

<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>NORTHEAST OREGON HOUSING AUTHORITY</u> PHA Code: <u>OR032</u> 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: (MM/YYYY): <u>04/2011</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>129</u> Number of HCV units: <u>710</u>																										
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" 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.)																										
	<table border="1" style="width: 100%;"> <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:					
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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:																										
<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. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.																										
<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: The PHA Plan revised the following policies: Admissions and Continued Occupancy Policy – Section 8 Housing Choice Voucher Administration Plan – Equal Opportunity Housing Plan – Northeast Oregon Housing Authority Personnel Policy – Procurement Policy—EIV Income Discrepancy Report—Section 8 Operating Reserve—Northeast Oregon Smoking Policy—Northeast Oregon Housing Authority Pet/Assistance Animal Policy  (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. Northeast Oregon Housing Authority office: 2608 May Lane, La Grande, Oregon – City Hall and County Courthouse for Grant, Baker, Union, and Wallowa Counties.																										
<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> <i>Include statements related to these programs as applicable.</i> None																										
<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 CFFP financing. <b>See Attachments A,B,C,D,&amp;E</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 Attachment F</b>																										
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</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.																										

<p>9.0</p>	<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.</p> <p>Northeast Oregon Housing Authority is covered by the State of Oregon Consolidated Plan 2006-2011. It does not address specifically the needs of Baker, Grant, Union, and Wallowa Counties. It just provides priorities and objectives for the State as a whole.</p> <p><b><u>Housing Priorities</u></b></p> <ul style="list-style-type: none"> <li>- <b>High Priorities:</b> Small and large family and elderly renters at or below 50% median family income, using the HOME program for rent assistance, new affordable housing units, and acquisition/rehabilitation of existing affordable units and first time home buyer assistance. All special population households are a high priority. "Special populations" includes farm workers, physically, mentally, and developmentally disabled, frail elderly, HIV/AIDS and families, persons in recovery, post incarceration persons, homeless and near homeless, and victims of state or federally declared disasters.</li> <li>- <b>Medium Priorities:</b> Small and large family and elderly renters with incomes 51% to 60% of median using HOME program dollars for rent assistance, new affordable housing units, and acquisition/rehabilitation of existing affordable units and first time home buyer assistance.</li> <li>- <b>Low Priorities:</b> All renter incomes at or above 61% of median income. Due solely to repayment ability, owner households with incomes below 50% of median are a low priority for amortized housing rehabilitation loans.</li> </ul>
<p>9.1</p>	<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.</b></p>

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

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

**Fair Housing Training**

- New Staff attended training on Fair Housing in La Grande at the Clover Glen Apartments on August 20, 2010

**Housing Choice Voucher Program**

- Leased up rate for FYE 03/31/10 was 98%
- SEMAP Score of 96% - Designated as High Performer

**Public Housing Program**

- PHAS score for FYE 03/31/07 was 94% - Designated as High Performer
- FYE 03/31/10 Statistics
  - Union County Vacancy Rate 1.58 % - Baker/Grant Counties Vacancy Rate 1%
  - Turnaround Days: Union County - Maintenance Days 6.1
  - Occupancy Days 16
  - Total 22.1 Days
  - Union County Work Order Response Time: 11.9 Days
  - Turnaround Days: Baker/Grant Counties - Maintenance Days 1.2
  - Occupancy Days 22.2
  - Total 23.4 Days
  - Baker/Grant Counties Work Order Response Time: 5.74

**Homeownership Program**

- Three families purchased homes with Housing Choice Vouchers
- One family purchased without Voucher
- Zero Rent To Own home was purchased
- Eight families are in the process of qualifying for a loan -
- Six Rent To Own families moved without purchasing the unit
- ABC's of Home Buying classes held August 7, 2010

**Family Self Sufficiency Program**

- Eight Public Housing families are currently participating in FSS
- Ninety-one Housing Choice Voucher families are currently participating in FSS
- Ten families graduated
- Twenty-one families were terminated as FSS Participants
- Twenty-six new families were enrolled
- Eight FSS graduates received escrow balances. The total disbursed was \$44,609

