

PHA Plan Update

- (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

The ACOP was amended in January 2011 to include regulatory updates, in particular, EIV verification changes and social security numbers.

In July 2010 the Housing Authority became a Section of the City of Flagstaff Community Development Division and the name has been officially changed to the City of Flagstaff Housing Authority.

- (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.

The public may obtain a copy of the 5-Year/Annual Plan at the Flagstaff Housing Authority, 3481 N. Fanning Dr., Flagstaff, AZ 86004. The PHA Plans are posted at the Flagstaff Housing Authority Central Office, 3481 N. Fanning Dr., Flagstaff, AZ 86004; Brannen Homes Office, One Brannen Circle, Flagstaff, AZ 86001; and the Siler Resident Management Corporation, 3330 Elder, Flagstaff, AZ 86004.

PHA Plan Elements:

Financial Resources:

• Public Housing Operating Fund	525,000	PH Operations
• Section 8 Housing Choice Vouchers	3,407,000	HAP & Administration
• Capital Fund 108	10,000	Capital Improvements
• Capital Fund 109	95,000	PH Operations
• Capital Fund 109	165,000	Capital Improvements
• Capital Fund 110	216,000	Capital Improvements
• Capital Fund 111	350,000	Capital Improvements
• Public Housing Dwelling Rental Income	1,140,000	PH Operations
• Other Income – Resident Charges	10,000	PH Operations
• Port Fees Earned/Misc	9,500	S8 HCV Administration
• Non-Profit Management Fee	42,000	PH Operations
• ROSS Grant	58,000	PH Operations
• VASH	227,000	VASH HAP & Administration
• SRO Mod Rehab	70,000	HAP & Administration
Total Resources	6,324,500	

6.0

**Violence Against Women Act (VAWA)
VAWA PROTECTIONS:**

Under the Violence Against Women Act (VAWA), public housing residents have the following specific protections, which will be observed by the City of Flagstaff Housing Authority.

An incident or incidents or actual or threatened domestic violence, dating violence, or stalking will not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence, and shall not in itself be good cause for terminating the assistance, tenancy, or occupancy rights of the victim of such violence.

The Housing Authority may terminate the assistance to remove a lawful occupant or tenant who engages in criminal acts or threatened acts of violence or stalking to family members or others without terminating the assistance or evicting victimized lawful occupants. This is also true even if the household member is not a signatory to the lease. Under VAWA, the City of Flagstaff Housing Authority is granted the authority to bifurcate the lease.

The Housing Authority will honor court orders regarding the rights of access or control of the property.

There is no limitation on the ability of the Housing Authority to evict for other good cause unrelated to the incident or incidents of domestic violence, dating violence or stalking, other than the victim may not be subject to a "more demanding standard" than non-victims.

There is no prohibition on the Housing Authority evicting if it "can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant's (victim's) tenancy is not terminated. *An actual and imminent threat consists of a physical danger that is real, would occur within an immediate timeframe, and could result in death or serious bodily harm. In determining whether an individual would pose an actual and imminent threat, the factors to be considered include: the duration of the risk, the nature and severity of the potential harm, the likelihood that the potential harm will occur, and the length of time before the potential harm would occur.*

The City of Flagstaff Housing Authority shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by the Housing Authority. Types of acceptable verifications are outlined below, and must be submitted within 14 business days after receipt of the Housing Authority's written request for verifications.

VERIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING

The City of Flagstaff Housing Authority shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by the Housing Authority.

- A. **REQUIREMENTS FOR VERIFICATION.** The law allows, but does not require, the City of Flagstaff Housing Authority to verify that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking claimed by a tenant or other lawful occupant is bona fide and meets the requirements of the applicable definitions set forth in the policy. The Housing Authority shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by the Housing Authority.

Verification of a claimed incident or incidents of actual or threatened domestic violence, dating violence, or stalking may be accomplished in one of the following three ways:

- 1. **HUD-approved form (HUD-50066)** – By providing to the Housing Authority a written certification, on the form approved by

