

# **PHA Plans**

## **Streamlined Annual Version**

**U.S. Department of Housing and  
Urban Development**  
Office of Public and Indian  
Housing

OMB No. 2577-0226  
(exp. 05/31/2006)

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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 that introduced 5-year and annual PHA Plans. The full PHA plan provides 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 allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 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, Federal Housing Administration, 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. Information in PHA plans is publicly available.

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# **Streamlined Annual PHA Plan**

## **for Fiscal Year: 20 07**

# **PHA Name: Housing Commission of Talbot County**

**NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.**

### Streamlined Annual PHA Plan Agency Identification

**PHA Name:** Housing Commission of Talbot County  
**PHA Number:** MD019

**PHA Fiscal Year Beginning:** (mm/yyyy) 07/2007

**PHA Programs Administered:**

**Public Housing and Section 8**     **Section 8 Only**     **Public Housing Only**  
Number of public housing units: 65    Number of S8 units:    Number of public housing units:  
Number of S8 units: 139

**PHA Consortia: (check box if submitting a joint PHA Plan and complete table)**

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

**PHA Plan Contact Information:**

Name: Don E. Bibb    Phone: 410-822-5358  
TDD:    Email (if available): don001\_hctc@verizon.net

**Public Access to Information**

Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)

PHA's main administrative office     PHA's development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection.     Yes     No.

If yes, select all that apply:

- Main administrative office of the PHA
- PHA development management offices
- Main administrative office of the local, county or State government
- Public library     PHA website     Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

Main business office of the PHA     PHA development management offices

Other (list below)

## Streamlined Annual PHA Plan

**Fiscal Year 2007**

[24 CFR Part 903.12(c)]

### **Table of Contents**

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

#### **A. PHA PLAN COMPONENTS**

- 1. Site-Based Waiting List Policies  
**903.7(b)(2) Policies on Eligibility, Selection, and Admissions**
- X 2. Capital Improvement Needs  
**903.7(g) Statement of Capital Improvements Needed**
- 3. Section 8(y) Homeownership  
**903.7(k)(1)(i) Statement of Homeownership Programs**
- 4. Project-Based Voucher Programs
- 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
- 6. Supporting Documents Available for Review
- X 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- X 8. Capital Fund Program 5-Year Action Plan

#### **B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE**

**Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan** identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

**Form HUD-50070, Certification for a Drug-Free Workplace;**

**Form HUD-50071, Certification of Payments to Influence Federal Transactions;** and

**Form SF-LLL & SF-LLL a, Disclosure of Lobbying Activities.**

**1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)**

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

**A. Site-Based Waiting Lists-Previous Year**

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

No

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4.  Yes  No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

**B. Site-Based Waiting Lists – Coming Year**

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

No.

1. How many site-based waiting lists will the PHA operate in the coming year?
2.  Yes  No: Are any or all of the PHA’s site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?

- If yes, how many lists?
3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site-based waiting lists
  - At the development to which they would like to apply
  - Other (list below)

## **2. Capital Improvement Needs**

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

### **A. Capital Fund Program**

1. X Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2.  Yes X No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

### **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1.  Yes X No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s):

<b>HOPE VI Revitalization Grant Status</b>	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
<input type="checkbox"/>	Revitalization Plan under development
<input type="checkbox"/>	Revitalization Plan submitted, pending approval
<input type="checkbox"/>	Revitalization Plan approved
<input type="checkbox"/>	Activities pursuant to an approved Revitalization Plan underway

3.  Yes X No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:
4.  Yes X No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:
5.  Yes X No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

**3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**  
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1.  Yes X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

2. Program Description:

a. Size of Program

- Yes  No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA-established eligibility criteria

- Yes  No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?  
If yes, list criteria:

c. What actions will the PHA undertake to implement the program this year (list)?

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):

**4. Use of the Project-Based Voucher Program**

**Intent to Use Project-Based Assistance**

Yes  No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1.  Yes  No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:

- low utilization rate for vouchers due to lack of suitable rental units
- access to neighborhoods outside of high poverty areas
- other (describe below:)

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

**5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: (State of Maryland)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
- X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- X Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- Other: (list below)  
To assist in the effort of creating more workforce housing in the State.

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The State of Maryland is supportive of all efforts to assist entities in creating a larger supply of workforce housing.

## **6. Supporting Documents Available for Review for Streamlined Annual PHA Plans**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if	Annual Plan: Operations and

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	necessary)	Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs <input type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
X	Other supporting documents (optional) Violence Against Women Policy (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943	Joint Annual PHA Plan for Consortia: Agency

PHA Name:  
HA Code:

Streamlined Annual Plan for Fiscal Year 20\_\_

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	pursuant to an opinion of counsel on file and available for inspection.	Identification and Annual Management and Operations

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Housing Commission of Talbot County			Grant Type and Number Capital Fund Program Grant No: MD06P019501-07 Replacement Housing Factor Grant No:		Federal FY of Grant: 2007
<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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	30,000			
3	1408 Management Improvements	5,000			
4	1410 Administration	18,646			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000			
10	1460 Dwelling Structures	25,084			
11	1465.1 Dwelling Equipment—Nonexpendable	4,500			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	93,230			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part II: Supporting Pages</b>								
PHA Name: Housing Commission of Talbot County			<b>Grant Type and Number</b> Capital Fund Program Grant No: MD06P019501-07 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
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	Funds Obligated	Funds Expended	
PHA Wide	Operational Subsidy	1406		30,000				
	Management Improvements: Staff Training	1408		5,000				
	Administration: Pro-rata salaries	1410		18,646				
MD19-2,3	Site Improvements: Parking lot/ sidewalk repairs	1450		10,000				
	Interior Renovations: Kitchens & Baths #1-6	1460		25,084				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part II: Supporting Pages</b>								
PHA Name: Housing Commission of Talbot County			<b>Grant Type and Number</b> Capital Fund Program Grant No: MD06P019501-07 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
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	Funds Obligated	Funds Expended	
	Dwelling Equipment: Refrig., ranges & H/W heaters	1465.1	6 ea.	4,500				

