

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: _____ Cohoes Housing Authority _____ PHA Code: _____ NY022 _____ PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): _____ 10/2009 _____				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: _____ 306 _____ Number of HCV units: _____ 327 _____				
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH      HCV
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  <ul style="list-style-type: none"> <li>• To provide safe, affordable, quality housing to those qualifying residents of our community and promote resident pride in their neighborhoods.</li> <li>• To work in conjunction with the City of Cohoes and community organizations to provide a network of services to enhance the quality of life.</li> <li>• To work in harmony with residents to develop programs to assist them in the goal of self sufficiency.</li> <li>• To achieve full marketability and value of Cohoes Housing Authority properties.</li> </ul>				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  <ul style="list-style-type: none"> <li>• To continue to be a High Performer in both Public Housing and Sections 8.</li> <li>• To maintain 99% occupancy.</li> <li>• To ensure equal opportunity housing.</li> <li>• To promote, assist and have additional graduates from our Family Self-Sufficiency Programs.</li> <li>• To establish a Risk Control Policy in conjunction with our insurance company.</li> <li>• To continue with security improvements throughout our sites and to work in conjunction with the Cohoes Police/ Fire Department's to ensure the proper safety of our residents.</li> <li>• To improve the modernization, appearance and Energy Efficiency of our public housing units and sites.</li> </ul>				
<b>6.0</b>	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: In April 2009, we revised our Capital Fund Program Five-Year Action Plan to reflect work items funded through the American Recovery and Reinvestment Act (ARRA). (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. Plans may be obtained at the Administrative Building Conference Room, Roulier Heights Laundry Room, Saratoga Sites Laundry Room, Dr. Jay McDonald Towers Laundry Room and the CHA website.				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>  The CHA's Board of Commissioners is investigating the disposition and disposal then relocation of Saratoga Sites. See Section 9.0				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				

8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.  The CHA has determined that over the past several years, the Saratoga Sites development no longer meets the mission statement of providing quality housing. This is due mostly to its adjacent location to a manufacturing plant that the opinion that it poses a lower quality of life for its residents. The CHA's Board of Commissioners is investigating methods of other sites either via relocation with Housing Choice Voucher or the construction of replacement units at another site in the City of Cohoes.
9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>  <ul style="list-style-type: none"> <li>• Utilize maintenance and management policies to minimize the number of public housing units off line.</li> <li>• Reduce turnover time for vacated public housing units.</li> <li>• Reduce time to renovate public housing units.</li> <li>• Continue admissions based on local preferences.</li> </ul>
10.0	<b>Additional Information.</b> 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. <ul style="list-style-type: none"> <li>- The CHA has continued to perform as a high performer. We also have worked to improve the quality of life for the tenants by promoting family self sufficiency and outreach programs.</li> </ul> (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" <ul style="list-style-type: none"> <li>- Significant Amendment - The CHA will not require a full public hearing nor HUD review unless there is a proposed change in housing units either decreasing or increasing. In addition there will not be a substantial change in the CFP unless a new budget line item is included that changes to reflect 50% of the total CFP budget. Changes to the plan will be approved by the Board and all tenants will be notified via the newsletter.</li> <li>- Substantial Deviation - The CHA will require a full public hearing and HUD review if there are any changes in housing units either increasing or decreasing. All other changes will be deemed not substantial to the Five Year Plan.</li> </ul>
11.0	<b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.  (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) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (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, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (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 AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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:** Cohoes Housing Authority  
**Grant Type and Number:** Capital Fund Program Grant No: NY06P22501-09  
 Replacement Housing Factor Grant No:  
 Date of CFFP:

**FY of Grant: 2009**  
**FY of Grant Approval:**

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Summary by Development Account	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>
			Original	Revised <sup>2</sup>		
1		Total non-CFP Funds				
2		1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3		1408 Management Improvements	22,724.00			
4		1410 Administration (may not exceed 10% of line 21)	54,235.00			
5		1411 Audit				
6		1415 Liquidated Damages				
7		1430 Fees and Costs	32,200.00			
8		1440 Site Acquisition				
9		1450 Site Improvement	16,000.00			
10		1460 Dwelling Structures	319,000.00			
11		1465.1 Dwelling Equipment—Nonependable	50,000.00			
12		1470 Non-dwelling Structures	16,500.00			
13		1475 Non-dwelling Equipment	19,500.00			
14		1485 Demolition				
15		1492 Moving to Work Demonstration				
16		1495.1 Relocation Costs				
17		1499 Development Activities <sup>4</sup>				

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

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

<b>Part I: Summary</b>		<b>FFY of Grant: 2009</b>	
<b>PHA Name:</b> Cohoes Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No.: NY06P022501-09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval:</b>	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	Expended
		Original	Revised <sup>2</sup>		
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)	542,351.00			
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	22,724.00			
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	268,000.00			
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>		<b>Date</b>
<i>[Signature]</i>		6/18/09			

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

**Part II: Supporting Pages**

PHA Name: Cohoes Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: NY06P022501-09 CFPP (Yes/No): Replacement Housing Factor Grant No:	<b>Federal FFY of Grant: 2009</b>
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Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Saratoga Sites	Security	1408		4,545.00				
NY 22-1	Advertising	1410		100.00				
	Salaries	1410		5,038.00				
	Benefits	1410		3,440.00				
	A & E	1430		520.00				
	Sidewalks/playground	1450		5,000.00				
	Maintenance equipment	1475		6,500.00				
	Playground upgrades	1470		1,500.00				
	Subtotal			26,643.00				
Rouler Heights	Security	1408		4,318.00				
NY22-01A	Advertising	1410		95.00				
	Salaries	1410		1,249.00				
	Benefits	1410		860.00				
	A & E	1430	8%	7,920.00				
	Site improvements	1450	500sq.ft.	5,000.00				
	Prime doors	1460	94	56,400.00				
	Storm doors	1460	94	37,600.00				
	Maintenance equipment	1475	5	6,500.00				
	Subtotal			119,942.00				

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

Annual Statement/Performance and Evaluation Report  
 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: Cohoes Housing Authority

**Grant Type and Number**  
 Capital Fund Program Grant No: NY06P022501-09  
 CFFP (Yes/No):  
 Replacement Housing Factor Grant No:

**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Manor Sites	Security	1408		7,044.00				
	Advertising	1410		155.00				
NY22-002	Salaries	1410		22,365.00				
	Benefits	1410		16,014.00				
	A & E	1430	8%	15,200.00				
	Site improvements	1450	400sq.ft.	4,000.00				
	Pressure wash buildings	1460	13	12,000.00				
	Prime doors	1460	174	104,400.00				
	Storm doors	1460	174	69,600.00				
	Maintenance equipment	1475		6,500.00				
	Subtotal			257,258.00				
McDonald Towers NY22-3	Security	1408		6,817.00				
	Advertising	1410		150.00				
	Salaries	1410		2,834.00				
	Benefits	1410		1,955.00				
	A & E	1430		8,560.00				
	Site improvements	1450	13	2,000.00				
	Replace apartment VCT	1460		39,000.00				
	Paint boiler room & shop	1470		15,000.00				
	Emergency generator	1465.1		50,000.00				
	Asbestos removal	1470		12,192.00				
	Subtotal			138,508.00				



Capital Fund Program—Five-Year Action Plan

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

**Part I: Summary**

PHA Name/Number	Cohoes Housing Authority	Cohoes, NY				
		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	<input checked="" type="checkbox"/> Original 5-Year Plan Work Statement for Year 4 FFY 2012
B.	Physical Improvements Subtotal	Annual Statement	149,800.00	99,000.00	31,500.00	36,000.00
C.	Management Improvements		32,250.00	127,500.00	27,500.00	51,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		20,500.00	23,000.00	23,000.00	27,000.00
E.	Administration					
F.	Other		402,600.00	105,300.00	178,500.00	133,000.00
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		605,150.00	240,050.00	263,000.00	247,000.00
L.	Total Non-CFP 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 I: Summary (Continuation)**

Cohoes Housing Authority		Cohoes, NY			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
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	
	Annual Statement					
NY22-1		497,250.00	110,500.00	174,000.00	175,000.00	
NY22-2		67,000.00	74,750.00	32,500.00	16,000.00	
NY22-3		40,900.00	54,800.00	56,000.00	56,000.00	

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

Work Statement for Year 1 FFY	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
See Annual Statement	NY22-1-stoves	Other	5,000.00	NY22-1-stoves		9,000.00
	Refrig. replace	Other	4,000.00	Landscape/sidewalks		3,000.00
	Boilers w/pumps	Other	70,000.00	Wrought iron rails		5,000.00
	Landscape/sidewalks		8,000.00	Sand hardwood floors		3,000.00
	Windows replace		220,000.00	Replace kitchn. cabinets		5,000.00
	Paint/repair clothes pole		2,500.00	Relocation		5,000.00
	Sanding hardwood flr.		3,000.00	Install intr. lighting		2,500.00
	Replace kitchen cabinets		6,000.00	Outdoor conc. Porches		30,000.00
	Replace VAT flr. kitchn		6,000.00	Elec. Outlets		3,000.00
	Storm drains		75,000.00	Wheelchair ramp		1,000.00
	Consultant		2,500.00	Plumb line kitch. & bath		2,000.00
	Install intr. lighting		2,000.00	Repave park lot		5,000.00
	Outdoor conc. porches		15,000.00	Rpr. outdoor mortar joint		4,000.00
	Elec. Outlets		5,500.00	Replace smoke detectors		6,000.00
	Plumb line kitch. & bath		3,000.00	Rpr. conc. foundations		3,000.00
	Replace sewer line		15,000.00	Replace storm doors		2,000.00
	Replace storm doors		1,500.00	Tree pruning		3,000.00
	Tree pruning		4,000.00	Rpr. aluminum facia		3,000.00
	Site improvements		5,000.00	Imp. sec system		3,000.00
	Imp. security system		2,500.00	Boiler/DHW		5,000.00
	Subtotal of Estimated Cost: NY22-1		\$497,250.00	Subtotal of Estimated Cost: NY22-1		\$110,500
	M=26,750 O=335,500 P=122,000 ND=13,000			O=49,500 M=5,000 P=56,000 ND=0		

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

Work Statement for Year 1 FFY	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
<i>See</i>	Boiler/DHW		4,000.00	Apartment painting		5,000.00
<i>Append</i>	Apartment painting		3,000.00	Cellar ventilation		3,000.00
<i>Statement</i>	Computer softwr/train		2,000.00	NY22-2-refrig replace		5,000.00
	Employee training		2,500.00	Street paving		3,000.00
	Travel		3,000.00	Retaining walls		2,000.00
	A & E services		10,000.00	Replace kitchn cabinets		2,000.00
	New main equip		10,500.00	Replace VAT flrs kitchn		2,000.00
	Drug ed.		2,750.00	Storm doors		3,000.00
	Upgrade security		1,500.00	Instl. intr. lighting		1,000.00
	Computers		2,500.00	Repave parking lot		5,000.00
	NY22-2-stoves		3,000.00	Replace storm doors		5,000.00
	Furnace replacement		2,500.00	Tree pruning		4,000.00
	Landscaping/sidewalks		5,000.00	Community Rm Furnit		3,500.00
	Replace of heat lines		3,000.00	Replace laundry equip		1,500.00
	Paint porch supports		5,000.00	Site improvements		5,000.00
	Tab liner/handicap apts		2,000.00	Comm Rm Painting		2,000.00
	Replace locksets		5,000.00	Serv. train youth/adults		2,000.00
	Replace VAT flrs kitchn		2,000.00	Maintenance equip		14,500.00
	Reple bedrom clos doors		4,000.00	Hand/shop tools		2,000.00
	Inst. Intr. lighting		2,500.00	Drug ed. Activities		2,750.00
	Subtotal of Estimated Cost: NY22-2		\$67,000.00	Subtotal of Estimated Cost		\$74,750.00
	O=39,000 M=1,500 P=19,000 ND=7,500			O=31,500 M=6,250 P=19,000 ND=18,000		

