



OFFICE OF THE
EXECUTIVE DIRECTOR

HOUSING AUTHORITY
OF THE
CITY OF ELIZABETH

688 MAPLE AVENUE
ELIZABETH NEW JERSEY 07202-2690
TELEPHONE 908-965-2400
TELECOPIER 908-965-0026

April 14, 2009

U.S. Department of Housing and Urban Development
Office of Public Housing
New Jersey State Office 13th floor
One Newark Center
Newark, New Jersey 07102-5260
Attn: Ed Depaula
Raj Patel

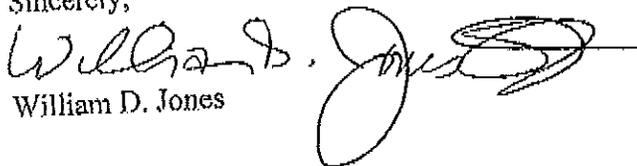
Re: FY 2009 Annual Plan

Dear Mr. Depaula:

Attached are the required and signed enclosures for the Housing Authority of the City of Elizabeth's FY 2009 Annual Plan.

If you require any additional information, please call me at 908-965-2400.

Sincerely,


William D. Jones

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: HOUSING AUTHORITY OF THE CITY OF ELIZABETH (HACE) PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard PHA Fiscal Year Beginning: (MM/YYYY): 07/2009 PHA Code: NJ003 <input type="checkbox"/> HCV (Section 8)																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 1299 Number of HCV units: 1103																										
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia N/A <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:10%;">PHA Code</th> <th rowspan="2" style="width:25%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width:20%;">Programs Not in the Consortia</th> <th colspan="2" style="width:10%;">No. of Units in Each Program</th> </tr> <tr> <th style="width:5%;">PH</th> <th style="width:5%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update. N/A																										
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: N/A																										
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. N/A																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: N/A (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. HACE MAIN OFFICE 688 MAPLE AVE. ELIZABETH, NEW JERSEY 07202; MRAVLAK MANOR (AMP 001) 688 MAPLE AVE. ELIZ., NJ. 07202; FARLEY TOWERS/KENNEDY ARMS (AMP 002) 33 CHERRY ST. ELIZ., NJ. 07208; FORD-LEONARD TOWERS (AMP003) 69 DIVISION ST. ELIZ, NJ. 07206; O'DONNBLI.-DEMPSEY TOWERS (AMP 004) 632 SALEM AVE. ELIZ.NJ. 07208																										

7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. THE STATUS OF THE HOPE VI REVITALIZATION GRANT IS AS FOLLOWS: THE ELIZABETHPORT NEIGHBORHOOD HAS BEEN REVITALIZED WITH OVER 180 MILLION DOLLARS OF PUBLIC AND PRIVATE INVESTMENT. A TOTAL OF 650 UNITS OF PUBLIC HOUSING WERE DEMOLISHED AND 468 OUT OF 557 UNITS HAVE BEEN BUILT ARE 100% OCCUPIED. A COMMUNITY CENTER WAS COMPLETED FOR NEIGHBORHOOD RESIDENTS AS WELL AS A COMMUNITY RESOURCE CENTER WHERE COMPUTER LAB AND CASE MANAGEMENT STAFF ARE LOCATED. ALL SELF SUFFICIENCY GOALS IDENTIFIED IN THE CSS PLAN HAVE BEEN SUCCESSFULLY COMPLETED. HACE CONTINUES TO SUPPORT THE NEIGHBORHOOD ARTS AND AFTERSCHOOL PROGRAM SERVING A TOTAL OF 80 YOUNGSTERS DAILY.</p> <p>HACE IS CURRENTLY ENGAGED IN MIXED FINANCE ACTIVITIES; (1) 205 FIRST STREET SENIOR CITIZEN DEVELOPMENT- A 30 UNITS BUILDING WITH 10 ACC UNITS. FINANCING FOR THIS DEVELOPMENT HAS BEEN SECURED WITH A NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY ALLOCATION OF LOW-INCOME HOUSING TAX CREDITS AND REPLACEMENT HOUSING FUNDS;</p> <p>(2) HACE AND COMMUNITY INVESTMENT STRATEGIES, A DEVELOPER, ARE WORKING TOWARDS THE REPOSITIONING OF WATERS EDGE DEVELOPMENT, TRANSITIONING A HOMEOWNERSHIP PROJECT TO A RENTAL PROJECT AS A RESULT OF THE CURRENT ECONOMIC CONDITIONS. COMMUNITY INVESTMENT STRATEGIES WILL BE APPLYING FOR LOW-INCOME HOUSING TAX CREDITS IN THE APRIL 2009 FUNDING CYCLE.</p> <p>ADDITIONALLY, THE AUTHORITY HAS IMPLEMENTED THEIR PROJECT-BASED VOUCHER PROGRAM PARTNERING WITH BRIDGEWAY HOUSE TO PROVIDE ASSISTANCE TO MENTAL HEALTH CONSUMERS (UNDER THE NEW JERSEY DIVISION OF MENTAL HEALTH SERVICES HOME TO RECOVERY INITIATIVE). A TOTAL OF 15 VOUCHERS HAVE BEEN SET-ASIDE WHEREBY BRIDGEWAY WILL PROVIDE 24 HOUR/7DAY WEEK CARE FOR INDIVIDUALS WHO MEET THE GENERAL CRITERIA ESTABLISHED.</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>N/A</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>N/A</p>