**FSS Employment Workshop**

- Classes were held May 22, 2010

**Public Housing Asset Management Change Over**

- Site Manager switch was implemented on October 1, 2006
- Units were divided into two projects: Union County and Baker / Grant Counties
- Income and expenses are tracked per project effective April 1, 2007
- A request to not have a Central Office was sent on March 28, 2009 and received approval on August 31, 2009

**Property Management**

- Started managing the Sommers Apartments, 10 units of HOME in Elgin, Oregon effective April 23, 2009

**Program Development**

- Richland School Project - Elderly Housing project in Richland, Oregon.
  - Completed a market assessment
  - Submitted information to the State for #1 Priority of Elderly Housing
  - July 17, 2009 approval from State received for Elderly as #1 Priority
  - September 14, 2009 Pine/Eagle School District Board approved gifting Richland School to NEOHA to be used for elderly/disabled low income housing
  - April 2010 hired architect and have preliminary site plan and drawings
- Possible purchase of Strawberry Village Apartments
- Possible purchase of Tamarack Court Apartments

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

Listed below are the criteria Northeast Oregon Housing Authority will use to determine when to amend or modify the Agency Plan.

**Substantial Deviation:**

Any changes in goals and objectives that are not to address specific local emergencies or changes required for reasonable accommodations.

**Significant Amendment or Modification:**

- 1) Changes to rent or admissions policies or organization of the waiting list - to be approved November 2010
- 2) Additions of non-emergency work items, or change in use of replacement reserves fund under the Capital Fund in excess of \$20,000 Approved by the Northeast Oregon Housing Authority Board of Commissioners May 22, 2001, Resolution #265
- 3) Any changes with regard to demolition or disposition, designation, homeownership programs, or conversion activities. None

© **Disposition of Public Housing**

Northeast Oregon Housing Authority may consider the disposition of the 129 Public Housing dwelling units if HUD does not provide sufficient Operating Subsidy and/or Capital Fund Grants to effectively operate the units as Public Housing.

(d) **List of Resident Advisory Board**

- Teresa Duffy, Section 8, La Grande, Oregon**
- Patty Barnum, Section 8, La Grande, Oregon**
- Jeff Corum, Section 8, La Grande, Oregon**
- Ed Klimchock, Section 8, La Grande, Oregon**
- Shirley Watts, Section 8, La Grande, Oregon**
- Beverly Mathena, Section 8, La Grande, Oregon**
- Joe Scott, Public Housing, La Grande, Oregon**
- Ulee Yanok, Public Housing, Huntington, Oregon**

10.0

<b>11.0</b>	<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 style="text-align: center;">MINUTES OF NORTHEAST OREGON HOUSING AUTHORITY'S AGENCY PLAN PUBLIC MEETING HELD, DECEMBER 7, 2010 @ 10:00 A.M. AT 2608 MAY LANE, LA GRANDE, OR IN THE COMMUNITY ROOM</p> <p>The public meeting was called to Order by Executive Director, Maggie LaMont with Administrative Aide, Lola Dutton in attendance. Guests present were Joe Scott from May Park Public Housing Apartments, Patty Barnum from the May Lane Apartments, Shirley Watts from Tamarack Apartments, Ulee Yanok from Huntington Public Housing, and Beverly Mathena, Tenant Commissioner and Section 8 participant.</p> <p>There were no written comments received on the published 2011 Agency Plan.</p> <p>The meeting was Open for Public Comments and the following comments were received:</p> <p>Comment # 1 - Huntington resident requested new metal stand/vent pipes because the plastic pipes are breaking in the heavy snows on the roofs. The possible replacement of the plastic stand/vent pipes was brought to the attention of Dale Inslee, Director of Asset Management to evaluate.</p> <p>Comment # 2 – May Park resident requested the gutters be cleaned and install leaf guards. The resident was informed that AGP Constructions was hired to clean the gutters again and install leaf guards.</p> <p>There was a brief discussion on the new Smoking Policy and Director LaMont informed those present that the policy was approved by the NEOHA Board of Commissioners on November 9, 2010. The Smoking Policy and necessary forms were sent to all residents.</p> <p>After discussion of the comments the public hearing was closed.</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) <i>Attachment A-2008 CFP, Attachment B – 2009 ARRA CFP, Attachment C – 2009 CFP, Attachment D – 2010 CFP, Attachment E – 2011 CFP</i></p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) <i>Attachment F – Five Year Action Plan</i></p> <p>(j) <i>Attachment G – 2011 PHA Plan VAWA Description</i></p>
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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