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

Work Statement for Year 1 FFY	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
See Annual Statement	Install intr. lighting		1,000.00	Upgrad sec. at adm ofc NY22-3-Stoves		1,500.00
	Outdoor conc. Porches		1,500.00	Refrig replacement		2,500.00
	Elec. Outlets		2,000.00	Consolidate apts.		1,500.00
	Internet capabilities		1,500.00	Landscaping/sidewalks		1,200.00
	Plumbline in Ktchn./bath		4,000.00	Cover staircase landings		5,000.00
	Rpr. extr. Mortar joints		3,500.00	Copier		6,000.00
	Replace smoke detectors		2,000.00	Replace kitch. cabinets		1,500.00
	Tree pruning		4,000.00	Instl. intr. lighting		3,000.00
	Storage buildings		3,500.00	Elec. Outlets		1,600.00
	Replace locksets		4,000.00	Rpr. conc. Foundations		2,500.00
	Additional firewalls		4,000.00	Tree pruning		3,000.00
	Apartment painting		2,000.00	Replace laundry equip		2,500.00
	NY22-3-stoves		1,500.00	Accessibi handicap senior		3,000.00
	Refrig. Replace		3,000.00	Imp. sec. systems		4,500.00
	Solar power		5,000.00	Accessibi handicap senior		3,500.00
	Landscaping/sidewalks		4,500.00	Site improvements		4,000.00
	Replace heat lines		5,000.00	More attractive hallway		2,000.00
	Replace windows		1,500.00	Commun. Room imp.		2,500.00
	Replace elevator motors		2,500.00			
	Replace bedroom doors		1,500.00			
	Instl. intr. lighting		1,600.00			
	Elec. Outlets		2,500.00			
	Master antenna system		2,500.00			
	Plumb line kithn & bath		1,000.00			
	Repace parking lots		1,800.00			
	Rpr. extr. Mortar joints		2,500.00			
	Replace smoke detectors		2,000.00			
	Consultant		2,500.00			
	Subtotal of Estimated cost: NY22-3 O=28,100 M=4,000 P=8,800 ND=0		\$40,900.00	Subtotal of Estimated cost: NY22-3 O=24,300 M=1,500 P=24,000 ND=5,000		\$54,800.00

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

Work Statement for Year 1 FFY	Work Statement for Year 2012	Work Statement for Year: 2013	
Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	NY22-1-Boiler replacement w/pumps	NY22-1-Stove replacement	7,000.00
	Landscaping/walkways	Refrigerator replacement	2,000.00
	Replacement of heating lines	Landscaping and sidewalks	5,000.00
	Sanding of hardwood floors	Repair to floors and wall of bathrooms	18,000.00
	Replacement of locksets	Replacement of bathroom doors	9,000.00
	Replacement of VAT floors in kitchens	Installation of interior replacement lighting	6,000.00
	Replacement of bedroom doors	Improved electrical outlets	5,000.00
	Improved electrical outlets	Improved plumbing lines in kitchens and bathrooms	5,000.00
	Internet capabilities	Repair exterior mortar joints to buildings	6,000.00
	Improved plumbing lines in kitchen and bath	Replace smoke detectors	12,000.00
	Repave parking lot	Repair concrete foundations	5,000.00
	Repair exterior mortar joints to buildings	Additional sump pumps	4,000.00
	Replace storm doors	Complete tree pruning	6,000.00
	Complete tree pruning	Improve security system	5,000.00
	Replace defective concrete porches	Apartment painting	12,500.00
	Caulk all windows and doors	Computer software/training	10,000.00
	Apartment painting	Employee training	4,500.00
	Clean exterior buildings	Travel	12,500.00
	Travel	A & E services	4,000.00
	A & E services	Consultant	4,000.00
	Subtotal of Estimated Cost: NY22-1	Subtotal of Estimated Cost-NY22-1	\$175,000.00
	O=104,000 M=25,000 P=23,000 ND=22,000	O=78,000 M=51,000 P=22,000 ND=24,000	

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

Work Statement for Year 1 FFY	Work Statement for Year 2012		Work Statement for Year 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	Consultant	2,500.00		
	Maintenance equipment	19,500.00		
	Replace hand and shop tools comply with code	2,500.00	Replace hand and shop tools comply with code	3,000.00
	Law enforce CHA support of Drug ed activities	5,000.00	Law enforce CHA support of Drug ed activities	4,500.00
	NY22-2-Stove replacement	2,000.00	NY22-2-Replace sewer lines	3,000.00
	Landscaping and sidewalks	2,500.00	Maintenance addition	4,000.00
	Replace windows	2,500.00	Repare parking lot	6,000.00
	Replacement of kitchen cabinets	2,500.00	Apartment painting	3,000.00
	Replacement of bedroom doors	3,000.00	NY22-3-Landscaping and sidewalks	5,000.00
	Improved electrical outlets	2,500.00	Comm Rm furniture	500.00
	Improved plumbing lines in kitchen and bathroom	5,000.00	Asbestos removal	1,500.00
	Installation of exterior replacement lighting	6,000.00	Community room improvement	3,000.00
	Repair exterior mortar joints to buildings	1,000.00	Outside picket	6,000.00
	Replace smoke detectors	3,000.00	Work on master antenna system	5,000.00
	Apartment painting	2,500.00	Improved plumbing lines in kitchen and bath	25,000.00
	NY22-3-Replace roof fans	5,000.00	Comm rm equipment	2,000.00
	Landscaping and sidewalks	5,000.00	Replace smoke detectors	5,000.00
	Replacement of heating lines	5,000.00	Improve security system for seniors	3,000.00
	Stove top fire extinguishers	3,000.00		
	Improved plumbing lines in kitchen and bathroom	20,000.00		
	Improved electrical outlets	3,000.00		
	Replace laundry room doors	3,000.00		
	Improve handicapped accessibility for seniors	4,000.00		
	Improve security system for seniors	3,000.00		
	Replace interior doors	3,000.00		
	Apartment painting	2,000.00		
	Subtotal of Estimated Cost: NY22-2 O=26,500 M=2,500 P=3,500 ND=0 Subtotal of Estimated Cost: NY22-3 O=48,000 M=0 P=5,000 ND=3,000	\$32,500.00 56,000.00	Subtotal of Estimated Cost: NY22-2 O=7,000 M=0 P=9,000 ND=0 Subtotal of Estimated Cost: NY22-3 O=48,000 M=0 P=5,000 ND=3,000	\$16,000.00 56,000.00

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: Cohoes Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY06P022501-06 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2006 FFY of Grant Approval:
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Type of Grant  
 Original Annual Statement     Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending: 03/31/2009     Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>	
			Revised <sup>2</sup>			Expended	
1	Total non-CFF Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$97,280.00	\$105,510.00		\$105,510.00	\$105,510.00	
3	1408 Management Improvements	\$19,722.00	\$29,090.65		\$29,090.65	\$29,090.65	
4	1410 Administration (may not exceed 10% of line 21)	\$57,641.00	\$52,207.66		\$52,207.66	\$52,207.66	
5	1411 Audit	\$0.00	\$0.00		\$0.00	\$0.00	
6	1415 Liquidated Damages	\$0.00	\$0.00		\$0.00	\$0.00	
7	1430 Fees and Costs	\$21,580.00	\$20,125.13		\$20,125.13	\$20,125.13	
8	1440 Site Acquisition	\$0.00	\$0.00		\$0.00	\$0.00	
9	1450 Site Improvement	\$10,250.00	\$0.00		\$0.00	\$0.00	
10	1460 Dwelling Structures	\$249,246.00	\$291,327.70		\$291,327.70	\$291,327.70	
11	1465.1 Dwelling Equipment—None expendable	\$7,100.00	\$6,926.69		\$6,926.69	\$6,577.00	
12	1470 Non-dwelling Structures	\$15,300.00	\$16,915.99		\$16,915.99	\$16,915.99	
13	1475 Non-dwelling Equipment	\$8,281.00	\$5,449.18		\$5,449.18	\$5,449.18	
14	1485 Demolition	\$0.00	\$0.00		\$0.00	\$0.00	
15	1492 Moving to Work Demonstration	\$0.00	\$0.00		\$0.00	\$0.00	
16	1495.1 Relocation Costs	\$0.00	\$0.00		\$0.00	\$0.00	
17	1499 Development Activities <sup>4</sup>	\$0.00	\$0.00		\$0.00	\$0.00	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> 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