10.0

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

- (a) **Progress in Meeting Mission and Goals.** Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.
- (b) **Significant Amendment and Substantial Deviation/Modification.** Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

N/A

11.0

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.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only)
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only)
- (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only)
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only)
- (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
- (g) Challenged Elements
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only)
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

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

Instructions form HUD-50075

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

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

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

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

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

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and APFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.
- 7.0 **Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers**
- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/plh/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers (or addresses)), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>
- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.
- 8.0 **Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.
- 8.1 **Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:
- To submit the initial budget for a new grant or CFFP;
 - To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
 - To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.
- Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:
- At the end of the program year, until the program is completed or all funds are expended;
 - When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
 - Upon completion or termination of the activities funded in a specific capital fund program year.
- 8.2 **Capital Fund Program Five-Year Action Plan**
- PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.
- 8.3 **Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to manage an

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:
<http://www.hud.gov/offices/nih/programs/ph/capfun/cfhp.cfm>

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

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

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

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

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

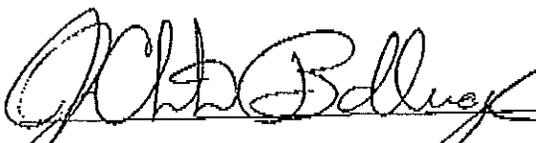
11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

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

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011
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**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, J. Christian Bollwage the Mayor of the City of Elizabeth certify that the Five Year and Annual PHA Plan of the Housing Authority of the City of Elizabeth is consistent with the Consolidated Plan of City of Elizabeth prepared pursuant to 24 CFR Part 91.


Signed / Dated by Appropriate State or Local Official

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

HOUSING AUTHORITY OF THE CITY OF ELIZABETH

Program/Activity Receiving Federal Grant Funding

2009 ANNUAL PLAN CAPITAL FUND

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above. Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here if there are workplaces on file that are not identified on the attached sheets.

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
WILLIAM D. JONES

Title
EXECUTIVE DIRECTOR

Signature

Date

03/25/09

**Certification of Payments
to Influence Federal Transactions**

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

Applicant Name

HOUSING AUTHORITY OF THE CITY OF ELIZABETH

Program/Activity Receiving Federal Grant Funding
2009 ANNUAL PLAN CAPITAL FUND

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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)

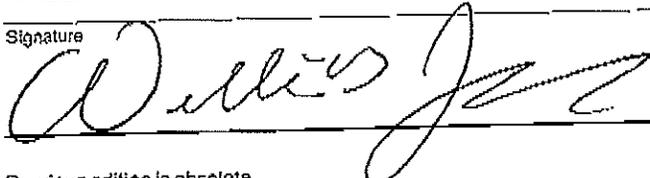
Name of Authorized Official

WILLIAM D. JONES

Title

EXECUTIVE DIRECTOR

Signature



Date (mm/dd/yyyy)

03/25/09

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Housing Authority City of Elizabeth 688 Maple Avenue Elizabeth, NJ 07202 Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: HUD	7. Federal Program Name/Description: CAPITAL FUND CFDA Number, if applicable: _____	
8. Federal Action Number, if known: N/A	9. Award Amount, if known: \$ N/A	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): N/A	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): N/A	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the bar above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>William D Jones</u> Print Name: <u>WILLIAM D. JONES</u> Title: <u>EXECUTIVE DIRECTOR</u> Telephone No.: <u>908-965-2400</u> Date: <u>03/25/09</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011
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**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 07/01/2009, 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.