## Instructions form HUD-50075

**Applicability.** This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

### 1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

### 2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

### 3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

### 4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

### 5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

**5.1 Mission.** A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

**5.2 Goals and Objectives.** Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

**6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

#### PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

**7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers**

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: [http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)  
**Note:** This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

**8.0 Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

**8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

**8.2 Capital Fund Program Five-Year Action Plan**

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

**8.3 Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

**9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**9.1 Strategy for Addressing Housing Needs.** Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

**11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

**ATTACHMENT A**

**Part I: Summary**

PHA Name: NORHTEAST OREGON HOUSING AUTHORITY    NEOHA

Grant Type and Number

Capital Fund Program Grant No: OR16P032-501-08

Replacement Housing Factor Grant No:

Date of CFFP:

FFY of Grant of Grant: **2008**

FFY of Grant of Grant: **2008**

Approval: 2008

( ) Original Annual Statement Reserve for Disasters ( ) Emergencies (X) Revised Annual Statement (revision no:3)

(X) Performance and Evaluation Report for Period Ending: 9/30/10

( ) Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$91,053.73	\$96,138.37	\$96,138.37	\$81,930.82
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$22,062.00	\$22,062.00	\$22,062.00	\$22,062.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Non Dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Non Dwelling Equipment	\$107,504.27	\$102,419.63	\$102,419.63	\$102,419.63
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
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)	\$220,620.00	\$220,620.00	\$220,620.00	\$206,412.45
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Section 504 Compliance	1,893.06	1,893.06	1,893.06	1,893.06
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security Hard Cost				
25	Amount of line 20 Related to Energy conservation Measures				

<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 CFF Grants for operations.

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



<b>Part I: Summary</b>					
PHA Name: NORHTEAST OREGON HOUSING AUTHORITY    NEOHA		Grant Type and Number			FFY of Grant: <b>2008</b>
		Capital Fund Program Grant No: OR16PO32-501-08		FFY of Grant of Grant	
		Replacement Housing Factor Grant No:	Date of CFFP:		Approval: 2008
<input type="checkbox"/> Original Annual Statement Reserve for Disasters <input type="checkbox"/> Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no:3 )			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:9-30-10		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director			Signature of Public Housing Director		
Date			Date		
<i>Maggie LaMont</i> <i>2-14-11</i>					

**Part II: Supporting Pages**

PHA Name: Northeast Oregon Housing Authority		Grant Type and Number Capital Fund Program Grant No:OR16PO32-501-08 CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008 FFY of Grant Approval: 2008			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct 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>	
HA-Wide	OPERATIONS	1406		\$91,053.73	\$96,138.37	\$96,138.37	\$81,930.82	
	ADMINISTRATIVE							
	Salary & Benefits	1410		\$22,062.00	\$22,062.00	\$22,062.00	\$22,062.00	
OR032000001P	SITE IMPROVEMNTS	1450						
	DWELLING STRUCTURES	1460		\$0.00	\$0.00	\$0.00	\$0.00	
	DWELLING EQUIPMENT	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
	NONDWELLING EQUIPMENT	1475		\$0.00	\$0.00	\$0.00	\$0.00	
	Maintenance Vehicle		2	\$68,786.79	\$55,915.22	\$55,915.22	\$55,915.22	2 utility completed
	Lawn Mower		1	\$6,643.50	\$3,893.46	\$3,893.46	\$3,893.46	completed
OR032000002P	SITE IMPROVEMNTS	1450						
	DWELLING STRUCTURES	1460		\$0.00	\$0.00	\$0.00	\$0.00	
	DWELLING EQUIPMENT	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
	NONDWELLING EQUIPMENT	1475		\$0.00	\$0.00	\$0.00	\$0.00	
	Maintenance Vehicle		2	\$25,430.48	\$38,717.48	\$38,717.48	\$38,717.48	1 reg/ 1 utility completed
	Lawn Mower		1	\$6,643.50	\$3,893.47	\$3,893.47	\$3,893.47	completed
	<b>GRAND TOTAL</b>			<b>\$220,620.00</b>	<b>\$220,620.00</b>	<b>\$220,620.00</b>	<b>\$206,412.45</b>	

