

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: Miami Housing Authority PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: 10/2010 PHA Code: OK027000001																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 225 Units Number of HCV units: 243 Vouchers																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia N/A <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.																										
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. It is the goal of the Miami Housing Authority to improve the quality of assisted housing, by continuing to renovate and modernize not only the dwelling units, but all common areas of the agency. The Housing Authority fully assists with any housing needs in Miami. The units continue to remain full. Leasing at almost 100%.																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: The Housing Authority has had no elements revised other than those mandated by HUD. (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 copy of the 5-Year Annual PHA Plan may be obtained in the Administration Office located at: Miami Housing Authority P.O. Box 848 Miami, OK 74355																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> 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 the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. See Attached Document 50075.1																										
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. See Attached Document 50075.2																										
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. N/A																										

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The housing needs of the community of Miami remain consistent regarding the Housing Authority Waiting List. While the Housing Authority has an open waiting list, it remains very full, housing both family and elderly applicants.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>The Housing Authority will continue to meet the housing needs of the low income families, including any special needs of the elderly and disabled. All empty units are turned around and released in a timely manner, in order to service as many applicants as possible. We also provide special services for the handicap meeting the 504 requirements.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>As previously stated the Miami Housing Authority consistently meets the goals as set forth by previous 5-Year Plans. The Housing Authority continues to utilize HUD funding for not only management improvement efforts, but to modernize and renovate the public housing units. It is always the goal of the agency to reduce/minimize housing vacancies. The Authority currently has an active waiting list with a leasing percentage of 95%-100%. Through these efforts, we have been able to sustain the units and maintain marketability. The Housing Authority will continue to improve housing quality in order to "promote affordable housing, economic opportunity and a suitable living environment free from discrimination".</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>Substantial Deviation: The Authority defines substantial deviations from the 5-Year Plan as "any deviation that involves the addition of work components not originally listed within the five year plan that will involve the usage/commitment of funds in excess of 25% of the total funding budgeted for the current fiscal year plan".</p> <p>Significant Amendment: The Authority defines significant amendment or modification to the Plan as "an amendment to the original plan displayed and submitted to HUD that includes the deletion of significant components of the annual plan (generally items that were projected to use 25% or more of the annual funding for the current plan year) and/or the replacement of work items that are not included within the annual plan or five year plan that involve the use/commitment of 25% or more of the annual funding for the current plan year".</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Part I: Summary		
PHA Name: Hobart Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P089501 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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$ 14,583.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	33,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	10,750.00			
10	1460 Dwelling Structures	220,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	28,750.00			
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.

Part I: Summary						
PHA Name: Miami Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P02750110 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 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)	\$ 317,083.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director:		Date:		Signature of Public Housing Director:		
				Date:		

¹ To be completed for the Performance and Evaluation Report.

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Miami Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P02750110 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	Dev. 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	1	\$ 4,583.00				
HA Wide	Administration (Salaries)	1410	1	5,000.00				
HA Wide	A & E Fees	1430	1	28,000.00				
OK027000001	Miami Towers-repair and replace sewer (cont.)	1450	1	10,750.00				
OK027000001	Scattered Sites-Window Replacement	1460	112 windows	210,000.00				
OK027000001	E. Street Plaza-cover wooded areas w/vinyl siding	1470	50	28,750.00				
HA Wide	Nine Towers-Office Rehab w/wall cabinet finishing	1470	1	30,000.00				
	Total			\$ 317,083.00				

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² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Miami Housing Authority				Federal FFY of Grant: 2010	
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	
HA Wide	9/30/12		9/30/14		
OK027000001	9/30/12		9/30/14		

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

Part I: Summary		
PHA Name: Miami Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P02750109 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: 3/31/10 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	\$ 10,000.00	\$ 10,000.00		
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	18,800.00	18,800.00		
8	1440 Site Acquisition				
9	1450 Site Improvement		64,818.00	\$ 6,665.00	\$ 6,665.00
10	1460 Dwelling Structures		45,000.00		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	56,000.00	56,000.00		
13	1475 Non-dwelling Equipment	232,283.00	122,465.00	7,300.00	7,300.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

⁴ RHF funds shall be included here.

Part I: Summary						
PHA Name: Miami Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P02750109 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: 3/31/10 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
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)	\$ 317,083.00	\$ 317,083.00	\$13,965.00	\$13,965.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director:		Date:		Signature of Public Housing Director:		
				Date:		

¹ To be completed for the Performance and Evaluation Report.