HOUSING AUTHORITY OF THE CITY OF ELIZABETH

NJ003

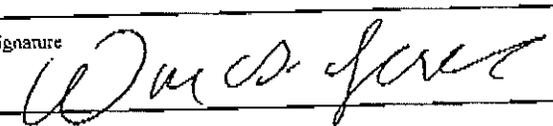
PHA Name

PHA Number/HA Code

 5-Year PHA Plan for Fiscal Years 20 - 20

 X Annual PHA Plan for Fiscal Years 20 09 - 20 10

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 WILLIAM D. JONES	Title EXECUTIVE DIRECTOR
Signature 	Date 03/25/09

Civil Rights Certification

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

Civil Rights Certification

Annual Certification and Board Resolution

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 Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency 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, and will affirmatively further fair housing.

HOUSING AUTHORITY OF THE CITY OF ELIZABETH

NJ003

PHA Name

PHA Number/HA Code

<small>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)</small>	
Name of Authorized Official	WILLIAM D. JONES
Title	EXECUTIVE DIRECTOR
Signature	
Date	03/25/2009

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

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

Part I: Summary		Grant Type and Number		FFY of Grant: 2009	
PIHA Name: Housing Authority City of Elizabeth		Capital Fund Program Grant No: N139P003501-09		FFY of Grant Approval:	
		Replacement Housing Factor Grant No:			
		Date of CFFP:			
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Total Estimated Cost	
Line	Summary by Development Account	Original	Revised ¹	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds				
2	1406 Operators (may not exceed 20% of line 21) ³	\$ 140,000.00			
3	1408 Management Improvements	\$ 489,306.00			
4	1410 Administration (may not exceed 10% of line 21)	\$ 244,653.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 30,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$1,318,673.00			
11	1465.1 Dwelling Equipment—Nonexpandable				
12	1470 Non-dwelling Structures	\$ 35,000.00			
13	1475 Non-dwelling Equipment	\$ 138,900.00			
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 PIHAs 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
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009	
PHA Name: Housing Authority: City of Elizabeth		Grant Type and Number: Capital Fund Program Grant No: NJ39P003501-09 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant: <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Performance and Evaluation Report for Period Ending:		Total Estimated Cost	
Line	Summary by Development Account	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)	\$ 50,000.00	
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$2,446,532.00	
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		
Signature of Executive Director: 		Date: 4/14/09	Signature of Public Housing Director
			Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of 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 III: Implementation Schedule for Capital Fund Financing Program						Federal FY of Grant: 2009	Reasons for Revised Target Dates
Development Number Name/PHA-Write Activities	All Fund Obligated (Quarter Ending Date)	Original Obligation End Date	Actual Obligation End Date	All Funds Expended (Quarter Ending Date)	Original Expenditure End Date	Actual Expenditure End Date	
AMP #1 NJ 3-1 Miravalz Manor Consultant		1-01-10			1-01-11		
New Kitchens Phase I		1-01-11			1-30-12		
New Furn. Admin. Bldg		1-01-10			1-30-11		
New Computer Equipment		1-01-10			1-30-11		
AMP #2 NJ 3-4 Farley Towers							
AMP #2 NJ 3-5 Kennedy Arms Elec. Upgrades/ Master Antenna		1-01-10			1-30-12		
AMP #3 NJ 3-6 Ford Leonard Towers							
AMP #4 NJ 3-8 O'Donnell Dempsey							

Obligation and expenditure card dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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 City of Elizabeth		Locality (City/County & State) Elizabeth, Union County, NJ		X 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		\$ 1,029,899.00	\$ 1,350,000.00	\$ 1,413,899.00	\$ 1,016,899.00
Subtotal					
C. Management Improvements		\$ 366,979.80	\$ 366,979.80	\$ 366,979.80	\$ 366,979.80
D. PHA-Wide Non-dwelling Structures and Equipment		\$ 595,000.00	\$ 274,899.00	\$ 211,000.00	\$ 608,000.00
E. Administration		\$ 244,653.20	\$ 244,653.20	\$ 244,653.20	\$ 244,653.20
F. Other		\$ 70,000.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00
G. Operations		\$ 140,000.00	\$ 140,000.00	\$ 140,000.00	\$ 140,000.00
H. Demolition					
I. Development					
J. Capital Fund Financing -- Debt Service					
K. Total CPP Funds		\$2,446,532.00	\$2,446,532.00	\$2,446,532.00	\$2,446,532.00
L. Total Non-CPP Funds					
M. Grand Total					

