
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 4-15-10		Signature of Public Housing Director  Date		

<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.

<b>Part II: Supporting Pages</b>								
PHA Name: Reed City Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P02050109-ARRA CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MI020								
	A & E Fees	1430		6,000		6,000	6,000	completed
	504 Renovations	1460	6 apts.	79,941		55,475.20	55,475.20	completed
	Roofs	1460	5	70,000		94,465.80	94,465.80	completed
	TOTAL			155,941		155,941	155,941	

<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.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Reed City Housing Commission				Federal FFY of Grant: 2009-ARRA	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MI020	03/18/2010	07/30/2010	03/17/2012	11/30/2010	

<sup>1</sup> 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

<b>Part I: Summary</b>		
PHA Name: Reed City Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33P020501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval: 2010

Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report
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Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	24,510			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	83,042			
11	1465.1 Dwelling Equipment—Nonexpendable	15,000			
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 <sup>4</sup>				

<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

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

<b>Part I: Summary</b>					
PHA Name: Reed City Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P020501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2010 FFY of Grant Approval: 2010	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	122,552			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Activities	0			
23	Amount of line 20 Related to Security - Soft Costs	0			
24	Amount of line 20 Related to Security - Hard Costs	0			
25	Amount of line 20 Related to Energy Conservation Measures	73,500			
Signature of Executive Director		Date		Signature of Public Housing Director	
<i>A Shoemaker</i>		4.15.10			

<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.



<b>Part II: Supporting Pages</b>								
PHA Name: Reed City Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P020501-10 CFFP (Yes/ No): 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MI020	Operations	1406		24,510				
	Domestic Boiler Replace	1465	1	15,000				
	Boiler Room Door Replace	1460	5	5,842				
	Insulation	1460	1	32,100				
	New Windows	1460	53	26,400				
	Bathroom Exhaust Fan Replacement	1460	23	12,700				
	Remove, Relocate & Replace L. Fixture	1460	16	6,000				
	TOTAL			122,552				

<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.

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 <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MI020	9/15/12		9/15/13		

<sup>1</sup> 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.