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Part II: Supporting Pages									
PHA Name: Miami Housing Authority			Grant Type and Number Capital Fund Program Grant No: OK56P02750109 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	Dev. Account No.	Qty	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
HA Wide	Operations	1406		\$ 10,000.00	\$ 10,000.00				
HA Wide	Fees & Costs (Tech. Assistance, Energy Audit, etc.)	1430	1	3,000.00	3,000.00				
HA Wide	Fess & Costs (Architect)	1430	1	15,800.00	15,800.00				
OK027000001	Nine Tribes Towers-Repair elevator, computer systems, install back-up generator, electrical systems	1475	1	232,283.00	112,000.00				
OK027000001	Miami Towers-Fire Escape, repair elevator	1470	1	56,000.00	56,000.00				
OK027000001	Nine Tribes Towers-Automatic Open Door	1460	14		45,000.00				
OK027000001	Nine Tribes Towers-Water Line Emergency Repair	1450	1		6,665.00	\$ 6,665.00	\$ 6,665.00	Completed	
OK027000001	Miami Towers-Security Equipment	1475	1		3,165.00				
OK027000001	Scattered Towers-Sewer Line Repair	1450	1		58,153.00				
HA Wide	Maintenance Truck	1475	1		7,300.00	7,300.00	7,300.00	Completed	
Total					\$ 317,083.00	\$ 317,083.00	\$ 13,965.00	\$ 13,965.00	

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² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Miami Housing Authority				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	9/14/2011		9/14/2013		
OK027000001	9/14/2011		9/14/2013		

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: Miami Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56S02750109 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: 3/31/10		<input type="checkbox"/> Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$ 15,000.00	\$ 3,591.00	\$ 3,591.00	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000.00	51,409.00	51,409.00	\$ 51,409.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	348,729.00	348,729.00	348,729.00	4,945.00
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				

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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: Miami Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56S02750109 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: 3/31/10 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
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)	\$ 403,729.00	\$ 403,729.00	\$ 403,729.00	\$ 56,354.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director:		Date:		Signature of Public Housing Director:		
				Date:		

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Miami Housing Authority			Grant Type and Number Capital Fund Program Grant No: OK56S02750109 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	Dev. Account No.	Qty	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Administration-Non Technical Assistance	1410		\$ 15,000.00	\$ 3,591.00	\$ 3,591.00		In Progress
HA Wide	Fees & Costs-A & E Fees, Technical Assistance	1430	1	40,000.00	51,409.00	51,409.00	\$ 51,409.00	Contracts
OK027000001	Miami Towers-replace fire escape (cont.), install fire doors in stairwell, install fire resistant material in elevator shaft, modernize elevator	1460	1	348,729.00	348,729.00	348,729.00	4,945.00	Contracts
	Total			\$ 403,729.00	\$ 403,729.00	\$ 403,729.00	\$ 56,354.00	

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² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Miami Housing Authority				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	3/17/10		3/17/11		
OK027000001	3/17/10		3/17/11		

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

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

Part I: Summary						
PHA Name/Number Miami Housing Authority/OK027000001			Locality (City/County & State)		<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No:1	
A.	Development Number and Name OK027000001/Miami Housing Authority	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	\$ 202,000.00	\$ 264,583.00	\$ 162,500.00	\$ 269,500.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		49,600.00		94,500.00	
E.	Administration		17,500.00	7,500.00	10,000.00	5,000.00
F.	Other (A & E Fees & Contingency)		33,000.00	35,000.00	33,000.00	40,000.00
G.	Operations		14,983.00	10,000.00	17,083.00	2,583.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$ 317,083.00	\$ 317,083.00	\$ 317,083.00	\$ 317,083.00
L.	Total Non-CFP Funds					
M.	Grand Total		\$ 317,083.00	\$ 317,083.00	\$ 317,083.00	\$ 317,083.00

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	Qty	Estimated Cost	Development Number/Name General Description of Major Work Categories	Qty	Estimated Cost	
See	Nine Tribes-Concrete Work & Seal, Brick Repair	B	1	\$ 35,000.00	Miami Towers/Nine Towers-Boilers System Repmnt.	B	\$ 269,500.00
Annual	Nine Tribes-Waterproofing	B	1	75,000.00			
Statement	Miami Towers-Replace Breaker Boxes	B	175	52,500.00			
	Nine Towers-Outside Light Replacement 1/2 of project (attached to prior existing structure)	D		60,000.00			
	Subtotal of Estimated Cost			\$ 222,500.00	Subtotal of Estimated Cost		\$ 269,500.00

Part III: Supporting Pages – Management 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		Estimated Cost	Development Number/Name General Description of Major Work Categories		Estimated Cost
See	Operations	G	\$ 17,083.00	Operations	G	\$ 2,583.00
	Administration Salaries	E	10,000.00	Administration Salaries	E	5,000.00
Annual	A & E Fees	F	33,000.00	A & E Fees	F	40,000.00
Statement	Maintenance Equipment	D	7,500.00			
	Office Equipment (Copiers, Desks)	D	27,000.00			
	Subtotal of Estimated Cost		\$ 94,583.00	Subtotal of Estimated Cost		\$ 47,583.00