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>					
PHA Name: Housing Commission of Talbot County		<b>Grant Type and Number</b> Capital Fund Program No: MD06P019501-07 Replacement Housing Factor No:		Federal FY of Grant: 2007	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates		

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	9/2009			9/2010			

## 8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name Easton Housing Authority				<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY: 2008	Work Statement for Year 3 FFY Grant: PHA FY: 2009	Work Statement for Year 4 FFY Grant: PHA FY: 2010	Work Statement for Year 5 FFY Grant: PHA FY: 2011
	Annual Statement				
PHA Wide		30,000	30,000	30,000	30,000
		5,000	5,000	5,000	5,000
		18,646	18,646	18,646	18,646
MD19-2,3		10,000	10,000	10,000	10,000
		25,084	25,084	25,084	25,084
		4,500	4,500	4,500	4,500
CFP Funds Listed for 5-year planning		93,230	93,230	93,230	93,230
Replacement Housing Factor Funds					

## 8. Capital Fund Program Five-Year Action Plan

<b>Capital Fund Program Five-Year Action Plan</b>						
<b>Part II: Supporting Pages—Work Activities</b>						
Activities for Year 1	Activities for Year : 2 FFY Grant: PHA FY: 2008			Activities for Year: 3 FFY Grant: PHA FY: 2009		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
See						
Annual	PHA Wide	<i>Operations Subsidy</i>	30,000	PHA Wide	<i>Operations Subsidy</i>	30,000
Statement						
		<i>Management Imp.: Staff Training</i>	5,000		<i>Management Imp.: Staff Training</i>	5,000
		<i>Administration: Pro-rata salaries</i>	18,646		<i>Administration: Pro-rata salaries</i>	18,646
	MD19-2,3	<i>Site Improvements: Parking lot/sidewalk repairs</i>	10,000	MD19-2,3	<i>Site Improvements: Parking lot/sidewalk repairs</i>	10,000
		<i>Interior renovations: Kitchen &amp; Baths- #1-6</i>	25,084		<i>Interior Renovations: Kitchen &amp; Baths- #1-6</i>	25,084
		<i>Dwelling Equipment: Refrigerator, ranges &amp; H/W heaters</i>	4,500		<i>Dwelling Equipment: Refrigerators, ranges &amp; H/W heaters</i>	4,500

## 8. Capital Fund Program Five-Year Action Plan

Total CFP Estimated Cost	\$93,230			\$93,230
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<b>Capital Fund Program Five-Year Action Plan</b>					
<b>Part II: Supporting Pages—Work Activities</b>					
Activities for Year : 4 FFY Grant: PHA FY: 2010			Activities for Year: 5 FFY Grant: PHA FY: 2011		
<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
PHA Wide	<i>Operations Subsidy</i>	30,000	PHA Wide	<i>Operations Subsidy</i>	30,000
	<i>Management Imp.: Staff Training</i>	5,000		<i>Management Imp.: Staff Training</i>	5,000
	<i>Administration: Pro-rata salaries</i>	18,646		<i>Administration: Pro- rata salaries</i>	18,646
MD19-2,3	<i>Site Improvements: Parking lot/sidewalk repairs</i>	10,000	MD19-2,3	<i>Site Improvements: parking lot/sidewalk repairs</i>	10,000
	<i>Interior Renovations: Kitchens &amp; Baths- #1-6</i>	25,084		<i>Interior Renovations: Kitchens &amp; Baths - #1- 6</i>	25,084
	<i>Dwelling Equipment: Refrigerators, Ranges &amp; H/W heaters</i>	4,500		<i>Dwelling Equipment: Refrigerators, Ranges &amp; H/W heaters</i>	4,500

**8. Capital Fund Program Five-Year Action Plan**

Total CFP Estimated Cost		\$ 93,230			\$93,230

**ATTACHMENT to The Housing Authority of The Town of Easton Plan for PHA FY 2008 (FFY 2007)**

**Violence Against Women Act Amendments of 2005**

The Violence Against Women Act (VAWA) Amendments of 2005, requires the PHA to describe any goals, objectives, policies or programs that will enable the PHA to serve the needs of child and adult victims of domestic violence, dating violence, sexual assault or stalking. (Sec.603).

- ❖ The PHA supports the goals of the VAWA Amendments and will comply with the requirements
- ❖ The PHA will continue to administer its housing programs in ways that support and protect public housing residents, Section 8 participants and applicants who may be victims of domestic violence, dating violence, sexual assault or stalking.
- ❖ The PHA will not take any adverse action against a resident/participant or applicant solely on the basis of her or his being a victim of such criminal activity, including threats of such activity. “Adverse action” in this context includes denial or termination of housing assistance.
- ❖ The PHA will not subject a victim of domestic violence, dating violence, sexual assault or stalking to a more demanding standard for lease compliance than other residents.
- ❖ The PHA will develop policies and procedures as needed to implement the requirements of VAWA.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part I: Summary**

**U.S. Department of Housing  
 and Urban Development**  
 Office of Public and Indian Housing

OMB Approval No. 2577-0157  
 (exp. 06/30/2005)

HA Name _____	Comprehensive Grant Number _____	FFY of Grant Approval _____
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)				
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director _____	Date _____	Signature of Public Housing Director _____	Date _____
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<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 .

