

1.0	PHA Information PHA Name: <u>Sanford Housing Authority</u> PHA Code: <u>ME-011</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>03/31/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>124</u> Number of HCV units: <u>593</u>																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 35%;">Participating PHAs</th> <th rowspan="2" style="width: 8%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 19%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 10%;">PH</th> <th style="width: 9%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The SHA mission statement is attached																										
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Goals and Objectives are attached																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: no significant revisions. (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Town of Sanford Planning Office, SHA administrative offices.																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																										
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.																										
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.																										
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.																										

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>Housing needs is included as an attachment</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Strategies are included in an attachment</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>The SHA has successfully administered all housing programs and created 24 additional affordable unit for the elderly. Partnered with the Town of Sanford, Goodall Hospital and Maine Housing. Organized landlord coalition and increased homeownership opportunities by 120%.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>No significant amendments and deviations or modifications.</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>

Strategies for Addressing Housing Needs;

1. Utilize Sanford Landlord Coalition to identify and seek energy efficient grants from Maine Housing.
2. Maintain 98% lease up rate in Section 8 and public housing.
3. Turn over public housing units quickly so they are available to needy families.
4. Utilize the NSP program to create affordable housing opportunities and home ownership for families.
5. Review payment standards and increase if possible.
6. Pursue additional housing resources and grants to create more affordable housing opportunities.
7. Cut SHA utility costs by using Capital Fund for more energy efficient systems.

5.2 Goals and Objectives;

The Sanford Housing Authority has increased the availability of decent, safe and affordable housing opportunities by;

Improving the delivery of Section 8 vouchers and increasing the agencies SEMAP score to 93%.

Implemented a Homeownership program and 10 families are enrolled in the program, an increase since last year of 7.

Created 24 additional affordable units for elderly/disabled utilizing the tax credit program and funding from Maine Housing.

Partnered with the Town of Sanford implementing the Neighborhood Stabilization Program. SHA will purchase foreclosed homes, renovate and sell 10 single family homes to clients who are a 30 to 50% of AMI.

Implemented a Landlord Coalition that meets monthly to discuss all aspects of rental housing in our town.

Will partner with Goodall Hospital to begin assessment of lead based paint issues. Sanford has a high percentage of homes and apartments over 100 years old.

Mission Statement

The mission of the Sanford Housing Authority is to assist low and moderate income families with decent, safe and affordable housing opportunities as they strive to improve the quality of their lives. The Sanford Housing Authority is committed to operating in an efficient, ethical and professional manner. The Sanford Housing Authority will develop and create affordable housing opportunities and maintain partnerships with our clients and community agencies in order to accomplish this mission.

9.0 Housing Needs;

Sanford's housing needs assessment shows that over 60% of the rental property is 75 to 100 years old. The economy has curtailed landlord efforts to rehabilitate existing properties to remove lead paint and make more energy efficient.

The effect of the economy is seen by the increase in applications for assisted housing. In a 6 months period our waiting lists for public and section 8 housing have doubled. More incidence of homelessness due to job loss and an inability to pay for basic essentials including housing. 95% of the applicants on the waiting list are comprised of families at or below 30% of AMI.

SHA maintains an available apartment list that is updated monthly. We have seen an increase in the number of units available and more landlords willing to list apartments with SHA.

Sanford has been identified by the State of Maine as the town with the most number of foreclosures. The Neighborhood Stabilization Program (NSP) awarded Sanford the largest percentage of state funding to address this ongoing problem.