	<p>HUD, that the individual is a victim of domestic violence, dating violence or stalking that the incident or incidents in question are bona fide incidents or actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this policy. The incident or incidents in question may be described in reasonable detail as required in the HUD-approved form, and the completed certification must include the name of the perpetrator.</p> <ol style="list-style-type: none"> 2. Other Documentation – by providing to the Housing Authority documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional’s belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence or stalking described in the documentation must also sign and attest to the documentation under penalty of perjury. 3. Police or court record - by providing to the Housing Authority a Federal, State, tribal, territorial, or local police or court record describing the incident or incidents in question. 4. The submission of false information maybe the basis for termination of assistance or for eviction. <p>B. TIME ALLOWED TO PROVIDE VERIFICATION/FAILURE TO PROVIDE. An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by the Housing Authority to provide verification, must provide such verification within 14 business days after receipt of the written request for verification. Failure to provide verification, in proper form within such time will result in loss of protection under VAWA and this policy against a proposed adverse action.</p> <p>C. MANAGING CONFLICTING DOCUMENTATION. <i>In cases where the Housing Authority receives conflicting certification documents from two or more members of a household, each claiming to be a victim and naming one or more of the other petitioning household members as the perpetrator, the Housing Authority may determine which is the true victim by requiring third-party documentation as described in 24 CFR 5.2007 and in accordance with any HUD guidance as to how such determinations will be made. The Housing Authority shall honor any court orders addressing rights of access or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household.</i></p> <p>D. CONFIDENTIALITY – All information provided under VAWA including the fact that an individual is a victim of domestic violence, dating violence or stalking shall be retained in confidence and shall not be entered into any shared database or provided to any related entity except to the extent that the disclosure is:</p> <ol style="list-style-type: none"> 1. Requested or consented to by the individual in writing; 2. Required for use in an eviction proceeding; or 3. Otherwise required by applicable law. <p>The City of Flagstaff Housing Authority shall provide its tenants notice of their rights under VAWA including their right to confidentiality and the limits thereof.</p> <p>7.0 6.0.11 Fiscal Year Audit</p> <p>There were no audit findings or recommendations.</p> <p>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. N/A</i></p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>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.</p>
8.2	<p>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.</p>
8.3	<p>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.</p>
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>
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>10.0</p>	<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>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <ol style="list-style-type: none"> 1. “Substantial Deviation: from the 5-Year/Annual Plan is an overall change in the direction of the FHA pertaining to Goals and Objectives. This includes changing the Authority’s Goals and Objectives. 2. “Significant Amendment or Modification” to the Annual Plan is a change in policy of policies pertaining to the operation of FHA. This includes the following: <ul style="list-style-type: none"> • Changes to rent or admissions policies or organizing the waiting list. • Addition of non-emergency work items (items not included in the current Annual Statement or 5-Year Plan) or change in use of replacement reserve funds under the Capital Fund. • Any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.

<p>11.0</p>	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ol style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements “NO CHALLENGED ELEMENTS FROM RAB” (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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RESIDENT ADVISORY BOARD (RAB) COMMENTS

The following is from a letter submitted by the Siler Resident Management Corporation acting as the Resident Advisory Board (RAB) dated March 16, 2011. The hard copy of the letter was included with the certifications that were sent to HUD under separate cover.

“Dear Mr. Gouhin,

We at the Resident Council thank you for the information 2011, we have gone over your FY2011 Capital Fund Budget. We thought the improvements were great to both Brannen and Siler Residents. This is a good plan and if benefiting our community and our residents. We have no suggestions at this time. Thank you for providing excellent services to our residents.

Thank you for your continued support and the fine management job you and your staff are doing.

Janice Smith,
Executive Vice President of the Board, Siler Resident Management Corporation.”

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: FLAGSTAFF		Grant Type and Number Capital Fund Program Grant No: AZ20P00650108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2008 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2011 <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	90,000	90,000	90,000	90,000	
3	1408 Management Improvements	67,000	60,780	60,780	48,959	
4	1410 Administration (may not exceed 10% of line 21)	47,582	47,582	47,582	47,582	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	163,972	165,994	165,994	165,994	
11	1465.1 Dwelling Equipment—Nonexpendable	74,730	72,709	72,709	68,684	
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	32,533	38,752	38,752	38,752	
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.

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U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part I: Summary						
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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: 03/31/2011 <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)	475,817	475,817	475,817	459,971	
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	74,730	72,709	72,709	68,684	
Signature of Executive Director			Signature of Public Housing Director			
Date			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.