<b>Part I: Summary</b>		<b>FFY of Grant: 2006</b>	
<b>PHA Name:</b> Cohoes Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: NY06P022501-06 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval:</b>	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$486,400.00	\$527,553.00	\$527,553.00	\$527,203.31
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$2,500.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$13,772.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$250.00	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures	\$229,346.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director

*Paul G. O'Neil*

Date 7/30/09

Signature of Public Housing Director

Date

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

Part II: Supporting Pages			Grant Type and Number		Federal FFY of Grant: 2006			
PHA Name: Cohoes Housing Authority			Capital Fund Program Grant No: NY06P022501-06					
			CFFP (Yes/No):					
			Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
HA-Wide	Operations	1406	20%	Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY 22-001	Resident Employment	1408	1%	\$97,280.00	\$105,510.00	\$105,510.00	\$97,280.00	
NY22-01A	Computer/Software Training	1408	1%	\$4,000.00	\$8,340.00	\$8,340.00	\$8,340.00	
NY22-002	Security	1408	3%	\$1,000.00	\$0.00	\$0.00	\$0.00	
NY22-003	Employee Training	1408	1%	\$13,722.00	\$20,750.65	\$20,750.65	\$20,750.65	
	Advertising	1410	0	\$1,000.00	\$0.00	\$0.00	\$0.00	
	Travel	1410	.001%	\$500.00	\$702.36	\$702.36	\$702.36	
	Consultant	1410	0.0008%	\$750.00	\$0.00	\$0.00	\$0.00	
			SubTotal	\$500.00	\$0.00	\$0.00	\$0.00	
				118,752.00	\$135,303.01	\$135,303.01	\$127,073.01	
Saratoga Sites	Reigerators	1465.1	0	\$0.00	\$778.00	\$778.00	\$778.00	
NY22-01A	Stoves	1465.1	0	\$0.00	\$380.00	\$380.00	\$380.00	
			SubTotal	\$1,158.00	\$1,158.00	\$1,158.00		
Roulier Heights	MOD Salaries	1410	71%	\$34,278.89	\$25,346.83	\$25,346.83	\$25,346.83	
NY22-1	MOD Benefits	1410	71%	\$10,270.00	\$11,396.70	\$11,396.70	\$11,396.70	
	A&E	1430	7.15%	\$17,339.87	\$16,385.00	\$16,385.00	\$16,385.00	
	Site Improvements	1450		\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Boilers	1460	26	\$221,000.00	\$0.00	\$0.00	\$0.00	
	Refrigerators	1465.1	4	\$2,000.00	\$1,167.00	\$1,167.00	\$0.00	
	Stoves	1465.1	2	\$1,000.00	\$00.00	\$00.00	\$0.00	
			Subtotal	\$290,888.76	\$54,295.53	\$54,295.53	\$54,295.53	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 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		Grant Type and Number		Federal FFY of Grant: 2006				
PHA Name: Cohoes Housing Authority		Capital Fund Program Grant No: NY06P022501-06						
		CFPP (Yes/No):						
		Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
Manor Sites	MOD Salaries	1410	21%	Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY22-2	MOD Benefits	1410	21%	\$5,640.83	\$4,793.25	\$4,793.25	\$4,793.25	
	A&E	1430	7.15%	\$1,690.00	\$5,805.30	\$5,805.30	5,805.30	
	General Site Improvements	1450		\$2,221.60	\$2,410.25	\$2,410.25	\$2,410.25	
	Privacy Fence	1450		\$4,000.00	\$0.00	\$0.00	\$0.00	
	Refinish Exterior Stairs	1460	11	\$1,250.00	\$0.00	\$0.00	0.00	
	Roof Boot Vents	1460	95	\$22,000.00	\$281,577.70	\$281,577.70	\$281,577.70	
	Kitchen Sink Drains	1460		\$5,000.00	\$0.00	\$0.00	\$0.00	
	Refrigerators	1460	4	\$0.00	\$9,750.00	\$9,750.00	\$9,750.00	
	Stoves	1465.1	2	\$2,000.00	\$2,334.00	\$2,334.00	\$2,334.00	
	Security Lighting	1465.1		\$600.00	\$1,489.69	\$1,489.69	\$1,140.00	
	Spreader	1470	1	\$1,000.00	\$875.00	\$875.00	\$875.00	
	Hedge Trimmer	1475.2	1	\$2,850.00	\$3,023.31	\$3,023.31	\$3,023.31	
	SubTotal	1475.2	1	\$475.00	\$329.87	\$329.87	\$329.87	
		SubTotal		\$48,727.43	\$312,388.37	\$312,388.37	\$312,038.68	
NY22-3	MOD Salaries	1410	8%	3,471.28	\$3,123.22	\$3,123.22	\$3,123.22	
	MOD Benefits	1410	8%	\$1,040.00	\$1,040.00	\$1,040.00	\$1,040.00	
	A/E	1430	7.15%	\$1,518.53	\$1,329.88	\$1,329.88	\$1,329.88	
	Replacement Sashes	1460	3	\$1,246.00	\$0.00	\$0.00	\$0.00	
	Refrigerators	1465.1	2	\$1,000.00	\$778.00	\$778.00	\$778.00	
	Stoves	1465.1	1	\$500.00	\$0.00	\$0.00	\$0.00	
	Mail Receptacles	1470	90	\$4,500.00	\$3,890.25	\$3,890.25	\$3,890.25	
	Paint Hallways	1470	9	\$9,800.00	\$12,150.74	\$12,150.74	\$12,150.74	
	Computer Equipment	1475.4		\$1,000.00	\$1,935.30	\$1,935.50	\$1,935.30	

	Ice Cream Machine	1475.3	\$500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	House TV System	1475.3	\$3,456.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Security Equipment	1475.1	\$0.00	\$160.70	\$160.70	\$160.70	\$160.70	\$160.70	\$160.70
	Sub Total		\$4,956.00	\$2,096.00	\$2,096.00	\$2,096.00	\$2,096.00	\$2,096.00	\$2,096.00