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 3/31/09, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

SANFORD Housing Authority
PHA Name

ME-011
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2009 - 2010

Annual PHA Plan for Fiscal Years 2009 - 2010

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
<u>M.KE JEAN</u>	<u>Vice Chair</u>
Signature	Date
<u>M.KE JEAN</u>	<u>8/11/2009</u>

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: The Housing Authority of the Town of Sanford (Maine)	Grant Type and Number Capital Fund Program Grant No: ME36S011501-09 Replacement Housing Factor Grant No: Date of CFPF:	FFY of Grant: 2009 FFY of Grant Approval:
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	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						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition			7,800			
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures			7,500			
13	1475 Non-dwelling Equipment			33,555			
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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

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		FFY of Grant: 2009	
PHA Name: The Housing Authority of the Town of Sanford	Grant Type and Number Capital Fund Program Grant No: ME36S011501-09 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant Approval:	

Type of Grant Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost		Total Actual Cost ¹
			Revised ²	Obligated	
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)	225,355			
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	3,100			
Signature of Executive Director 		Date	Signature of Public Housing Director		Date
		9/1/09			

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Annual Statement/Performance and Evaluation Report
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 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: The Housing Authority of the Town of Sanford (Maine)	Grant Type and Number Capital Fund Program Grant No: ME36P011-501-08 Replacement Housing Factor Grant No: Date of CFPF.	FFY of Grant: 2008 FFY of Grant Approval:
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Total Estimated Cost		Obligated	Total Actual Cost ¹ Expended
			Original	Revised ²		
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³		35,607			
3	1408 Management Improvements		35,607			
4	1410 Administration (may not exceed 10% of line 21)		17,803			
5	1411 Audit		4,000			
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition		2,031			
9	1450 Site Improvement					
10	1460 Dwelling Structures		45,453			
11	1465.1 Dwelling Equipment—Nonependable					
12	1470 Non-dwelling Structures		35,533			
13	1475 Non-dwelling Equipment		2,000			
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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

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

Part I: Summary		PHA Name: The Housing Authority of the Town of Sanford Grant Type and Number: Capital Fund Program Grant No: ME36P011-501-08 Replacement Housing Factor Grant No: _____ Date of CFP: _____		FFY of Grant: 2008 FFY of Grant Approval: _____			
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____							
Line	Summary by Development Account	Total Estimated Cost	Original	Revised ²	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)	178,034					
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director 		Date	9/1/09	Signature of Public Housing Director		Date	

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Part I: Summary PHA Name: The Housing Authority of the Town of Sanford (Maine)	Grant Type and Number Capital Fund Program Grant No: ME36P011-501-07 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2007 FFY of Grant Approval:	

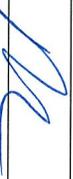
Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies	Original	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Obligated	Total Actual Cost ¹ Expended
Summary by Development Account		Total Estimated Cost	Revised ²		
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	43,384	43,384	43,384	43,384
3	1408 Management Improvements	35,384	35,384	2,949	2,949
4	1410 Administration (may not exceed 10% of line 21)	17,692	17,692		
5	1411 Audit	2,800	2,800		
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition	1,479	1,500		
9	1450 Site Improvement	15,384	15,354	3,500	3,500
10	1460 Dwelling Structures	4,000	4,000		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	58,814	58,823	2,473.46	2,473.46
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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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		FFY of Grant: 2007	
PHA Name: The Housing Authority of the Town of Sanford		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: ME36P011-501-07 Replacement Housing Factor Grant No: Date of CFFP:			

Line	Type of Grant	Performance and Evaluation Report for Period Ending:	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2 - 19)	178,937	178,937	52,306.46	52,306.46	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director		Date	Signature of Public Housing Director		Date	
		8/1/09				

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Part I: Summary	
PHA Name: The Housing Authority of the Town of Sanford (Maine)	Grant Type and Number Capital Fund Program Grant No: ME36P011-501-06 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2006 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: Summary by Development Account	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) Final Performance and Evaluation Report <input type="checkbox"/>	Total Estimated Cost		Total Actual Cost ¹	
				Original	Revised ²	Obligated	Expended
1	Total non-CFFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³			35,384.80	35,384.80	35,384.80	35,384.80
3	1408 Management Improvements			35,384.80	35,384.80	35,384.80	35,384.80
4	1410 Administration (may not exceed 10% of line 21)			17,692.40	17,692.40	17,692.40	17,692.40
5	1411 Audit			2,800	3,698	3,698	3,698
6	1415 Liquidated Damages						
7	1430 Fees and Costs			8,568	9,853.02	9,853.02	9,853.02
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures			32,396.00	29,525.98	12,129.18	
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment			44,698.00	45,385.00	45,385.00	11,917.83
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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³ PHAs with under 250 units in management may use 100% of CFFP 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
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2006	
PHA Name: The Housing Authority of the Town of Sanford	Grant Type and Number Capital Fund Program Grant No: ME36P011-501-06 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	
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)	176,924	176,924	159,527.20
21	Amount of line 20 Related to LBP Activities			113,930.85
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures			