<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>					
<b>PHA Name: Northeast Oregon Housing Authority</b>				<b>Federal FFY of Grant: 2008</b>	
<b>Development Number Name Name/ HA-Wide Activities</b>	<b>All Funds Obligated (Quarter Ending Date)</b>		<b>All Funds Expended (Quarter Ending Date)</b>		<b>Reasons for Revised Target Dates<sup>1</sup></b>
	<b>Original Obligation End Date</b>	<b>Actual Obligation End Date</b>	<b>Original Expenditure End Date</b>	<b>Actual Expenditure End date</b>	
<b>HA Wide</b>	<b>01/31/10</b>	<b>01/31/10</b>	<b>07/31/10</b>	<b>12/31/2010</b>	
OR032000001P	01/31/10	06/30/09	07/31/10	12/31/2010	
OR032000002P	01/31/10	06/30/09	07/31/10	12/31/2010	

<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.

**ATTACHMENT B**

Part I: Summary		ARRA			
PHA Name: NORIHEAST OREGON HOUSING AUTHORITY    NEOHA		Grant Type and Number		FFY of Grant: 2009	
		Capital Fund Program Grant No: OR16SO32-501-09    CFRG		FFY of Grant of Grant	
		Replacement Housing Factor Grant No:		Date of CFFP:	
				Approval:	
<input type="checkbox"/> Original Annual Statement Reserve for Disasters <input type="checkbox"/> Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9-30-10 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	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>	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$27,926.00	\$27,926.00	\$27,926.00	\$27,926.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$66,222.50	\$65,499.27	\$65,499.27	\$65,499.27
10	1460 Dwelling Structures	\$74,995.30	\$82,551.52	\$82,551.52	\$82,551.52
11	1465.1 Dwelling Equipment—Nonexpendable	\$64,223.40	\$57,390.31	\$57,390.31	\$57,390.31
12	1470 Nondwelling Structures	\$19,331.30	\$19,241.40	\$19,241.40	\$19,241.40
13	1475 Nondwelling Equipment	\$26,562.50	\$26,652.50	\$26,652.50	\$26,652.50
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
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)	\$279,261.00	\$279,261.00	\$279,261.00	\$279,261.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Section 504 Compliance				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security Hard Cost				
25	Amount of line 20 Related to Energy conservation Measures				

<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 I: Summary		ARRA			
PHA Name: NORHTEAST OREGON HOUSING AUTHORITY    NEOHA		Grant Type and Number		FFY of Grant: <b>2009</b>	
		Capital Fund Program Grant No: OR16SO32-501-09    CFRG		FFY of Grant of Grant Approval:	
		Replacement Housing Factor Grant No:		Date of CFFP:	
<input type="checkbox"/> Original Annual Statement Reserve for Disasters <input type="checkbox"/> Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9-30-10 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director		Date		Signature of Public Housing Director	
<i>Maggie Ralmon</i>		12-21-10			



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Northeast Oregon Housing Authority				Federal FFY of Grant: ARRA 2009	
Development Number Name Name/ HA-Wide Activities	All Funds 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	
HA Wide	03/31/10	03/31/10	03/31/11	07/31/10	
	03/31/10	03/31/10	03/31/11	07/31/10	
	03/31/10	03/31/10	03/31/11	07/31/10	

<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.