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

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



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: Cohoes Housing  
 Authority

Grant Type and Number  
 Capital Fund Program Grant No: NY06P22501-07  
 Replacement Housing Factor Grant No:  
 Date of CFFP:

FFY of Grant: 2007  
 FFY of Grant Approval:

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2009	<input type="checkbox"/> 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 <sup>1</sup>	
		Summary by Development Account	Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$105,510.00	\$100,231.00	\$100,231.00	\$100,231.00		
3	1408 Management Improvements	\$28,723.00	\$30,633.00	\$28,348.00	\$7,982.72		
4	1410 Administration (may not exceed 10% of line 21)	\$52,755.00	\$50,125.00	\$49,679.55	\$49,679.55		
5	1411 Audit	\$0.00	\$0.00	\$0.0	\$0.00		
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00		
7	1430 Fees and Costs	\$22,420.00	\$22,420.00	\$21,912.00	\$7,094.38		
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00		
9	1450 Site Improvement	\$27,000.00	\$27,000.00	\$5,000.00	\$5,000.00		
10	1460 Dwelling Structures	\$221,000.00	\$173,108.56	\$36,799.30	\$36,799.30		
11	1465.1 Dwelling Equipment—None:expendable	\$11,200.00	\$11,200.00	\$5,398.00	\$5,398.00		
12	1470 Non-dwelling Structures	\$17,246.00	\$46,652.44	\$29,406.44	\$29,406.44		
13	1475 Non-dwelling Equipment	\$41,699.00	\$39,789.00	\$35,985.48	\$35,985.48		
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00		
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00		
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00		
17	1499 Development Activities <sup>4</sup>	\$0.00	\$0.00	\$0.00	\$0.00		

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

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

<b>Part I: Summary</b>		<b>FFY of Grant: 2007</b>	
<b>PHA Name:</b>	<b>Grant Type and Number</b>	<b>FFY of Grant Approval:</b>	
	Capital Fund Program Grant No: NY06FP022501-07 Replacement Housing Factor Grant No: Date of CFFP:		

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$527,553.00	\$501,159.00	\$312,767.77	\$277,576.87
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$2,500.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$13,772.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$250.00	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures	\$229,346.00	\$0.00	\$0.00	\$0.00
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>		<b>Date</b>
<i>[Signature]</i>		7/30/07			

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

**Part II: Supporting Pages**

PHA Name: Cohoes Housing Authority

**Grant Type and Number**

Capital Fund Program Grant No: NY06P022501-07  
 CFFP (Yes/No):  
 Replacement Housing Factor Grant No:

**Federal FFY of Grant: 2007**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
HAW	Operations Resident Employment Computer Software/training Security Employee Training Energy Audit Advertising Travel Consultant	1406	20%	\$105,510.00	\$100,231.00	\$100,231.00	\$61,807.00		
		1408	1%	\$2,500.00	\$5,450.00	\$5,450.00	\$5,540.00		
		1408	1%	\$1,000.00	\$307.65	\$0.00	\$0.00		
		1408	3%	\$22,723.00	\$22,723.00	\$22,723.00	\$2,357.72		
		1408	1%	\$1,000.00	\$652.35	\$175.00	\$175.00		
		1408		\$1,500.00	\$1,500.00	\$0.00	\$0.00		
		1410		\$500.00	\$500.00	\$273.26	\$273.26		
		1410		\$750.00	\$503.71	\$285.00	\$285.00		
		1410		\$500.00	\$500.00	\$0.00	\$0.00		
			Subtotal			\$135,983.00	\$132,367.71	\$129,134.26	\$70,437.98
Saratoga Sites	MOD Benefits MOD Salaries A&E Foundation, plant removal Roof Venting & Mold Removal Refrigerators Stoves Playground Upgrade	1410	4%	\$602.29	\$602.29	\$602.29	\$602.29		
		1410	4%	\$1,457.92	\$1,457.92	\$1,457.92	\$1,457.92		
		1430	8.00%	\$840.00	\$840.00	\$840.00	\$840.00		
		1450		\$10,500.00	\$10,500.00	\$3,000.00	\$3,000.00		
		1460	0	\$0.00	\$28,811.00	\$28,811.00	\$28,811.00		
		1465.1	5	\$2,000.00	\$2,000.00	\$1,556.00	\$1,556.00		
		1465.1	3	\$1,000.00	\$1,000.00	\$368.00	\$368.00		
		1475.3		\$0.00	\$1,500.00	\$1,500.00	\$1,500.00		
			Sub Total			\$46,711.21	\$38,135.21	\$38,135.21	
						\$16,400.21	\$46,711.21	\$38,135.21	\$38,135.21
Roulier Heights	MOD Salaries	1410	80%	\$29,158.40	\$20,865.07	\$20,865.07	\$20,865.07		
NY22-01A	MOD Benefits	1410	79%	\$12,045.84	\$17,955.46	\$17,955.46	\$17,955.46		
	A&E	1430	7.15%	\$19,080.00	\$19,080.00	\$19,080.00	\$4,254.38		
		1450		\$5,000.00	\$5,000.00	\$0.00	\$0.00		
	Foundation plant removal, landscape	1450	50	\$7,500.00	\$7,500.00	\$2,000.00	\$2,000.00		
	Kitchen Renovations	1450	500sq.ft.	\$221,000.00	\$136,309.26	\$0.00	\$0.00		
	Refrigerators	1465.1	5	\$2,000.00	\$2,000.00	\$778.00	\$778.00		

Stoves	1465.1	3	\$1,000.00	\$460.00	\$0.00	\$0.00
Storage room floor drain	1470		\$4,000.00	\$4,000.00	\$0.00	\$0.00
Maintenance Shop Door	1470		\$1,000.00	\$1,000.00	\$0.00	\$0.00
<b>Sub Total</b>			<b>\$301,784.24</b>	<b>\$214,169.79</b>	<b>\$60,678.53</b>	<b>\$45,852.91</b>