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

Work Statement for Year 1 FFY 2009	Work Statement for Year 2010			Work Statement for Year 2011		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	Consultant		\$ 20,000.00	Consultant		\$ 20,000.00
	Upgrade Kitchens phase II	70 Units	\$ 499,899.00	Upgrade Kitchens phase III	157 Units	\$ 1,280,000.00
	Upgrade Emergency Generator/Systems	1	\$ 170,000.00			
	Upgrade Emergency Generator/System	1	\$ 125,000.00	Upgrade Sprinkler Heads/Systems		\$ 35,000.00
	Upgrade Emergency Generator/System	1	\$ 125,000.00	Replace Main Water Lines and Int. Sewer Lines		\$ 149,899.00
	Repair Parking Area	1	\$ 50,000.00			
	Upgrade Bathrooms	88 units	\$ 530,000.00	Upgrade Bathrooms	12 units	\$ 70,000.00
	Upgrade Emergency Generator/System	1	\$ 125,000.00	Replace Interior Cold Water Pumps		\$ 20,000.00
				Expand Parking		\$ 70,000.00
	Subtotal of Estimated Cost		\$ 1,644,899.00	Subtotal of Estimated Cost		\$ 1,644,899.00

Capital Fund Program—Five-Year Action Plan

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

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year I FFY 2009	Work Statement for Year 2 2010	Work Statement for Year 3 2011
Development Number/Name General Description of Major Work Categories	Development Number/Name General Description of Major Work Categories	Development Number/Name General Description of Major Work Categories
Estimated Cost	Estimated Cost	Estimated Cost
AMP #1 Mrawlag Manor	AMP #1 Mrawlag Manor	AMP #1 Mrawlag Manor
Resident Training	Resident Training	Resident Training
Family Site Security	Family Site Security	Family Site Security
Apprenticeship Program	Apprenticeship Program	Apprenticeship Program
Resident Social Program	Resident Social Program	Resident Social Program
Computerization	Computerization	Computerization
Common Area Clean-up Program	Common Area Clean-up Program	Common Area Clean-up Program
Staff Training	Staff Training	Staff Training
AMP #2 Farley Towers/Kennedy Arms	AMP #2 Farley Towers/Kennedy Arms	AMP #2 Farley Towers/Kennedy Arms
Senior Site Security	Senior Site Security	Senior Site Security
Resident Social Program	Resident Social Program	Resident Social Program
Computerization	Computerization	Computerization
Staff Training	Staff Training	Staff Training
AMP #3 Ford Leonard	AMP #3 Ford Leonard	AMP #3 Ford Leonard
Senior Site Security	Senior Site Security	Senior Site Security
Resident Social Program	Resident Social Program	Resident Social Program
Computerization	Computerization	Computerization
Staff Training	Staff Training	Staff Training
AMP #4 O'Donnell Dempsey	AMP #4 O'Donnell Dempsey	AMP #4 O'Donnell Dempsey
Senior Site Security	Senior Site Security	Senior Site Security
Resident Social Program	Resident Social Program	Resident Social Program
Computerization	Computerization	Computerization
Staff Training	Staff Training	Staff Training
Subtotal of Estimated Cost	Subtotal of Estimated Cost	Subtotal of Estimated Cost
\$ 366,979.80	\$ 366,979.80	\$ 366,979.80

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 III: Supporting Pages – Management Needs Work Statement(s)