**ATTACHMENT C**

<b>Part I: Summary</b>					
PHA Name: NORHTEAST OREGON HOUSING AUTHORITY    NEOHA		Grant Type and Number Capital Fund Program Grant No: OR16PO32-501-09 Replacement Housing Factor Grant No: _____		FFY of Grant: <b>2009</b> FFY of Grant of Grant Approval: 2009	
<input type="checkbox"/> Original Annual Statement Reserve for Disasters <input type="checkbox"/> Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:3) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	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>	\$115,012.00	\$116,502.95	\$45,895.03	\$57,396.71
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$25,001.00	\$25,001.00	\$25,001.00	\$25,001.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$20,000.00	\$18,830.50	\$18,830.50	\$0.00
10	1460 Dwelling Structures	\$35,000.00	\$10,125.00	\$10,125.00	\$19,168.50
11	1465.1 Dwelling Equipment—Nonexpendable	\$25,000.00	\$42,247.50	\$26,908.42	\$7,047.50
12	1470 Nondwelling Structures	\$0.00	\$14,350.50	\$14,350.50	\$0.00
13	1475 Nondwelling Equipment	\$30,000.00	\$22,955.55	\$22,955.55	\$22,955.55
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
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)	\$250,013.00	\$250,013.00	\$164,066.00	\$131,569.26
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Section 504 Compliance	45,000.00	38,601.50	38,601.50	19,168.50
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security Hard Cost				
25	Amount of line 20 Related to Energy conservation Measures				

<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 I: Summary					
PHA Name: NORHTEAST OREGON HOUSING AUTHORITY    NEOHA		Grant Type and Number		FFY of Grant: 2009	
		Capital Fund Program Grant No: OR16PO32-501-09		FFY of Grant of Grant	
		Replacement Housing Factor Grant No: _____ Date of CFFP: _____		Approval: 2009	
<input type="checkbox"/> Original Annual Statement Reserve for Disasters <input type="checkbox"/> Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:3 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:9/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director			Signature of Public Housing Director		
Date			Date		
<i>Maggie LaMont</i>					
2-14-11					

**ATTACHMENT C**

<b>Part II: Supporting Pages</b>								
PHA Name: Northeast Oregon Housing Authority			Grant Type and Number Capital Fund Program Grant No:OR16PO32-501-09 CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009 FFY of Grant Approval: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct 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>	
HA-Wide	OPERATIONS	1406		\$115,012.00	\$116,502.95	\$45,895.03	\$57,396.71	
	ADMINISTRATIVE							
	Salary & Benefits	1410		\$25,001.00	\$25,001.00	\$25,001.00	\$25,001.00	
OR032000001P	SITE IMPROVEMNTS	1450						
	Concrete Replacement 504		3 sites	\$10,000.00	\$10,000.00	\$10,000.00	\$0.00	in progress
	DWELLING STRUCTURES	1460						
	Counter top replacement 504		5 units	\$17,500.00	\$5,125.00	\$5,125.00	\$9,584.25	completed
	DWELLING EQUIPMENT	1465.1						
	Replace A/C units		14	\$12,500.00	\$22,500.00	\$7,229.75	\$7,047.50	in progress
	Community Rm Kitchen 504	1470	1	\$0.00	\$7,175.25	\$7,175.25	\$0.00	completed
	NONDWELLING EQUIPMENT	1475						
				\$0.00	\$0.00	\$0.00	\$0.00	
OR032000002P	SITE IMPROVEMNTS	1450						
	Concrete Replacement		1 site	\$10,000.00	\$4,704.50	\$4,704.50	\$0.00	in progress
	Grove Apartments 504 Parking lot repair		1 site	\$0.00	\$4,126.00	\$4,126.00	\$0.00	completed
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
	DWELLING STRUCTURES	1460						
	Counter top replacement 504		5 units	\$17,500.00	\$5,000.00	\$5,000.00	\$9,584.25	in progress
				\$0.00	\$0.00	\$0.00	\$0.00	
	DWELLING EQUIPMENT	1465.1						
	Replace A/C units		14 units	\$12,500.00	\$19,747.50	\$19,678.67	\$0.00	in progress
	Community Rm Kitchen 504	1470	1	\$0.00	\$7,175.25	\$7,175.25	\$0.00	completed
	NONDWELLING EQUIPMENT	1475						
	Maintenance Vehicle		1	\$30,000.00	\$22,955.55	\$22,955.55	\$22,955.55	completed
	<b>GRAND TOTAL</b>			<b>\$250,013.00</b>	<b>\$250,013.00</b>	<b>\$164,066.00</b>	<b>\$131,569.26</b>	