Signature of Executive Director _____ Date 9/1/09 _____ Signature of Public Housing Director _____ Date _____

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

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

Part II: Supporting Pages

PHA Name: The Housing Authority of the Town of Sanford (Maine)		Grant Type and Number Capital Fund Program Grant No: ME36FP011-501-06 CFPP (Yes/ No): No Replacement Housing Factor Grant No:		Federal FFY of Grant: 2006			Status of Work	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost			
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Operations	1406		35,384.80	35,384.80	35,384.80	35,384.80	Complete
	Management Improvements	1408		35,384.80	35,384.80	35,384.80	35,384.80	Complete
	Administration	1410		17,692.40	17,692.40	17,692.40	17,692.40	Complete
	Audit	1411		2,800.00	3,698.00	3,698.00	3,698.00	Complete
	Fees and Costs	1430		8,568.00	9,853.02	9,853.02	9,853.02	Complete
	Computer Equipment Upgrades	1475		10,000.00	10,687.00	10,687.00	10,687.00	Complete
	Contingency	1502		0	0	0	0	Omitted
East Side Acres ME36-011/001	Replace furnace (with 2007 funds, total = \$61,008	1475		24,698	24,698	24,698	20.81	On Schedule
Sunset Tower ME36-011-002	Re-point exterior Lighting Upgrades Domestic Hot Water Boiler	1460 1460 1475	74	15,000 17,396 10,000	15,000 14,525.98 10,000	12,129.18 10,000	1,210.02	On Schedule On Schedule On Schedule

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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
 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: The Housing Authority of the Town of Sanford (Maine)	Grant Type and Number Capital Fund Program Grant No: ME36P011-501-05 Replacement Housing Factor Grant No: 2005 Date of CFFP:
FFY of Grant: 2005 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: Summary by Development Account	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:2) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
				Original	Revised ²	Obligated	Expended
1	Total non-CFF Funds						
2	1406 Operations (may not exceed 20% of line 21) ³		41,827	41,827	41,827	41,827	41,827
3	1408 Management Improvements		41,827	41,827	41,827	41,827	41,827
4	1410 Administration (may not exceed 10% of line 21)		20,913	20,913	20,913	20,913	20,913
5	1411 Audit		2,793	2,793	2,793	2,793	2,793
6	1415 Liquidated Damages						
7	1430 Fees and Costs		100	2,100	2,100		100
8	1440 Site Acquisition						
9	1450 Site Improvement		1,008	1,008	1,008	1,008	1,008
10	1460 Dwelling Structures		53,316	51,316	51,316	6,085.71	
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment		30,000	30,000	30,000	30,000	30,000
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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

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

Part I: Summary		FFY of Grant: 2005	
PHA Name: The Housing Authority of the Town of Sanford	Grant Type and Number Capital Fund Program Grant No: ME36P011-501-05 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	191,784	191,784	191,784	144,553.71
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	Date	Signature of Public Housing Director	Date
	9/1/05		