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

**U.S. Department of Housing  
 and Urban Development**  
 Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

<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 .

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

**U.S. Department of Housing  
 and Urban Development**  
 Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	

Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

<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 .

Public reporting burden for this collection of information is estimated to average 75 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible applicant submit information to HUD in order to receive its annual formula grant. This information will be used by HUD to determine whether the annual submission meets statutory and regulatory requirements for the annual formula grant and during implementation. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

## Instructions for Preparation of Form HUD-52837, Annual Statement/Performance and Evaluation Report, Report Submission For the Annual Statement

Prepare a separate Form HUD-52837 (Parts I, II and III) for each annual formula grant, describing the activities which are planned to be undertaken with the current year's Comprehensive Grant Program (CGP) funds. Submit this form to HUD as part of each annual submission. On an as-needed basis, submit a revised form when prior HUD approval is required to amend the Annual Statement. When submitting a complete Form HUD-52837 (Parts I, II and III), only Part I shall be signed and dated. For revisions affecting individual pages, only the pages affected shall be signed, dated and submitted to HUD.

Prepare a separate Form HUD-52837 (Parts I, II and III) for each funding request from the \$75 million reserve for natural and other disasters and emergencies.

Prepare a separate Form HUD-52837 (Parts I, II and III) for each emergency funding request under the annual formula grant where there is no approved Comprehensive Plan.

### Report Submission For the Performance and Evaluation Report

At the end of the program year (6/30), complete the sections of Parts I, II and III as noted in footnotes 1 and 2 on a copy of the original or revised Annual Statement and mark the box, Performance and Evaluation Report for Program Year Ending \_\_\_\_\_. Submit the form(s) to HUD, together with the narrative report on resident and local/tribal government participation and other required items, by 9/30. Continue reporting at the end of each program year, until the program is completed or all funds are expended.

Revisions to the Annual Statement which do not require prior HUD approval, (e.g. expenditures for emergency work, revisions resulting from the HA's application of fungibility) shall be reported in the Performance and Evaluation Report. Revisions requiring prior HUD approval shall be submitted in a revised Annual Statement, on an as-needed basis, prior to submission of the Performance and Evaluation Report.

Upon completion or termination of the activities funded in a specific grant year, complete the sections of Parts I, II and III as noted in footnotes 1 and 2 on a copy of the original or revised Annual Statement and mark the box, Final Performance and Evaluation Report. Submit a Final Performance and Evaluation Report as soon as the program is completed or all funds are expended.

### Part I: Summary

#### Heading Instructions

**HA Name.** Enter the HA name.

**Comprehensive Grant Number.** Enter the unique Comprehensive Grant number designated for the annual grant. This number is a 13-digit alpha numeric code as follows: two-digit State code (alpha); two-digit Field Office code (numeric); P for Public Housing; three-digit HA number; three-digit Grant number; and two-digit Federal Fiscal Year identifier. The first Comprehensive Grant approved under the CGP shall be 701; e.g., VA05P03670193. The second Comprehensive Grant approved under the CGP shall be 702; e.g.,

VA05P03670294. Any funding from the \$75 million reserve for natural and other disasters and emergencies shall be given a separate Comprehensive Grant number. Grant Numbers shall be sequential, e.g., the annual formula grant is funded first and numbered VA05P03670395; a grant from the \$75 million reserve is funded next in the same FFY and numbered VA05P03670495.

**FFY of Grant Approval.** Enter the FFY in which the grant is being approved/was approved.

**Type of Submission.** Check the appropriate box and indicate whether the submission is the Original Annual Statement for the annual formula grant, the \$75 million Reserve for Disasters and Emergencies, the Revised Annual Statement (and revision number), the Performance and Evaluation Report for Program Year Ending (enter date, e.g., 6/30/96), or the Final Performance and Evaluation Report.

#### Original Total Estimated Cost

**Line 1.** Enter the Original Total Estimated Cost for all work that will be undertaken from non-CGP funds, including CIAP funds being reprogrammed for CGP purposes. Enter zero if no work will be undertaken from non-CGP funds.

**Lines 2 through 19.** For each line, enter the Original Total Estimated Cost, for all work that will be undertaken from the annual formula grant or the \$75 million reserve. Enter zero if no work will be undertaken in a particular development account. The sum total of lines 2 through 19 must equal the amount of the annual grant on line 20.

**Note:** Line 2 may not exceed 10 percent of line 20.

Line 3 may not exceed 20 percent of line 20 except where approved by HUD or the PHA is both an overall high performer and a Mod-high performer under the PHMAP.

Line 4 may not exceed 10 percent of line 20, excluding certain costs, except where approved by HUD.

Line 16 is available only to HAs participating in the Moving to Work demonstration program. The amount of funding that may be entered on this line is subject to the terms of the HA's executed Moving to Work Agreement with HUD.

**Line 20.** Amount of Annual Grant. Enter the sum of lines 2 through 19 in the Original Total Estimated Cost column.

**Line 21.** Amount of line 20 Related to Lead-Based Paint (LBP) Activities. Enter the amount of line 20 related to LBP activities (hard and soft costs) in the Original Total Estimated Cost column, as applicable. For example, if windows are being replaced, estimate the portion of the funding which is directly related to LBP abatement.