<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>					
<b>PHA Name: Northeast Oregon Housing Authority</b>				<b>Federal FFY of Grant: 2009</b>	
<b>Development Number Name Name/ HA-Wide Activities</b>	<b>All Funds Obligated (Quarter Ending Date)</b>		<b>All Funds Expended (Quarter Ending Date)</b>		<b>Reasons for Revised Target Dates <sup>1</sup></b>
	<b>Original Obligation End Date</b>	<b>Actual Obligation End Date</b>	<b>Original Expenditure End Date</b>	<b>Actual Expenditure End date</b>	
<b>HA Wide</b>	09/15/11		09/15/13		
OR032000001P	09/15/11		09/15/13		
OR032000002P	09/15/11		09/15/13		

<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.

**ATTACHMENT D**

<b>Part I: Summary</b>					
PHA Name: NORHEAST OREGON HOUSING AUTHORITY    NEOHA		Grant Type and Number			FFY of Grant: 2010
		Capital Fund Program Grant No: OR16PO32-501-10		FFY of Grant of Grant	
		Replacement Housing Factor Grant No:	Date of CFFP:		Approval: 2009
<input type="checkbox"/> Original Annual Statement Reserve for Disasters <input type="checkbox"/> Emergencies			<input type="checkbox"/> Revised Annual Statement (revision no: )		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9-30-10			<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	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>	\$93,607.70	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$24,528.00	\$0.00	\$0.00	\$0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$11,144.30	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$116,000.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
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)	\$245,280.00	\$0.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Section 504 Compliance				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security Hard Cost				
25	Amount of line 20 Related to Energy conservation Measures	116,000.00	0.00	0.00	0.00

<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 I: Summary					
PHA Name: NORHTEAST OREGON HOUSING AUTHORITY    NEOHA		Grant Type and Number Capital Fund Program Grant No: OR16PO32-501-10 Replacement Housing Factor Grant No: _____ Date of CFFP: _____		FFY of Grant: <b>2010</b> FFY of Grant of Grant Approval: 2009	
<input type="checkbox"/> Original Annual Statement Reserve for Disasters <input type="checkbox"/> Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director		Date		Signature of Public Housing Director	
<i>Maggie Lamont</i>		<i>2-14-11</i>			

**Part II: Supporting Pages**

PHA Name: Northeast Oregon Housing Authority		Grant Type and Number Capital Fund Program Grant No:OR16PO32-501-10 CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010 FFY of Grant Approval: 2010			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct 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>	
HA-Wide	OPERATIONS	1406		\$93,607.70	\$0.00	\$0.00	\$0.00	
	ADMINISTRATIVE							
	Salary & Benefits	1410		\$24,528.00	\$0.00	\$0.00	\$0.00	
OR032000001P	SITE IMPROVEMNTS	1450						
	Concrete Replacement		1 site	\$6,144.30	\$0.00	\$0.00	\$0.00	summer
	DWELLING STRUCTURES	1460		\$0.00	\$0.00	\$0.00	\$0.00	
	DWELLING EQUIPMENT	1465.1						
	Replace electric range		46	\$36,800.00	\$0.00	\$0.00	\$0.00	winter
	NONDWELLING EQUIPMENT	1475		\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
OR032000002P	SITE IMPROVEMNTS	1450						
	Concrete Replacement		1 site	\$5,000.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
	DWELLING STRUCTURES	1460		\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
	DWELLING EQUIPMENT	1465.1						
	Replace electric range		83	\$79,200.00	\$0.00	\$0.00	\$0.00	winter
				\$0.00	\$0.00	\$0.00	\$0.00	
	NONDWELLING EQUIPMENT	1475		\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
	<b>GRAND TOTAL</b>			<b>\$245,280.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

<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: Northeast Oregon Housing Authority				Federal FFY of Grant: 2010	
Development Number Name Name/ HA-Wide Activities	All Funds 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	
HA Wide	07/14/12		09/15/14		
OR032000001P	07/14/12		09/15/14		
OR032000002P	07/14/12		09/15/14		

<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.