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Part II: Supporting Pages								
PHA Name: FLAGSTAFF			Grant Type and Number Capital Fund Program Grant No: AZ20P00650108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-WIDE	OPERATIONS	1406		90,000	90,000	90,000	90,000	100% complete
HA-WIDE	MANAGEMENT IMPROVEMENTS	1408		67,000	60,780	60,780	48,959	81% complete
HA-WIDE	ADMINISTRATION	1410		47,582	47,582	47,582	47,582	100% complete
HA-WIDE	REPLACE HOT WATER HEATERS	1465.1	265	74,730	72,709	72,709	68,684	95% complete
HA-WIDE	UPGRADE PHONE SYSTEM	1475		13,166	13,166	13,166	13,166	100% complete
HA-WIDE	NEW SERVER	1475			6,219	6,219	6,219	100% complete
AZ006000001	REPLACE TUB SURROUNDS	1460	48	33,600	34,126	34,126	34,126	100% complete
	REPLACE PLAYGROUND EQUIPMENT	1475		19,367	19,367	19,367	19,367	100% complete
AZ006000002	REPLACE TUB SURROUNDS	1460	137	95,900	97,396	97,396	97,396	100% complete
-	PAINT EXTERIOR UNITS	1460	23	34,472	34,472	34,472	34,472	100% complete

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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: FLAGSTAFF					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 ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-WIDE	06/12/2010	06/10/2010	06/12/2012		
AZ006000001	06/12/2010	06/10/2010	06/12/2012	03/31/2011	
AZ006000002	06/12/2010	06/10/2010	06/12/2012	03/31/2011	

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: FLAGSTAFF		Grant Type and Number Capital Fund Program Grant No: AZ20P00650109 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: 03/31/2011 <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	94,857	94,857	94,857		
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	47,429	47,429	47,429	30,585	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	152,240	130,840	124,353	124,353	
11	1465.1 Dwelling Equipment—Nonexpendable	179,760	201,160	201,147	135,688	
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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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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 Office of Public and Indian Housing
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Expires 4/30/2011

Part I: Summary					
PHA Name: FLAGSTAFF	Grant Type and Number Capital Fund Program Grant No: AZ20P00650109 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: 03/31/2011 <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)	474,286	474,286	467,786	290,626
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	130,840	152,240	152,240	144,936
Signature of Executive Director			Signature of Public Housing Director		
Date			Date		

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⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: FLAGSTAFF			Grant Type and Number Capital Fund Program Grant No: AZ20P00650109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-WIDE	OPERATIONS	1406		94,857	94,857	94,857	-0-	In process
HA-WIDE	ADMINISTRATION	1410		47,429	47,429	47,429	30,585	65% complete
HA-WIDE	REPLACE ENTRY DOOR PASSAGE LOCKS	1460	600	42,400	21,000	14,513	14,513	69% complete
HA-WIDE	UPGRADE SMOKE DETECTORS PER INSURANCE COMPANY	1465.1	265	158,760	158,760	158,747	100,592	63% complete
HA-WIDE	INSTALL LOW FLOW TOILETS	1465.1	420	21,000	42,400	42,400	35,096	83% complete
AZ006000001	REPLACE/PAINT SIDING	1460	47	109,840	109,840	109,840	109,840	100% complete

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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: FLAGSTAFF				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	09/15/2011		09/15/2013		
AZ006000001	09/15/2011	09/30/2010	09/15/2013	03/31/2011	

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 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
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Part I: Summary						
PHA Name: FLAGSTAFF		Grant Type and Number Capital Fund Program Grant No: AZ20P00650110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval: 2010	
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: 03/31/2011 <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	94,800	94,324	94,324	-0-	
3	1408 Management Improvements	7,700	7,700	-0-	-0-	
4	1410 Administration (may not exceed 10% of line 21)	47,400	47,162	47,162	-0-	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	91,800	91,800	49,834	49,834	
10	1460 Dwelling Structures	185,000	183,336	183,334	183,334	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	47,300	47,300	4,978	4,865	
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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PHA Name: FLAGSTAFF	Grant Type and Number Capital Fund Program Grant No: AZ20P00650110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2010 FFY of Grant Approval: 2010			
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: 03/31/2011 <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)	474,000	471,622	379,632	238,033
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	185,000	183,336	183,334	183,334
Signature of Executive Director			Signature of Public Housing Director		
Date			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.