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

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

Part I: Summary		PHA Name: The Housing Authority of the Town of Sanford (Maine)		Grant Type and Number Capital Fund Program Grant No: ME36P011-501-04 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2004 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:	Summary by Development Account	Revised Annual Statement (revision no:1) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹
			Original	Revised ²	
1		Total non-CFF Funds			
2		1406 Operations (may not exceed 20% of line 21) ³	41,827	41,832	41,832
3		1408 Management Improvements	41,827	41,827	41,827
4		1410 Administration (may not exceed 10% of line 21)	20,913	20,913	20,913
5		1411 Audit	2,793	2,793	2,793
6		1415 Liquidated Damages			
7		1430 Fees and Costs	500	500	500
8		1440 Site Acquisition			
9		1450 Site Improvement	16,000	15,995	15,995
10		1460 Dwelling Structures	62,277	63,091.15	40,841.76
11		1465.1 Dwelling Equipment—Nonexpendable			
12		1470 Non-dwelling Structures			
13		1475 Non-dwelling Equipment	23,000	22,185.85	22,185.85
14		1485 Demolition			
15		1492 Moving to Work Demonstration			
16		1495.1 Relocation Costs			
17		1499 Development Activities ⁴			

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

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

Part I: Summary				FFY of Grant: 2004	
PHA Name: The Housing Authority of the Town of Sanford		Grant Type and Number Capital Fund Program Grant No: ME36P011-502-04 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	Original	Revised ²		
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)	209,137	209,137	209,137	186,887.61
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date

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Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/20011

Part I: Summary

PHA Name/Number	Development Number and Name	Work Statement for Year 1 FFY _____ _2009 _____	Locality (City/County & State)			<input checked="" type="checkbox"/> Original 5-Year Plan		<input type="checkbox"/> Revision No:	
			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	Annual Statement	118,900	66,000	86,000	111,000			
C.	Management Improvements		35,000	36,000	36,000	36,000			
D.	PHA-Wide Non-dwelling Structures and Equipment		20,000	69,700	32,000	37,000			
E.	Administration		17,000	18,000	18,000	18,000			
F.	Other		5,500	5,500	5,500	5,500			
G.	Operations		35,000	36,000	36,000	36,000			
H.	Demolition								
I.	Development								
J.	Capital Fund Financing – Debt Service								
K.	Total CFP Funds								
L.	Total Non-CFP Funds								
M.	Grand Total		231,400	231,200	213,500	233,500			

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

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

Work Statement for Year 1 FFY 2009	Work Statement for Year 2			Work Statement for Year 3		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	ESA36-011/001/Convert Furnace to Natural Gas 114 Emery St	1	\$10,000			
	ESA36-011/001/Replace Overhead Lighting	120	\$10,000	ESA36- 011/001/Replace Roofs 125-129 Emery St		\$34,500
	ST36-011/002 Exterior Brick Work		\$112,000	ESA36-011/001 Window Replacement		\$50,000
	ST36-011-002 Generator Upgrade	1	\$ 6,900	ESA36-011/001Apt Ceiling, Doors and Kitchen Rehab		\$16,000
				ESA36-011/001IReplace Hot Water Heaters		\$3,100
				ST 36-011/002 Exterior Doors & Entrances		\$22,600
				ST 36-011/002 Replace Entryway Carpeting		\$7,500
	Subtotal of Estimated Cost		\$138,900	Subtotal of Estimated Cost		\$133,700

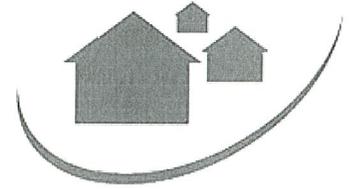
Sanford Housing Authority

Commissioners:

Chairperson, Faith Ballenger
Vice Chairperson, Mike Jean
Kimberly J. LaChance
Joel Patterson
Joseph Doiron
Cecile Frechette
Doris Desrochers

Executive Director

William G. Keefer



September 2, 2009

Certification

In compliance with Recovery Act procurement requirements as outlined in Notice PIH 2009-12 (HA), I certify that the Sanford Housing Authority has amended its procurement standards and policies in writing as necessary in order to expedite and facilitate the use of Recovery Act funds. This amended policy will only be used for procurements related to Capital Fund Stimulus Grants and has been approved by the Board of Commissioners and labeled as Capital Fund Stimulus Grant Procurement Policy.

A handwritten signature in blue ink, appearing to read 'William Keefer', is written over a horizontal line. The signature is fluid and cursive.

William Keefer
Executive Director