**Line 22.** Amount of line 20 Related to Section 504 Compliance. Enter the amount of line 20 related to Section 504 compliance (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

**Line 23.** Amount of line 20 Related to Security. Enter the amount of line 20 related to Security (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

**Line 24.** Amount of line 20 Related to Energy Conservation Measures. Enter the amount of line 20 related to Energy Conservation Measures (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

#### **Revised Total Estimated Cost**

**Lines 1 through 19.** After initial approval by HUD, the HA shall track cost increases and decreases in lines 1 through 18 and cost decreases in line 19 of the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column at the end of each program year on the Performance and Evaluation Report. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted.

Where prior HUD approval is required to revise the Annual Statement (i.e., where a major work category is being added to the Annual Statement which was not included in the latest HUD-approved Five-Year Action Plan or a prior approved budget), enter the revisions to development accounts that are affected by the change in the Revised Total Estimated Cost column and submit only the pages of the form affected by the revision to HUD. Each page submitted for prior HUD approval of a revision shall be signed and dated by the HA and, where approved by HUD, a signed copy shall be returned to the HA.

**Line 20.** After initial approval by HUD, the sum of lines 2 through 19 in the Revised Total Estimated Cost column may not exceed the annual grant amount (line 20 in the Original Total Estimated Cost column).

**Lines 21 through 24.** After initial approval by HUD, the HA shall track cost increases and decreases in lines 21 through 24 of the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column when the Performance and Evaluation Report is submitted. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted.

#### **Total Actual Cost**

At the end of the CGP program year (6/30) for each grant with a separate Comprehensive Grant Number for which funds are still being expended, complete the section on Actual Cost on a copy of the original or revised Annual Statement, mark the box Performance and Evaluation Report for Program Year Ending \_\_\_\_\_ and submit to HUD by 9/30.

Upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number, complete the section on Actual Cost as part of the submission of the Final Performance and Evaluation Report.

**Lines 1 through 24.** For each line, enter the Actual Cost of Funds Obligated and Expended at the end of the CGP program year (6/30) or upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number. **Note:** Do not enter a dollar amount for obligated and expended for line 19 (Contingency). Funds from this account shall be shown as obligated and expended in another development account when funds from this account are used for cost overruns, contract modifications, or other work.

**Line 20.** Enter the sum of lines 2 through 18 for obligated and expended. The sum of lines 2 through 18 may not exceed line 20 in the Original Total Estimated Cost column.

#### **Part II: Supporting Pages**

**Development Number/Name.** Enter the abbreviated number (e.g., VA-36-1) and the name, if any, of each development where a major work category will be undertaken. Enter "HA-wide" for a major work category that relates to a HA-wide activity (e.g., management improvements; administration; physical improvements that are unpredictable, such as lead-based paint abatement, asbestos abatement, modernization of vacant units).

**General Description of Major Work Categories.** For each development listed, enter a general description of the major work categories, including those that will be funded with non-CGP funds and no cost items. Work categories should be described in broad terms, such as kitchens, bathrooms, electrical, site, etc. A work category may encompass various components; e.g., the major work category of kitchens may include ranges, refrigerators, cabinets, floors, etc. Do not specify the per unit cost or the quality of materials. Identify major work categories that will be accomplished by Force Account labor by entering (FA) in parenthesis next to the major work category. PHAs that are designated as both overall high performers and Mod-high performers under the PHMAP and IHAs do not have to identify major work categories that will be accomplished by FA. After listing all major work categories for all developments being funded, enter a general description of HA-wide activities such as; management improvements; administrative costs; non-dwelling equipment; physical improvements that are unpredictable such as lead-based paint abatement, asbestos abatement, modernization of vacant units. When major work categories are subsequently deleted, draw a line through the General Description of Major Work Categories, Development Account Number, Quantity, and Estimated Cost. When major work categories are subsequently added, enter the General Description of Major Work Categories, Development Account Number, Quantity and Estimated Cost under the appropriate development number/name. **Note:** Describe administrative and management improvement costs in sufficient detail for HUD to make a determination of eligibility. Identify items excluded from the 10 percent limitation on administrative cost, such as in-house LBP testing; identify management improvements and how they relate to identified physical or management improvement needs.

**Development Account Number.** For each major work category and HA-wide activity, enter the appropriate development account which corresponds to the major work categories described under the General Description of Major Work Categories column. For appropriate development accounts, refer to the CGP Handbook 7485.3. Where funding will be provided from non-CGP sources, or the work is a no-cost item, enter "N/A" for not applicable.

**Quantity.** Enter the quantity of each major work category, and HA-wide activity, to be undertaken as a percentage or whole number; e.g., 50 percent of the units, 125 units, train 25 residents, etc.

#### **Total Estimated Cost**

**Original.** For each major work category and HA-wide activity, enter the Original Estimated Cost. Asterisk the estimated cost of each major work category that will be funded with non-CGP funds, including reprogrammed CIAP funds. **After listing the estimated cost for all major work categories at a particular development, enter a subtotal of the estimated cost of only the major work categories that will be funded from the current year's CGP grant. (Note: Do not count costs that have been asterisked in this subtotal). Enter a subtotal for each HA-wide activity.** Enter a grand total for Part II of only the major work

categories and HA-wide activities that will be funded with the current year's CGP grant. The Grand Total may not exceed line 19 of the Original Total Estimated Cost column in Part I.