Statement for Year 1 FFY 2009	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
Development Number/Name	Development Number/Name	Development Number/Name
General Description of Major Work Categories	General Description of Major Work Categories	General Description of Major Work Categories
Estimated Cost	Estimated Cost	Estimated Cost
AMP #1 Mrazlag Manor		
Resident Training	Resident Training	Resident Training
\$ 100,000.00	\$ 100,000.00	\$ 100,000.00
Family Site Security	Family Site Security	Family Site Security
\$ 50,807.20	\$ 50,807.20	\$ 50,807.20
Apprenticeship Program	Apprenticeship Program	Apprenticeship Program
\$ 60,000.00	\$ 60,000.00	\$ 60,000.00
Resident Social Program	Resident Social Program	Resident Social Program
\$ 4,000.00	\$ 4,000.00	\$ 4,000.00
Computerization	Computerization	Computerization
\$ 6,000.00	\$ 6,000.00	\$ 6,000.00
Common Area Clean-up Program	Common Area Clean-up Program	Common Area Clean-up Program
\$ 9,000.00	\$ 9,000.00	\$ 9,000.00
Staff Training	Staff Training	Staff Training
\$ 9,000.00	\$ 9,000.00	\$ 9,000.00
AMP #2 Farley Towers/Kennedy Arms		
Senior Site Security	Senior Site Security	Senior Site Security
\$ 48,086.30	\$ 48,086.30	\$ 48,086.30
Resident Social Program	Resident Social Program	Resident Social Program
\$ 4,000.00	\$ 4,000.00	\$ 4,000.00
Computerization	Computerization	Computerization
\$ 4,000.00	\$ 4,000.00	\$ 4,000.00
Staff Training	Staff Training	Staff Training
\$ 5,000.00	\$ 5,000.00	\$ 5,000.00
AMP #3 Ford Leonard		
Senior Site Security	Senior Site Security	Senior Site Security
\$ 24,043.15	\$ 24,043.15	\$ 24,043.15
Resident Social Program	Resident Social Program	Resident Social Program
\$ 4,000.00	\$ 4,000.00	\$ 4,000.00
Computerization	Computerization	Computerization
\$ 2,500.00	\$ 2,500.00	\$ 2,500.00
Staff Training	Staff Training	Staff Training
\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
AMP #4 O'Donnell Dempsey		
Senior Site Security	Senior Site Security	Senior Site Security
\$ 24,043.15	\$ 24,043.15	\$ 24,043.15
Resident Social Program	Resident Social Program	Resident Social Program
\$ 4,000.00	\$ 4,000.00	\$ 4,000.00
Computerization	Computerization	Computerization
\$ 2,500.00	\$ 2,500.00	\$ 2,500.00
Staff Training	Staff Training	Staff Training
\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Subtotal of Estimated Cost	Subtotal of Estimated Cost	Subtotal of Estimated Cost
\$ 366,979.80	\$ 366,979.80	\$ 366,979.80

Resident Advisory Board Meeting

March 18, 2009

Residents meet quarterly with Housing Authority Staff to discuss pertinent issues. On March 18, 2008, in culmination of the past year's meetings the main areas of concern were addressed by the following Resident Advisory Board members:

Wynona Anrum
Elizabeth Pollard
Marie Hearn
Rosa Hollinshead
Clara Lockert

Lori Conception, HACE Rep,
Catherine Hart, HACE Deputy Ex. Director

Goals were discussed throughout all meetings. They would like to have more services available for the senior citizens. Items discussed were the feasibility of having exercise classes weekly for seniors. They will contact various colleges in the area to see if students are available to assist and investigate with HACE staff any insurance liabilities. Also suggested was having a Nintendo Game System, (the Wii) set up at different sites on a rotating weekly basis for seniors, monitored by a volunteer to set-up and conduct sessions. A few of the games suggested were Sports and Brain Age, for cognitive as well as physical manipulation. The Board thought it would be a good idea to have a "Christmas Window Decoration" contest. The resident with the best decorated window for Christmas would be given a gift card or cash prize.

Security issues were again a primary concern. A more visible police presence was requested at all sites to deter crime, specifically drug activity. The staff advised residents that cameras were being priced for Miravag Manor and if feasible will be installed. They are very satisfied with work that's being done at Miravag, but are concerned that the cameras will be damaged. Residents would also like to see more police presence.

CERTIFICATION FOR A DRUG FREE WORK-PLACE

MRAVLAC MANOR
688 MAPLE AVE.
ELIZABETH, NEW JERSEY 07202
(CAMP 001)

FARLEY TOWERS/KENNEDY ARMS
33 CHERRY STREET
ELIZABETH, NEW JERSEY 07208
(CAMP 002)

FORD-LEONARD TOWERS
69 DIVISION STREET
ELIZABETH, NEW JERSEY 07201
(CAMP 003)

O'DONNELL-DEMPSY TOWERS
632 SALEM AVENUE
ELIZABETH, NEW JERSEY 07208
(CAMP 004)

PORTSIDE COMMONS
255 THIRD STREET
ELIZABETH, NEW JERSEY 07206
(CAMP 005)

WESTPORT HOMES
255 THIRD STREET
ELIZABETH, NEW JERSEY 07206
(CAMP 005)

MARINA VILLAGE
176 FIRST STREET
ELIZABETH, NEW JERSEY 07206
(CAMP 005)

PORTSIDE COMMONS II
136 PINE STREET
ELIZABETH, NEW JERSEY 07206
(CAMP 005)

HERITAGE VILLAGE
221 CROSSWICKS STREET
BORDENTOWN, NEW JERSEY 08505
(CAMP 006)