

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary

PHA Name: HOUSING AUTHORITY OF THE CITY OF NEW SMYRNA BEACH, FLORIDA	Grant Type and Number Capital Fund Program Grant No. FL29P02250106 Date of CFPP: _____	Replacement Housing Factor Grant No	FFY of Grant: 2006 FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08	Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³			20000.00		20000.00
3	1408 Management Improvements			11602.00		11602.00
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs			15000.00		15000.00
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465 J Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures			139437.00		136802.09
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495 J Relocation Costs					
17	1499 Development Activities ⁴					
18a	1501 Collateralization or Debt Service paid by the PHA 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)			186039.00		183404.09
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security – Soft Costs					
24	Amount of line 20 Related to Security – Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary

PITA Name: HOUSING AUTHORITY OF THE CITY OF NEW SMYRNA BEACH, FLORIDA		Grant Type and Number Capital Fund Program Grant No. FL29P02250106 Date of CFFP: _____		Replacement Housing Factor Grant No.		FFY of Grant: 2006 FFY of Grant Approval: _____	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
Signature of Executive Director <i>Kathleen Jones</i>		Date	Signature of Public Housing Director		Date		
		2/2/09					

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary

PHA Name: HOUSING AUTHORITY OF THE CITY OF NEW SMYRNA BEACH, FLORIDA	Grant Type and Number Capital Fund Program Grant No. FL29P02250107 Date of CFPP: _____	Replacement Housing Factor Grant No	FFY of Grant: 2007
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	20000.00			20000.00	6751.00	
3	1408 Management Improvements	10000.00			10000.00		
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	18000.00			18000.00		
8	1440 Site Acquisition						
9	1450 Site Improvement	10000.00			10000.00		
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonexpendable	10000.00			10000.00		
12	1470 Non-dwelling Structures	122431.00			122431.00		
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						
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 3% of line 20)						
20	Amount of Annual Grant. (sum of lines 2 - 19)	190431.00			190431.00	6751.00	
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHP funds shall be included here

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary

PHA Name: HOUSING AUTHORITY OF THE CITY OF NEW SMYRNA BEACH, FLORIDA		Grant Type and Number Capital Fund Program Grant No. FL29P02250107 Date of CFFP: _____		Replacement Housing Factor Grant No.:		FFY of Grant: 2007	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		FFY of Grant Approval:	
Line Summary by Development Account		Total Estimated Cost		Final Performance and Evaluation Report		Total Actual Cost ¹	
Signature of Executive Director <i>Rathburn</i>		Date 2/2/09		Signature of Public Housing Director		Obligated	
		Original		Revised ²		Date Expended	

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part II: Supporting Pages

PHA Name: HOUSING AUTHORITY OF THE CITY OF NEW SMYRNA BEACH, FLORIDA	Grant Type and Number		Development Number Name/PHA-Wide Activities	General Description of Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
	Capital Fund Program Grant No:	Replacement Housing Factor Grant No:					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
	FL29P02250107											
			FL022-PHA WIDE	OPERATIONS	1406		20000.00		20000.00	6751.00		
			FL022-PHA WIDE	MANAGEMENT IMPROVEMENTS	1408		10000.00		10000.00			
			FL022-PHA WIDE	FEES & COSTS	1430		18000.00		18000.00			
			FL022-PHA WIDE	SITE IMPROVEMENT	1450		10000.00		10000.00			
			FL022-PHA WIDE	DWELLING EQUIPMENT	1465		10000.00		10000.00			
			FL022-PHA WIDE	NON-DWELLING	1470		122431.00		122431.00			
				TOTAL			190431.00		190431.00	6751.00		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
 Office of Housing and Indian Housing
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Part I: Summary

PHA Name: HOUSING AUTHORITY OF THE CITY OF NEW SMYRNA BEACH, FLORIDA
 Grant Type and Number: Capital Fund Program Grant No FL29F02250108 Replacement Housing Factor Grant No:
 Date of CFFP: _____
 FFY of Grant: 2008
 FFY of Grant Approval: _____

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08	Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	20000.00	20000.00			
3	1408 Management Improvements	10000.00	10000.00			
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	18000.00	18000.00			
8	1440 Site Acquisition					
9	1450 Site Improvement	10000.00	10000.00			
10	1460 Dwelling Structures	128439.00	128439.00			
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					
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)	186439.00	186439.00			
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security – Soft Costs					
24	Amount of line 20 Related to Security – Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
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 Capital Fund Financing Program

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 Office of Public and Indian Housing
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Part I: Summary

PHA Name: HOUSING AUTHORITY OF THE CITY OF NEW SMYRNA BEACH, FLORIDA		Grant Type and Number Capital Fund Program Grant No. FL29P02250108 Date of CFPP: _____		Replacement Housing Factor Grant No.		FFY of Grant: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		FFY of Grant Approval:	
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ?	Obligated	Total Actual Cost ¹	Expended
Signature of Executive Director <i>Rathlene Price</i>		Date	Signature of Public Housing Director		Obligated	Date	Expended
		2/2/09					

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary

PHA Name/Number HOUSING AUTHORITY OF THE CITY OF NEW SMYRNA BEACH, FLORIDA FL022		Locality (City/County & State) NEW SMYRNA BEACH/VOLUSIA/FLORIDA			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
B.	Physical Improvements Subtotal	Additional Statement	147000.00	147000.00	147000.00	147000.00
C.	Management Improvements		5000.00	5000.00	5000.00	5000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		5000.00	5000.00	5000.00	5000.00
E.	Administratio n					
F.	Other		15000.00	15000.00	15000.00	15000.00
G.	Operations		10000.00	10000.00	10000.00	10000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non- CFP Funds					
M.	Grand Total		182000.00	182000.00	182000.00	182000.00