**Revised.** After initial approval by HUD, the HA shall track cost decreases or increases in the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column at the end of each program year on the Performance and Evaluation Report. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted. Where prior HUD approval is required to revise the Annual Statement (i.e., where a major work category is being added to the Annual Statement which was not included in the latest HUD-approved Five-Year Action Plan or a prior approved budget), enter the revisions to development accounts that are affected by the change in the Revised Total Estimated Cost column and submit only the pages of the form affected by the revision to HUD.

**Total Actual Cost.** At the end of the CGP program year for each grant with a separate Comprehensive Grant Number for which funds are still being expended, complete the section on Actual Cost for the Performance and Evaluation Report. Upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number, complete the section on Actual Cost for the Final Performance and Evaluation Report.

**Funds Obligated.** In this column, for each development listed, enter the cumulative dollar amount of all funds obligated for that development opposite the Original Estimated Cost subtotal. For each HA-wide activity listed, enter the cumulative dollar amount of all funds obligated opposite the Original Estimated Cost subtotal. Enter the cumulative dollar amount of all funds obligated opposite the Grand Total. The Grand Total may not exceed line 19 in the Original Total Estimated Cost column in Part I. This includes funds obligated by the HA for work to be performed by contract labor (i.e., contract award) and force account labor (i.e., work actually started). Funds that are recorded as being obligated shall remain obligated so that total funds obligated are always greater than or equal to total funds expended. Total funds obligated shall not exceed the amount of the annual grant. **Note:** Do not enter a dollar amount for obligated for line 18 (Contingency). Funds from this account will be shown as obligated in the appropriate development account when funds from this account are used for cost overruns, contract modifications or other work.

**Funds Expended.** In this column, for each development listed, enter the cumulative dollar amount of all funds expended for that development opposite the Original Estimated Cost subtotal. For each HA-wide activity listed, enter the cumulative dollar amount of all funds expended opposite the Original Estimated Cost subtotal. Enter the cumulative dollar amount of all funds expended opposite the Grand Total. The Grand Total may not exceed line 19 in the Original Total Estimated Cost column in Part I. Total funds expended means cash actually disbursed and does not include retainage. **Note:** Do not enter a dollar amount for expended for line 18 (Contingency). Funds from this account will be shown as expended in the appropriate development account when funds from this account are used for cost overruns, contract modifications or other work.

**Status of Proposed Work.** At the end of the CGP program year, complete this section for the Performance and Evaluation Report. For each major work category and HA-wide physical improvement listed, prepare a brief description of the status of the item, e.g., work completed or contract awarded on May 5, 1996. Explain the addition, deletion or modification of any major work category, such as the addition of any emergency work, or changes to the Annual

Statement, by substituting major work categories from the Five-Year Action Plan or other approved modernization budgets. Where funds were budgeted for HA-wide physical improvements, indicate the actual developments/number of units where the funds were expended.

### Part III: Implementation Schedule

**Development Number/Name.** Enter the abbreviated number (e.g., VA 36-1) and the name, if any, of each development listed on Part II. Enter "HA-wide" for major work categories that relate to HA-wide physical or management improvements.

**Original - All Funds Obligated.** Opposite each development and for each HA-wide physical or management activity, enter the estimated quarter ending date for obligation of all funds under the Original column. **Note:** Provide an implementation schedule only for HA-wide physical or management improvements, not for other HA-wide activities (e.g., administration).

**Revised - All Funds Obligated.** The HA may revise the target dates for fund obligation for delays outside of the HA's control. The revised dates shall be reported in this column at the end of the program year on the Performance and Evaluation Report. If revisions are reported in the Revised - All Funds Obligated column, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted. When it is necessary for the HA to revise a target date for reasons within its control, the HA shall immediately submit a written request to the Field Office requesting approval of the new date. If the Field Office approves the revision, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted.

**Actual - All Funds Obligated.** When all funds are obligated for a development or HA-wide activity, enter the quarter ending date that this occurred in the Actual column.

**Original - All Funds Expended.** Opposite each development and for each HA-wide physical or management activity, enter the estimated quarter ending date for expenditure of all funds under the Original column. **Note:** Provide an implementation schedule only for HA-wide physical or management improvements, not for other HA-wide activities, (e.g., administration).

**Revised - All Funds Expended.** The HA may revise the target dates for funds expenditure for delays outside of the HA's control. The revised dates shall be reported in this column at the end of the program year on the Performance and Evaluation Report. If revisions are reported in the Revised - All Funds Expended column, the revised dates shall be reflected in the Original - All Funds Expended column when the next Performance and Evaluation Report is submitted. When it is necessary for the HA to revise a target date for reasons within its control, the HA shall immediately submit a written request to the Field Office requesting approval of the new date. If the Field Offices approves the revision, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted.

**Actual - All Funds Expended.** When all funds are expended for a development or HA-wide activity, enter the quarter ending date that this occurred in the Actual column. When all funds have been expended for a specific grant, the HA shall complete Parts I, II, and III, mark the box, Final Performance and Evaluation Report, and submit to the Field Office.