Part II: Supporting Pages								
PHA Name: FLAGSTAFF			Grant Type and Number Capital Fund Program Grant No: AZ20P00650110 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 ¹	Funds Obligated ²	Funds Expended ²	
HA-WIDE	OPERATIONS	1406		94,800	94,324	94,324	-0-	In process
HA-WIDE	MANAGEMENT IMPROVEMENTS	1408		7,700	7,700	-0-	-0-	In process
HA-WIDE	ADMINISTRATION	1410		47,400	47,162	47,162	-0-	In process
HA-WIDE	REPLACE LAPTOP COMPUTERS AND PRINTERS	1475		6,300	6,300	3,419	3,305	52% complete
AZ006000001	REPLACE SEWER LATERALS	1450		21,800	21,800	-0-	-0-	In process
	REPLACE/PAINT SIDING	1460		185,000	183,336	183,334	183,334	100% complete
	REPLACE OFFICE FURNITURE	1475		1,000	1,000	1,559	1,559	100% complete
AZ006000002	REPLACE SEWER LATERALS	1450		18,000	18,000	-0-	-0-	In process
	TERMITE CONTROL	1450		52,000	52,000	49,834	49,834	100% complete
	REPLACE MAINTENANCE VEHICLES	1475		40,000	40,000	-0-	-0-	In process

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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: FLAGSTAFF				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	07/15/2012		07/15/2014		
AZ006000001	07/15/2012		07/15/2014		
AZ006000002	07/15/2012		07/15/2014		

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: FLAGSTAFF		Grant Type and Number Capital Fund Program Grant No: AA20P00650111 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2011 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	94,800				
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	47,400				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	125,800				
10	1460 Dwelling Structures	166,000				
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	40,000				
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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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: FLAGSTAFF		Grant Type and Number Capital Fund Program Grant No: AZ20P00650111 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2011 FFY of Grant Approval:	
Type of Grant						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:			<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
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)	474,000				
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	166,000				
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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⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: FLAGSTAFF			Grant Type and Number Capital Fund Program Grant No: AZ20P00650111 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011		
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		94,800				
HA-WIDE	ADMINISTRATION	1410		47,400				
AZ006000001	REPLACE SEWER LATERALS	1450		17,600				
	CATHODIC PROTECTION	1450		24,000				
	UPGRADE LANDSCAPE	1450		13,200				
	REPLACE/PAINT SIDING	1460		75,000				
	REPLACE STORM DOORS	1460	40	16,000				
	REPLACE MAINTENANCE VEHICLES	1465		40,000				
AZ006000002	REPLACE SEWER LATERALS	1450		14,000				
	CATHODIC PROTECTION	1450		18,100				
	UPGRADE LANDSCAPE	1450		38,900				
	REPLACE/PAINT SIDING	1460		75,000				

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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: FLAGSTAFF				Federal FFY of Grant: 2011	
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	06/30/2013		06/30/2015		
AZ006000001	06/30/2013		06/30/2015		
AZ006000002	06/30/2013		06/30/2015		

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/Number FLAGSTAFF AZ006		Locality FLAGSTAFF, COCONINO, AZ			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
	AZ006000001					
B	Physical Improvements Subtotal	Annual Statement	252,000			
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E	ADMINISTRATION					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		252,000	-0-	-0-	-0-
L.	Total Non-CFP Funds					
M.	Grand Total		252,000	-0-	-0-	-0-

PART I: SUMMARY (CONTINUATION)

PHA Name/Number FLAGSTAFF AZ006		Locality FLAGSTAFF, COCONINO, AZ			<input type="checkbox"/> Original 5-Year Plan	<input checked="" type="checkbox"/> Revision No: 1
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
	AZ006000002					
	Physical Improvements	Annual Statement	-0-	420,000	150,000	-0-
	Management Improvements					
	TOTAL CFP FUNDS		-0-	420,000	150,000	-0-
	HA-WIDE					
	Physical Improvements		220,000	220,000	150,000	291,500
	Administration		50,000	50,000	50,000	50,000
	Operations		90,000	90,000	90,000	90,000
	Management Improvements				75,000	
	TOTAL CFP FUNDS		360,000	360,000	365,000	431,500

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

Work Statement for Year 1 FFY 2011	Work Statement for Year <u>2</u> FFY 2012			Work Statement for Year: <u>3</u> FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
ANNUAL	<i>HA-WIDE</i>			<i>HA-WIDE</i>		
Statement						
	Replace/Paint Siding		100,000	Water Line Upgrade		120,000
	Parking Lot Repair		120,000	Replace/Paint Siding		100,000
	AZ006000001			AZ006000001		
	Replace Roofing	87 units	252,000			
	AZ006000002			AZ006000002		
				Replace Roofing	100 units	420,000
	Subtotal of Estimated Cost		\$472,000	Subtotal of Estimated Cost		\$640,000