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

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**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Name: Cohoes Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY06P022501-07	Federal FFY of Grant: 2007						
	CEFP (Yes/ No):	Replacement Housing Factor Grant No:						
Manor Sites	MOD Salaries	1410	13%	\$1,822.40	\$1,822.40	\$1,822.40	\$1,822.40	
NY22-002	MOD Benefits	1410	13%	\$752.87	\$452.87	\$752.87	\$752.87	
	A&E	1430	7.15%	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00	
	General	1450	400 sq. ft.	\$4,000.00	\$4,000.00	\$0.00	\$0.00	
	Refinish Exterior Stairs	1460		\$0.00	\$7,988.30	\$7,988.30	\$7,988.30	
	Refrigerators	1465.1	5	\$2,000.00	\$2,000.00	\$1,167.00	\$1,167.00	
	Stoves	1465.1	2	\$600.00	\$1,140.00	\$1,140.00	\$1,140.00	
	Coin Operated Dryers? <sup>2</sup> Stackable		1	\$2,614.00	\$4,343.00	\$4,343.00	\$4,343.00	
	Digital CCTV System		1	\$7,235.00	\$5,281.00	\$5,281.00	\$5,281.00	
	Computer Equipment		2	\$3,000.00	\$2,346.00	\$590.82	\$590.82	
	Playground Upgrade	1475.2	1	\$5,000.00	\$3,500.00	\$1,551.11	\$1,551.11	
	Benches & Trash Cans	1475.2	1	\$6,000.00	\$6,000.00	\$5,896.55	\$5,896.55	
			Sub Total	\$34,224.27	\$240,373.02	\$31,737.05	\$31,737.05	
Mc Donald	MOD Salaries	1410	11%	\$4,009.28	\$4,009.28	\$4,009.28	\$4,009.28	

MOD Benefits	1410	11%	\$1,656.00	\$1,656.00	\$1,656.00	\$1,656.00	
A&E	1430	7.15%	\$800.00	\$800.00	\$800.00	\$800.00	
Refrigerators	1465.1	2	\$2,000.00	\$2,000.00	\$389.00	\$389.00	
Stoves	1465.1	1	\$600.00	\$600.00	\$0.00	\$0.00	
Carpet apartments	1470	90	\$10,000.00	\$10,000.00	\$0.00	\$0.00	
Replacement Sash	1470	3	\$2,246.00	\$2,246.00	\$0.00	\$0.00	
Paint Hallways/Doors	1470		\$0.00	\$29,406.44	\$29,406.44	\$29,406.44	
Digital CCTV System	1475.3	1	\$7,236.00	\$7,280.00	\$7,280.00	\$7,280.00	
Stackable Washer/Dryers	1475.3	3	\$10,614.00	\$9,539.00	\$9,539.00	\$9,539.00	
		Sub Total	\$39,161.28	\$67,536.72	\$53,079.72	\$53,079.72	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 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**  
 PHA Name: Cohoes Housing Authority

Federal FY of Grant: 2007

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NY22-1	09/12/2009		09/12/2011		
NY22-01A	09/12/2009		09/12/2011		
NY22-002	09/12/2009		09/12/2011		
NY22-003	09/12/2009		09/12/2011		

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 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: Cohoes Housing  
 Authority  
 Grant Type and Number  
 Capital Fund Program Grant No: NY06P22501-08  
 Replacement Housing Factor Grant No:  
 Date of CFFP:

FFY of Grant: 2008  
 FFY of Grant Approval:

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2009	Reserve for Disasters/Emergencies <input type="checkbox"/>	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>
			Original	Revised <sup>2</sup>		
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		\$108,470.00	\$108,470.00	\$108,470.00	\$108,470.00
3	1408 Management Improvements		\$28,723.00	\$28,723.00	\$847.95	\$0.00
4	1410 Administration (may not exceed 10% of line 21)		\$54,235.00	\$54,235.00	\$53,178.90	\$22,308.16
5	1411 Audit		\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages		\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs		\$18,260.00	\$18,260.00	\$17,760.00	\$3,300.00
8	1440 Site Acquisition		\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement		\$24,000.00	\$24,000.00	\$0.00	\$0.00
10	1460 Dwelling Structures		\$46,000.00	\$46,000.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable		\$15,200.00	\$15,200.00	\$380.00	\$380.00
12	1470 Non-dwelling Structures		\$218,500.00	\$218,030.11	\$36,477.00	\$2,000.00
13	1475 Non-dwelling Equipment		\$9,700.00	\$10,169.89	\$1,643.82	\$1,643.82
14	1485 Demolition		\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration		\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs		\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities <sup>4</sup>		\$0.00	\$0.00	\$0.00	\$0.00

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

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**

<b>Part I: Summary</b>		FFY of Grant: 2008	
PHA Name: Cohoes Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY06P022501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
Line		Original	Revised <sup>2</sup>
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)	\$19,263.00	\$19,263.00
20	Amount of Annual Grant: (sum of lines 2 - 19)		
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$22,723.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures	\$16,200.00	\$0.00
Signature of Executive Director: 		Date: 7/30/09	Signature of Public Housing Director
			Date

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

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2008				
PHA Name: Cohoes Housing Authority		Capital Fund Program Grant No: NY006P022501-08						
		CFPP (Yes/No):						
		Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HAW	Contingencies	1502		\$19,263.00	\$19,263.00	\$00.00	\$00.00	
Saratoga Sites	Operations	1406		\$21,694.00	\$21,694.00	\$21,694.00	\$21,694.00	
	Resident Employment	1408		\$500.00	\$500.00	00.00	00.00	
NY 22-1	Computer Software	1408		\$200.00	\$250.00	\$250.00	\$00.00	
	Security	1408		\$4,544.60	\$4,544.60	\$0.00	\$0.00	
	Employee Training	1408		\$200.00	\$200.00	\$0.00	\$0.00	
	Energy Audit	1408		\$300.00	\$300.00	\$0.00	\$0.00	
	Advertising	1410		\$100.00	\$100.00	\$0.00	\$0.00	
	Travel	1410		\$100.00	\$100.00	\$0.00	\$0.00	
	MOD Salaries	1410	16%	\$5,037.60	\$5,037.60	\$5,037.60	\$2,565.50	
	MOD Benefits	1410	16%	\$3,440.00	\$3,440.00	\$3,440.00	\$972.64	
	A/E	1430	8%	\$4,272.00	\$4,272.00	\$4,272.00	\$0.00	
	Consultant	1430		\$100.00	\$100.00	\$0.00	\$0.00	
	Site Improvements	1450		\$5,000.00	\$5,000.00	\$0.00	\$0.00	
	Replace Window Sills	1460	60	\$15,000.00	\$15,000.00	\$0.00	\$0.00	
	Apt. Cold Water Shut off	1460	70	\$7,000.00	\$7,000.00	\$0.00	\$0.00	
	Bilco door water supply hose bib	1460	26	\$2,000.00	\$2,000.00	\$0.00	\$0.00	
	Refrigerators	1465.1	7	\$4,000.00	\$4,000.00	\$0.00	\$0.00	
	Stoves	1465.1	3	\$1,000.00	\$1,000.00	\$0.00	\$0.00	
	Repair and Clean Gutters	1470		\$36,000.00	\$35,530.11	\$0.00	\$0.00	
	CCTV	1470		\$7,000.00	\$7,000.00	\$0.00	\$0.00	
	Bench vise	1475.2	1	\$100.00	\$100.00	\$69.99	\$69.99	
	Sink Snakes	1475.2	1	\$400.00	\$556.63	\$524.61	\$524.61	
	Palygorund Upgrades	1475		\$1,500.00	\$1,500.00	\$0.00	\$0.00	
			Subtotal	\$86,812.00	\$86,498.74	\$8,306.60	\$1,567.24	
Roulier Heights NY22-01A	Operations Resident Employment Computer Software	1406 1408 1408	19%	\$20,610.00 \$475.00 \$190.00	\$20,610.00 \$475.00 \$250.00	\$20,610.00 \$0.00 \$250.00	\$20,610.00 \$0.00 \$0.00	