**Reasons for Revised Target Dates.** Explain any revisions to the target dates for fund obligation or expenditure by specifying the delay outside of the HA's control, where the HA has self-issued a time extension, or the date on which HUD approved a revised target due to delays within the HA's control.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part I: Summary**

**U.S. Department of Housing  
 and Urban Development**  
 Office of Public and Indian Housing

OMB Approval No. 2577-0157  
 (exp. 06/30/2005)

HA Name _____	Comprehensive Grant Number _____	FFY of Grant Approval _____
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)				
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4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
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8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
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14	1485 Demolition				
15	1490 Replacement Reserve				
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17	1495.1 Relocation Costs				
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20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
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24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director _____	Date _____	Signature of Public Housing Director _____	Date _____
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<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.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

**U.S. Department of Housing  
 and Urban Development**  
 Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

<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 .

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

**U.S. Department of Housing  
 and Urban Development**  
 Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	

Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

<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 .

Public reporting burden for this collection of information is estimated to average 75 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible applicant submit information to HUD in order to receive its annual formula grant. This information will be used by HUD to determine whether the annual submission meets statutory and regulatory requirements for the annual formula grant and during implementation. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

## Instructions for Preparation of Form HUD-52837, Annual Statement/Performance and Evaluation Report, Report Submission For the Annual Statement

Prepare a separate Form HUD-52837 (Parts I, II and III) for each annual formula grant, describing the activities which are planned to be undertaken with the current year's Comprehensive Grant Program (CGP) funds. Submit this form to HUD as part of each annual submission. On an as-needed basis, submit a revised form when prior HUD approval is required to amend the Annual Statement. When submitting a complete Form HUD-52837 (Parts I, II and III), only Part I shall be signed and dated. For revisions affecting individual pages, only the pages affected shall be signed, dated and submitted to HUD.

Prepare a separate Form HUD-52837 (Parts I, II and III) for each funding request from the \$75 million reserve for natural and other disasters and emergencies.

Prepare a separate Form HUD-52837 (Parts I, II and III) for each emergency funding request under the annual formula grant where there is no approved Comprehensive Plan.

### Report Submission For the Performance and Evaluation Report

At the end of the program year (6/30), complete the sections of Parts I, II and III as noted in footnotes 1 and 2 on a copy of the original or revised Annual Statement and mark the box, Performance and Evaluation Report for Program Year Ending \_\_\_\_\_. Submit the form(s) to HUD, together with the narrative report on resident and local/tribal government participation and other required items, by 9/30. Continue reporting at the end of each program year, until the program is completed or all funds are expended.

Revisions to the Annual Statement which do not require prior HUD approval, (e.g. expenditures for emergency work, revisions resulting from the HA's application of fungibility) shall be reported in the Performance and Evaluation Report. Revisions requiring prior HUD approval shall be submitted in a revised Annual Statement, on an as-needed basis, prior to submission of the Performance and Evaluation Report.

Upon completion or termination of the activities funded in a specific grant year, complete the sections of Parts I, II and III as noted in footnotes 1 and 2 on a copy of the original or revised Annual Statement and mark the box, Final Performance and Evaluation Report. Submit a Final Performance and Evaluation Report as soon as the program is completed or all funds are expended.

### Part I: Summary

#### Heading Instructions

**HA Name.** Enter the HA name.

**Comprehensive Grant Number.** Enter the unique Comprehensive Grant number designated for the annual grant. This number is a 13-digit alpha numeric code as follows: two-digit State code (alpha); two-digit Field Office code (numeric); P for Public Housing; three-digit HA number; three-digit Grant number; and two-digit Federal Fiscal Year identifier. The first Comprehensive Grant approved under the CGP shall be 701; e.g., VA05P03670193. The second Comprehensive Grant approved under the CGP shall be 702; e.g.,

VA05P03670294. Any funding from the \$75 million reserve for natural and other disasters and emergencies shall be given a separate Comprehensive Grant number. Grant Numbers shall be sequential, e.g., the annual formula grant is funded first and numbered VA05P03670395; a grant from the \$75 million reserve is funded next in the same FFY and numbered VA05P03670495.

**FFY of Grant Approval.** Enter the FFY in which the grant is being approved/was approved.

**Type of Submission.** Check the appropriate box and indicate whether the submission is the Original Annual Statement for the annual formula grant, the \$75 million Reserve for Disasters and Emergencies, the Revised Annual Statement (and revision number), the Performance and Evaluation Report for Program Year Ending (enter date, e.g., 6/30/96), or the Final Performance and Evaluation Report.

#### Original Total Estimated Cost

**Line 1.** Enter the Original Total Estimated Cost for all work that will be undertaken from non-CGP funds, including CIAP funds being reprogrammed for CGP purposes. Enter zero if no work will be undertaken from non-CGP funds.

**Lines 2 through 19.** For each line, enter the Original Total Estimated Cost, for all work that will be undertaken from the annual formula grant or the \$75 million reserve. Enter zero if no work will be undertaken in a particular development account. The sum total of lines 2 through 19 must equal the amount of the annual grant on line 20.

**Note:** Line 2 may not exceed 10 percent of line 20.

Line 3 may not exceed 20 percent of line 20 except where approved by HUD or the PHA is both an overall high performer and a Mod-high performer under the PHMAP.

Line 4 may not exceed 10 percent of line 20, excluding certain costs, except where approved by HUD.

Line 16 is available only to HAs participating in the Moving to Work demonstration program. The amount of funding that may be entered on this line is subject to the terms of the HA's executed Moving to Work Agreement with HUD.