**ATTACHMENT E**

<b>Part I: Summary</b>					
PHA Name: NORHTEAST OREGON HOUSING AUTHORITY    NEOHA		Grant Type and Number			FFY of Grant: <b>2011</b>
		Capital Fund Program Grant No: OR16PO32-501-11		FFY of Grant of Grant	
		Replacement Housing Factor Grant No:	Date of CFFP:		Approval: 2010
(X) 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 No.	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>	\$109,723.70	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration (may not exceed 10% of line 21)	\$24,528.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$0.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$15,000.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$37,500.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$58,528.30	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2-19)	\$245,280.00	\$0.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Section 504 Compliance	\$10,000.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security Hard Cost	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy conservation Measures	\$58,528.30	\$0.00	\$0.00	\$0.00

<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 I: Summary					
PHA Name: NORHTEAST OREGON HOUSING AUTHORITY    NEOHA		Grant Type and Number Capital Fund Program Grant No: OR16PO32-501-11 Replacement Housing Factor Grant No: _____ Date of CFFP: _____		FFY of Grant: <b>2011</b> FFY of Grant of Grant Approval: 2010	
<input checked="" type="checkbox"/> Original Annual Statement Reserve for Disasters <input type="checkbox"/> 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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director <i>Maggie LaMont</i>			Date <i>12-21-10</i>		Signature of Public Housing Director Date

<b>Part II: Supporting Pages</b>								
PHA Name: Northeast Oregon Housing Authority		Grant Type and Number Capital Fund Program Grant No:OR16PO32-501-11 CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011 FFY of Grant Approval: 2010			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct 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>	
HA-Wide	OPERATIONS	1406		\$109,723.70	\$0.00	\$0.00	\$0.00	
	ADMINISTRATIVE							
	Salary & Benefits	1410		\$24,528.00	\$0.00	\$0.00	\$0.00	
OR032000001P	SITE IMPROVEMNTS	1450						
	Concrete Replacement		1 site	\$7,000.00	\$0.00	\$0.00	\$0.00	
	DWELLING STRUCTURES	1460						
	EF Cabinets / Countertops		4 units	\$27,500.00	\$0.00	\$0.00	\$0.00	
	504 Workstation		2 units	\$5,000.00				
	DWELLING EQUIPMENT	1465.1						
	Replace Garbage Disposals		46	\$13,800.00	\$0.00	\$0.00	\$0.00	
	NONDWELLING EQUIPMENT	1475						
OR032000002P	SITE IMPROVEMNTS	1450						
	Concrete Replacement		1 site	\$8,000.00	\$0.00	\$0.00	\$0.00	
	DWELLING STRUCTURES	1460						
	504 Workstation		2 units	\$5,000.00	\$0.00	\$0.00	\$0.00	
	DWELLING EQUIPMENT	1465.1						
	Replace A/C units		25 units	\$20,000.00	\$0.00	\$0.00	\$0.00	
	Replace Garbage Disposals		83 units	\$24,728.30	\$0.00			
	NONDWELLING EQUIPMENT	1475						
				\$0.00	\$0.00	\$0.00	\$0.00	
	<b>GRAND TOTAL</b>			<b>\$245,280.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

<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: Northeast Oregon Housing Authority				Federal FFY of Grant: 2011	
Development Number Name Name/ HA-Wide Activities	All Funds 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	
HA Wide	09/15/13		09/15/15		
OR032000001P	09/15/13		09/15/15		
OR032000002P	09/15/13		09/15/15		

<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.

**ATTACHMENT F**

<b>Part I: Summary</b>						
PHA :Northeast Oregon Housing Authority OR032			Locality: La Grande, Union Co., Oregon		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
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
	OR032000001P	Annual Statement	35,000.00	59,005.50	73,612.50	16,500.00
	OR032000002P		96,213.00	49,005.50	43,611.50	82,724.00
B.	Physical Improvements Subtotal		131,213.00	108,011.00	117,224.00	99,224.00
C.	Management Improvements		0.00	0.00	0.00	0.00
D.	PHA-Wide Non-dwelling Structures and Equipment		0.00	0.00	10,000.00	27,000.00
E.	Administration		24,528.00	24,528.00	24,528.00	24,528.00
F.	Other		0.00	0.00	0.00	
G.	Operations		89,539.00	112,741.00	93,528.00	94,528.00
H.	Demolition		0.00	0.00	0.00	0.00
I.	Development		0.00	0.00	0.00	0.00
J.	Capital Fund Financing -- Debt Service		0.00	0.00	0.00	0.00
K.	Total CFP Funds		245,280.00	245,280.00	245,280.00	245,280.00
L.	Total Non-CFP Funds		0.00	0.00	0.00	0.00
M.	Grand Total		245,280.00	245,280.00	245,280.00	245,280.00