Security	1408	\$4,317.37	\$4,317.37	\$0.00	\$0.00	
Employee Training	1408	\$190.00	\$190.00	\$0.00	\$0.00	
Energy Audit	1408	\$285.00	\$285.00	\$0.00	\$0.00	
Advertising	1410	\$95.00	\$95.00	\$0.00	\$0.00	
Travel	1410	\$142.50	\$142.50	\$0.00	\$0.00	
Salaries	1410	1,249.40	\$1,249.40	\$1,249.40	\$641.41	
Benefits	1410	860.00	\$860.00	\$860.00	\$243.19	
A & E	1430	\$1,661.00	\$1,661.00	\$1,661.00	\$0.00	
Consultant	1430	\$95.00	\$95.00	\$0.00	\$0.00	
Site improvements	1450	\$5,000.00	\$5,000.00	\$0.00	\$0.00	
Replace Window Sills	1460	\$15,000.00	\$15,000.00	\$0.00	\$0.00	
Cold water shut off supply	1460	\$5,000.00	\$5,000.00	\$0.00	\$0.00	
Bitco door water supply hose bib	1460	\$2,000.00	\$2,000.00	\$0.00	\$0.00	
Refrigerators	1465.1	\$3,000.00	\$3,000.00	\$0.00	\$0.00	
Stoves	1465.1	\$1,000.00	\$1,000.00	\$0.00	\$0.00	
CCTV	1470	\$7,000.00	\$7,000.00	\$0.00	\$0.00	
Replace Community room door	1470	\$1,000.00	\$1,000.00	\$0.00	\$0.00	
Sink Snakes	1475.2	\$400.00	\$556.63	\$524.61	\$524.61	
Playground upgrades	1475	\$1,500.00	\$1,500.00	\$0.00	\$0.00	
Subtotal		\$71,070.27	\$71,286.90	\$26,155.01	\$22,019.21	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 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: Cohoes Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY06P022501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:	Federal FFY of Grant: 2008						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised <sup>1</sup>	Total Actual Cost Funds	Funds	Status of Work

Manor Sites NY22-2	Operation Resident Employment Computer Software Security Employee Training Energy Audit Travel	1406 1408 1408 1408 1408 1408 1410	20%	\$33,625.00 \$775.00 \$310.00 \$7,044.13 \$310.00 \$465.00 \$232.50	\$33,625.00 \$775.00 \$250.00 \$7044.13 \$310.00 \$465.00 \$232.50	Obligated <sup>2</sup> \$33,625.00 \$0.00 \$250.00 \$0.00 \$0.00 \$0.00 \$0.00	Expended <sup>2</sup> \$33,625.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Advertising	1410		\$155.00	\$193.90	\$193.90	\$193.90	
	Salaries	1410		\$22,364.35	\$22,364.35	22,364.35	\$11,385.07	
	Benefits	1410		\$15,265.00	\$15,265.00	\$15,265.00	\$4,316.16	
	A & E Consultant	1430 1430	8%	\$11,827.00 \$155.00	\$11,827.00 \$155.00	\$11,827.00 \$0.00	\$3,300 \$0.00	
	Site improvements Landscape sign area admin bldg	1450 1450	400sq.ft.	\$4,000.00 \$10,000.00	\$4,000.00 \$10,000.00	\$0.00 \$0.00	\$0.00 \$0.00	
	Refrigerators	1465.1	7	\$3,000.00	\$3,000.00	\$0.00	\$0.00	
	Stoves	1465.1	2	\$600.00	\$600.00	\$380.00	\$380.00	
	Replace community room floor	1470	800 sq. ft.	\$5,000.00	\$5,000.00	\$0.00	\$0.00	
	Paint community and laundry room Dumpster Concrete Pads	1470 1470		\$5,000.00 \$5,000.00	\$5,000.00 \$5,000.00	\$0.00 \$0.00	\$0.00 \$0.00	
	Replace Sewer Main Replace window admin foyer Sink Snake	1470 1470 1475.2		\$100,000.00 \$500.00 \$400.00	\$100,000.00 \$500.00 \$556.63	\$36,477.00 \$0.00 \$524.61	\$2,000.00 \$0.00 \$524.61	
	Computer Equipment Playground upgrade	1475.2 1475		\$3,000.00 \$2,000.00	\$3,000.00 \$2,000.00	\$0.00 \$0.00	\$0.00 \$0.00	
	Subtotal			\$231,027.98	\$231,163.51	\$120,906.86	\$55,724.74	
McDonald Towers NY22-3	Operations Resident Employment Computer Software Security Employee Training Energy Audit Advertising Salaries Benefits Travel A & E Consultant Refrigerators Stoves Carpet Apartments Paint Comm Rm/Laundry room	1406 1408 1408 1408 1408 1408 1410 1410 1410 1410 1430 1430 1465.1 1465.1 1470 1470 1470	20%	\$32,541.00 \$750.00 \$300.00 \$6,816.90 \$300.00 \$450.00 \$150.00 \$2,833.65 \$1,935.00 \$225.00 \$0.00 \$150.00 \$2,000.00 \$600.00 \$10,000.00 \$2,000.00	\$32,541.00 \$750.00 \$300.00 \$6816.90 \$300.00 \$450.00 \$111.10 \$2,833.65 \$1,935.00 \$225.00 \$0.00 \$150.00 \$2,000.00 \$600.00 \$10,000.00 \$2,000.00	\$32,541.00 \$750.00 \$300.00 \$6816.90 \$300.00 \$450.00 \$111.10 \$2,833.65 \$1,935.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$32,541.00 \$750.00 \$300.00 \$6,816.90 \$300.00 \$450.00 \$111.10 \$2,833.65 \$1,935.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	

Replacement sash	1470	\$10,000.00	\$10,000.00	\$0.00	\$0.00
Fountain renovation	1470	\$5,000.00	\$5,000.00	\$0.00	\$0.00
Sink snake	1475.2	\$400.00	\$400.00	\$0.00	\$0.00
Subtotal		\$76,451.55	\$76,412.65	\$46,037.65	\$46,037.65

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

Annual Statement/Performance and Evaluation Report  
 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**  
 PHA Name: Cohoes Housing Authority

Federal FFY of Grant: 2008

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NY22-1	06/12/2010		06/12/2012		
NY22-2	06/12/2010		06/12/2012		
NY22-3	06/12/2010		06/12/2012		



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.