**Line 20.** Amount of Annual Grant. Enter the sum of lines 2 through 19 in the Original Total Estimated Cost column.

**Line 21.** Amount of line 20 Related to Lead-Based Paint (LBP) Activities. Enter the amount of line 20 related to LBP activities (hard and soft costs) in the Original Total Estimated Cost column, as applicable. For example, if windows are being replaced, estimate the portion of the funding which is directly related to LBP abatement.

**Line 22.** Amount of line 20 Related to Section 504 Compliance. Enter the amount of line 20 related to Section 504 compliance (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

**Line 23.** Amount of line 20 Related to Security. Enter the amount of line 20 related to Security (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

**Line 24.** Amount of line 20 Related to Energy Conservation Measures. Enter the amount of line 20 related to Energy Conservation Measures (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

#### **Revised Total Estimated Cost**

**Lines 1 through 19.** After initial approval by HUD, the HA shall track cost increases and decreases in lines 1 through 18 and cost decreases in line 19 of the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column at the end of each program year on the Performance and Evaluation Report. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted.

Where prior HUD approval is required to revise the Annual Statement (i.e., where a major work category is being added to the Annual Statement which was not included in the latest HUD-approved Five-Year Action Plan or a prior approved budget), enter the revisions to development accounts that are affected by the change in the Revised Total Estimated Cost column and submit only the pages of the form affected by the revision to HUD. Each page submitted for prior HUD approval of a revision shall be signed and dated by the HA and, where approved by HUD, a signed copy shall be returned to the HA.

**Line 20.** After initial approval by HUD, the sum of lines 2 through 19 in the Revised Total Estimated Cost column may not exceed the annual grant amount (line 20 in the Original Total Estimated Cost column).

**Lines 21 through 24.** After initial approval by HUD, the HA shall track cost increases and decreases in lines 21 through 24 of the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column when the Performance and Evaluation Report is submitted. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted.

#### **Total Actual Cost**

At the end of the CGP program year (6/30) for each grant with a separate Comprehensive Grant Number for which funds are still being expended, complete the section on Actual Cost on a copy of the original or revised Annual Statement, mark the box Performance and Evaluation Report for Program Year Ending \_\_\_\_\_ and submit to HUD by 9/30.

Upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number, complete the section on Actual Cost as part of the submission of the Final Performance and Evaluation Report.

**Lines 1 through 24.** For each line, enter the Actual Cost of Funds Obligated and Expended at the end of the CGP program year (6/30) or upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number. **Note:** Do not enter a dollar amount for obligated and expended for line 19 (Contingency). Funds from this account shall be shown as obligated and expended in another development account when funds from this account are used for cost overruns, contract modifications, or other work.

**Line 20.** Enter the sum of lines 2 through 18 for obligated and expended. The sum of lines 2 through 18 may not exceed line 20 in the Original Total Estimated Cost column.

#### **Part II: Supporting Pages**

**Development Number/Name.** Enter the abbreviated number (e.g., VA-36-1) and the name, if any, of each development where a major work category will be undertaken. Enter "HA-wide" for a major work category that relates to a HA-wide activity (e.g., management improvements; administration; physical improvements that are unpredictable, such as lead-based paint abatement, asbestos abatement, modernization of vacant units).

**General Description of Major Work Categories.** For each development listed, enter a general description of the major work categories, including those that will be funded with non-CGP funds and no cost items. Work categories should be described in broad terms, such as kitchens, bathrooms, electrical, site, etc. A work category may encompass various components; e.g., the major work category of kitchens may include ranges, refrigerators, cabinets, floors, etc. Do not specify the per unit cost or the quality of materials. Identify major work categories that will be accomplished by Force Account labor by entering (FA) in parenthesis next to the major work category. PHAs that are designated as both overall high performers and Mod-high performers under the PHMAP and IHAs do not have to identify major work categories that will be accomplished by FA. After listing all major work categories for all developments being funded, enter a general description of HA-wide activities such as; management improvements; administrative costs; non-dwelling equipment; physical improvements that are unpredictable such as lead-based paint abatement, asbestos abatement, modernization of vacant units. When major work categories are subsequently deleted, draw a line through the General Description of Major Work Categories, Development Account Number, Quantity, and Estimated Cost. When major work categories are subsequently added, enter the General Description of Major Work Categories, Development Account Number, Quantity and Estimated Cost under the appropriate development number/name. **Note:** Describe administrative and management improvement costs in sufficient detail for HUD to make a determination of eligibility. Identify items excluded from the 10 percent limitation on administrative cost, such as in-house LBP testing; identify management improvements and how they relate to identified physical or management improvement needs.

**Development Account Number.** For each major work category and HA-wide activity, enter the appropriate development account which corresponds to the major work categories described under the General Description of Major Work Categories column. For appropriate development accounts, refer to the CGP Handbook 7485.3. Where funding will be provided from non-CGP sources, or the work is a no-cost item, enter "N/A" for not applicable.

**Quantity.** Enter the quantity of each major work category, and HA-wide activity, to be undertaken as a percentage or whole number; e.g., 50 percent of the units, 125 units, train 25 residents, etc.

#### **Total Estimated Cost**

**Original.** For each major work category and HA-wide activity, enter the Original Estimated Cost. Asterisk the estimated cost of each major work category that will be funded with non-CGP funds, including reprogrammed CIAP funds. **After listing the estimated cost for all major work categories at a particular development, enter a subtotal of the estimated cost of only the major work categories that will be funded from the current year's CGP grant. (Note: Do not count costs that have been asterisked in this subtotal). Enter a subtotal for each HA-wide activity.** Enter a grand total for Part II of only the major work

categories and HA-wide activities that will be funded with the current year's CGP grant. The Grand Total may not exceed line 19 of the Original Total Estimated Cost column in Part I.