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012			Work Statement for Year: 3 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	<b>OR03200001P</b>			<b>OR03200001P</b>		
	UF Replace concrete	800sf	5,000.00	UF Exterior Doors	8	4,502.75
Annual	EF Cabinets Countertops	4 units	30,000.00	Cabinets Countertops	4 units	30,000.00
Statement	<b>Total OR03200001P</b>		<b>35,000.00</b>			
				EF Exterior Doors	8	4,502.75
				LE Parking lot Seal	1	20,000.00
				<b>Total OR03200001P</b>		<b>59,005.50</b>
				<b>OR03200002P</b>		
	<b>OR03200002P</b>			HF Replace Concrete	800sf	5,000.00
	HTF Replace Concrete	800sf	5,000.00	Exterior Doors	8	4,502.75
	CC Exterior Paint	6 buildings	41,213.00			
	MVF Exterior Paint	8 Houses	20,000.00	BE Parking lot seal	1	10,000.00
	DVF Exterior Paint	5 Houses	10,000.00	BF Replace Concrete	800sf	5,000.00
	HF Playground	1 site	20,000.00	Exterior Doors	8	4,502.75
	<b>Total OR03200002P</b>		<b>96,213.00</b>			
				CC Replace A/C's	12	11,000.00
				MTV Replace A/C's	8	9,000.00
				<b>Total OR03200002P</b>		<b>49,005.50</b>
	HA- Wide Operations		89,539.00	HA- Wide Operations		112,741.00
	Administration		24,528.00	Administration		24,528.00
	Subtotal of Estimated Cost		245,280.00	Subtotal of Estimated Cost		245,280.00

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

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2011	Work Statement for Year 4 FFY 2014			Work Statement for Year: 5 FFY 2015		
	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	<b>OR032000001P</b>			<b>OR032000001P</b>		
Annual	LG Elderly			LE replace thermostats	30	7,500.00
Statement	Replace Concrete	800sf	5,000.00	Replace Concrete	800sf	5,000.00
	Exterior doors	15	14,106.50	UF replace thermostats	8	2,000.00
	Water Heaters	30	15,930.00	EF replace thermostats	8	2,000.00
				<b>Total OR032000001P</b>		<b>16,500.00</b>
	UF Water Heaters	8	4,288.00			
	Cabinets Countertops	4 units	30,000.00	<b>OR032000002P</b>		
				BE replace thermostats	30	7,500.00
	EF Water Heaters	8	4,288.00	Replace Concrete	800sf	5,000.00
	<b>Total OR032000001P</b>		<b>73,612.50</b>	BF Cabinets countertops	4 units	25,000.00
	<b>OR032000002P</b>			replace thermostats		2,000.00
	BC Elderly					
	Replace Concrete	800sf	5,000.00	MTV Install Soffits	8 units	20,000.00
	Exterior doors	15	14,106.50	replace thermostats		2,000.00
	Water Heaters	30	15,929.00			
				DV Install Soffits	5 units	14,224.00
	HF Water Heaters	8	4,288.00	replace thermostats		2,000.00
	BF Water Heaters	8	4,288.00	CC replace thermostats	12	5,000.00
	<b>Total OR032000002P</b>		<b>43,611.50</b>	<b>Total OR032000002P</b>		<b>82,724.00</b>
	HA- Wide Operations		93,528.00	HA- Wide Operations		94,528.00
	Replace Mowers	2	10,000.00	Administration		24,528.00
	Administration		24,528.00	Vehicle	1	27,000.00
	Subtotal of Estimated Cost		\$245,280.00	Subtotal of Estimated Cost		\$245,280.00