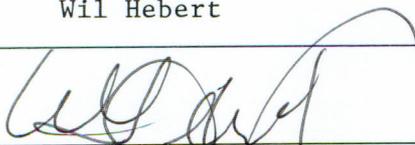
Cohoes Housing Authority  
PHA Name

NY022  
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2009 - 2013

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  <b>Wil Hebert</b>	Title  <b>Chairperson of the Board</b>
Signature 	Date <b>6/16/09</b>

**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.

Cohoes Housing Authority

NY022

\_\_\_\_\_  
PHA Name

\_\_\_\_\_  
PHA Number/HA Code

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	Wil Hebert	Title	Chairperson
Signature		Date	6/16/09

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Cohoes Housing Authority

Program/Activity Receiving Federal Grant Funding

2009 Capital Fund Program

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

Charles Patricelli

Title

Management Consultant

Signature



Date (mm/dd/yyyy)

6/17/09



# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Cohoes Housing Authority

Program/Activity Receiving Federal Grant Funding

2009 Capital Fund Program

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 Federalagency 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.)

Saratoga Sites, Cohoes, Albany County, NY 12047

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

Charles Patricelli

Title

Management Consultant

Signature



Date

6/17/09

X

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Cohoes Housing Authority

Program/Activity Receiving Federal Grant Funding

2009 Capital Fund Program

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.

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

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Roulier Heights, Cohoes, Albany County, NY 12047

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

Charles Patricelli

Title

Management Consultant

Signature

*Charles Patricelli*

Date

6/17/09

X

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Cohoes Housing Authority

Program/Activity Receiving Federal Grant Funding

2009 Capital Fund Program

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:

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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.)

Manor Sites, Cohoes, Albany County, NY 12047

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I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

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Name of Authorized Official

Charles Patricelli

Title

Management Consultant

Signature

Date

6/17/09

X

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Cohoes Housing Authority

Program/Activity Receiving Federal Grant Funding

2009 Capital Fund Program

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Dr. Jay McDonald Towers, Cohoes, Albany County, NY 12047

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.

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Name of Authorized Official

Charles Patricelli

Title

Management Consultant

Signature



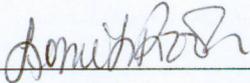
Date

6/17/09

X

**Certification by State or Local Official of PHA Plans Consistency with  
the Consolidated Plan**

I, Lorrie Pizzola the DHCR Deputy Commissioner certify  
that the Five Year and Annual PHA Plan of the Cohoes Housing Authority is  
consistent with the Consolidated Plan of the State of New York prepared  
pursuant to 24 CFR Part 91.

 6-30-09

Signed / Dated by Appropriate State or Local Official

# Cohoes Housing Authority

Administrative Building  
100 Manor Sites  
Cohoes, New York 12047

Telephone: (518) 235-4500  
Fax (518) 235-0128

The Cohoes Housing Authority hereby informs you of your rights under the Violence Against Women Reauthorization Act of 2005.

The attached form is required to be completed, signed and submitted within 14 business days of the request, certifying that the individual is a victim of domestic violence, dating violence, or stalking and that the incident or incidences in question are bona fide incidences of such actual or threatened abuse. On the form the individual shall provide the name of the perpetrator, and in addition, you must provide the housing authority with a local police record or court record OR documentation signed and attested to by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attests under penalty of perjury to the professional's belief that the incident or incidents in question are bona fide incidents. The housing authority may also require a restraining order against the perpetrator. Any damages to the apartment will be the responsibility of the tenant of record.

The above is required to conform with prohibiting the eviction of, and removal of assistance from, certain persons living in public or Section 8 assisted housing if the asserted grounds for such action is an instance of domestic violence, dating violence, sexual assault, or stalking, as those terms are defined in Section 3 of the United States Housing Act of 1937 as amended by VAWA. This is to protect the victims of criminal domestic violence, and their immediate family, separate from the termination of tenancy to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family member or others.

All information provided to the housing authority or housing manager relating to the incident(s) shall be retained in confidence and must neither be entered into any shared database nor provided to a related entity, except to the extent that the disclosure is (i) requested or consented by the individual in writing (ii) required for use in an eviction proceeding or termination of assistance or, (iii) otherwise required by applicable law.

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING**

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

OMB Approval No. 2577-0249

Exp. (11/30/2010)

**Public reporting burden** for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**Purpose of Form:** The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

**Use of Form:** A family member must complete and submit this certification, or the information that may be provided in lieu of the certification, within 14 business days of receiving the written request for this certification by the PHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification or the information that may be provided in lieu of the certification by the 14th business day or any extension of the date provided by the PHA, manager and owner, none of the protections afforded to victims of domestic violence, dating violence or stalking (collectively "domestic violence") under the Section 8 or public housing programs apply.

Note that a family member may provide, in lieu of this certification (or in addition to it):

- (1) A Federal, State, tribal, territorial, or local police or court record; or
- (2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

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**TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE:**

**Date Written Request Received By Family Member:** \_\_\_\_\_

**Name of the Victim of Domestic Violence:** \_\_\_\_\_

**Name(s) of other family members listed on the lease** \_\_\_\_\_

**Name of the abuser:** \_\_\_\_\_

**Relationship to Victim:** \_\_\_\_\_

**Date the incident of domestic violence occurred:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

Name of victim: \_\_\_\_\_

Description of Incident:

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information relating to program eligibility is a basis for termination of assistance or eviction.

Signature \_\_\_\_\_ Executed on (Date) \_\_\_\_\_

All information provided to a PHA, owner or manager relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence shall be retained in confidence by an owner and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.

# Cohoes Housing Authority

Administrative Building  
100 Manor Sites  
Cohoes, New York 12047

Telephone: (518) 235-4500  
Fax: (518) 235-0128

Only one (1) tenant, Mary VanWert, from apartment #88 Manor Sites attended. Her primary concern was the windows are hard to open, especially the very large windows. We did inform her that the windows are in our plan along with new roofs and some road work at Manor Sites. We did discuss the items we included in the other sites.