**Revised.** After initial approval by HUD, the HA shall track cost decreases or increases in the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column at the end of each program year on the Performance and Evaluation Report. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted. Where prior HUD approval is required to revise the Annual Statement (i.e., where a major work category is being added to the Annual Statement which was not included in the latest HUD-approved Five-Year Action Plan or a prior approved budget), enter the revisions to development accounts that are affected by the change in the Revised Total Estimated Cost column and submit only the pages of the form affected by the revision to HUD.

**Total Actual Cost.** At the end of the CGP program year for each grant with a separate Comprehensive Grant Number for which funds are still being expended, complete the section on Actual Cost for the Performance and Evaluation Report. Upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number, complete the section on Actual Cost for the Final Performance and Evaluation Report.

**Funds Obligated.** In this column, for each development listed, enter the cumulative dollar amount of all funds obligated for that development opposite the Original Estimated Cost subtotal. For each HA-wide activity listed, enter the cumulative dollar amount of all funds obligated opposite the Original Estimated Cost subtotal. Enter the cumulative dollar amount of all funds obligated opposite the Grand Total. The Grand Total may not exceed line 19 in the Original Total Estimated Cost column in Part I. This includes funds obligated by the HA for work to be performed by contract labor (i.e., contract award) and force account labor (i.e., work actually started). Funds that are recorded as being obligated shall remain obligated so that total funds obligated are always greater than or equal to total funds expended. Total funds obligated shall not exceed the amount of the annual grant. **Note:** Do not enter a dollar amount for obligated for line 18 (Contingency). Funds from this account will be shown as obligated in the appropriate development account when funds from this account are used for cost overruns, contract modifications or other work.

**Funds Expended.** In this column, for each development listed, enter the cumulative dollar amount of all funds expended for that development opposite the Original Estimated Cost subtotal. For each HA-wide activity listed, enter the cumulative dollar amount of all funds expended opposite the Original Estimated Cost subtotal. Enter the cumulative dollar amount of all funds expended opposite the Grand Total. The Grand Total may not exceed line 19 in the Original Total Estimated Cost column in Part I. Total funds expended means cash actually disbursed and does not include retainage. **Note:** Do not enter a dollar amount for expended for line 18 (Contingency). Funds from this account will be shown as expended in the appropriate development account when funds from this account are used for cost overruns, contract modifications or other work.

**Status of Proposed Work.** At the end of the CGP program year, complete this section for the Performance and Evaluation Report. For each major work category and HA-wide physical improvement listed, prepare a brief description of the status of the item, e.g., work completed or contract awarded on May 5, 1996. Explain the addition, deletion or modification of any major work category, such as the addition of any emergency work, or changes to the Annual

Statement, by substituting major work categories from the Five-Year Action Plan or other approved modernization budgets. Where funds were budgeted for HA-wide physical improvements, indicate the actual developments/number of units where the funds were expended.

### Part III: Implementation Schedule

**Development Number/Name.** Enter the abbreviated number (e.g., VA 36-1) and the name, if any, of each development listed on Part II. Enter "HA-wide" for major work categories that relate to HA-wide physical or management improvements.

**Original - All Funds Obligated.** Opposite each development and for each HA-wide physical or management activity, enter the estimated quarter ending date for obligation of all funds under the Original column. **Note:** Provide an implementation schedule only for HA-wide physical or management improvements, not for other HA-wide activities (e.g., administration).

**Revised - All Funds Obligated.** The HA may revise the target dates for fund obligation for delays outside of the HA's control. The revised dates shall be reported in this column at the end of the program year on the Performance and Evaluation Report. If revisions are reported in the Revised - All Funds Obligated column, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted. When it is necessary for the HA to revise a target date for reasons within its control, the HA shall immediately submit a written request to the Field Office requesting approval of the new date. If the Field Office approves the revision, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted.

**Actual - All Funds Obligated.** When all funds are obligated for a development or HA-wide activity, enter the quarter ending date that this occurred in the Actual column.

**Original - All Funds Expended.** Opposite each development and for each HA-wide physical or management activity, enter the estimated quarter ending date for expenditure of all funds under the Original column. **Note:** Provide an implementation schedule only for HA-wide physical or management improvements, not for other HA-wide activities, (e.g., administration).

**Revised - All Funds Expended.** The HA may revise the target dates for funds expenditure for delays outside of the HA's control. The revised dates shall be reported in this column at the end of the program year on the Performance and Evaluation Report. If revisions are reported in the Revised - All Funds Expended column, the revised dates shall be reflected in the Original - All Funds Expended column when the next Performance and Evaluation Report is submitted. When it is necessary for the HA to revise a target date for reasons within its control, the HA shall immediately submit a written request to the Field Office requesting approval of the new date. If the Field Offices approves the revision, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted.

**Actual - All Funds Expended.** When all funds are expended for a development or HA-wide activity, enter the quarter ending date that this occurred in the Actual column. When all funds have been expended for a specific grant, the HA shall complete Parts I, II, and III, mark the box, Final Performance and Evaluation Report, and submit to the Field Office.

**Reasons for Revised Target Dates.** Explain any revisions to the target dates for fund obligation or expenditure by specifying the delay outside of the HA's control, where the HA has self-issued a time extension, or the date on which HUD approved a revised target due to delays within the HA's control.