PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011

1.0 PHA Information

PHA Name: Beacon Housing Authority PHA Code: NY049

PHA Type: ☐ Small ☐ High Performing ☒ Standard ☐ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): 10/2009

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: 245 Number of HCV units: 308

3.0 Submission Type

☐ 5-Year and Annual Plan ☒ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ 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	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:

5.2 Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

6.0 PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:
(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.

(a) Beacon Housing Authority Plan Elements That Have Been Revised Since its Last Annual Plan Submission

Admissions and Continued Occupancy Policy
Section 8 Administrative Plan
Waiting List Statistics
Financial Resources
Progress on Meeting the Goals
Designated Housing Plan
Updated Safety and Crime Prevention
Updated all open Capital Fund Program Budgets with Performance and Evaluation Reports
Completed a projected Capital Funds budget for 2010, 2011, 2012, 2013 and 2014
Added Internet Usage Policy
Added Confidentiality Policy
Added EIV Policy
Payment Standards
Flat Rents
Procurement Policy

(b) Specific Locations Where the Public May Obtain Copies of the Annual Plan

Beacon Housing Authority
One Forrestal Heights
Beacon, NY 12508
Telephone Number: (845) 831-1289

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. *Include statements related to these programs as applicable.*

8.0	**Capital Improvements.** Please complete Parts 8.1 through 8.3, as applicable.
8.1	**Capital Fund Program Annual Statement/Performance and Evaluation Report.** As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing. **2008 (50108) Capital Fund Performance and Evaluation Report (ny049a01)** **2009 (50109 Stimulus) Capital Fund Annual Statement (ny049b01)** **2009 (50109) Capital Fund Annual Statement (ny049c01)**
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* 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. **Capital Fund 5 Year Action Plan (ny049d01)**
8.3	**Capital Fund Financing Program (CFFP).** ☐ 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 **Housing Needs**. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

Statement of Housing Needs
[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA
Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type

Family Type	Overall	Affordability	Supply	Quality	Accessibility	**Size**	Location
Income <= 30% of AMI	567	5	1	1	1	1	3
Income >30% but <=50% of AMI	489	5	1	1	1	1	3
Income >50% but <80% of AMI	480	5	1	1	1	1	3
Elderly	381	5	5	1	1	1	3
Families with Disabilities	Unknown						
White Non-Hispanic	805	5	1	1	1	1	3
Black Non-Hispanic	388	5	1	1	1	1	3
Hispanic	343	5	1	1	1	1	3
Native American Non-Hispanic	10	5	1	1	1	1	3
Asian Non-Hispanic	14	5	1	1	1	1	3

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

☐ Consolidated Plan of the Jurisdiction/s
Indicate year:

	☒ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset ☐ American Housing Survey data Indicate year: ☐ Other housing market study Indicate year: ☐ Other sources: (list and indicate year of information)

9.1

Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.**

Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☒ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- ☒ Apply for additional section 8 units should they become available
- ☒ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- ☒ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- ☒ Seek designation of public housing for the elderly

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- ☒ **Seek designation of public housing for families with disabilities**
- ☒ **Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing**
- ☒ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☐ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

☐ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
☐ Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing
Select all that apply

☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
☐ Market the section 8 program to owners outside of areas of poverty /minority concentrations
☐ Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies
Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

☒ Funding constraints
☐ Staffing constraints
☐ Limited availability of sites for assisted housing
☐ Extent to which particular housing needs are met by other organizations in the community
☒ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
☒ Influence of the housing market on PHA programs
☐ Community priorities regarding housing assistance
☒ Results of consultation with local or state government
☒ Results of consultation with residents and the Resident Advisory Board
☐ Results of consultation with advocacy groups
☐ Other: (list below)

10.0	**Additional Information**. Describe the following, as well as any additional information HUD has requested. **(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.** **The following table reflects the progress we have made in achieving our 5-year goals and objectives:** Goal: Reduce Public Housing Vacancy The BHA has made an aggressive effort to reduce PH vacancy by investing Capital Funds to rehab vacant apartments. Our efforts have been rewarded by increased occupancy at both Forrestal Heights and Hamilton Fish Plaza. Goal: Improve Quality of assisted housing The BHA has continued to score well on PHAS and SEMAP. We have placed a greater focus on customer service and are proud of the feedback received by applicants and tenants. Our agency has dedicated Capital Funds to rehab and renovate apartments. Goal: Increased assisted housing choices Our office briefs all Voucher holders on the availability of housing inside and outside our jurisdiction. Our agency has reached out to local realtors in an effort to attract more landlords to the Section 8 program. Informational mailings are periodically sent to current landlords in an effort to increase housing opportunities for our participants. Goal: Provide an improved living environment Our office is exploring all available avenues to improve our tenant's living environment. Plans are in the works for designating developments for specific resident groups. Goal: Promote self-sufficiency and asset development of families and individuals The BHA has a Social Worker on staff to provide support services to our Tenants to increase their independence. Goal: Ensure equal opportunity in housing and affirmatively further fair housing The BHA provides equal access to all housing programs regardless of the applicants/tenants race, color, religion, national origin, sex, familial status, and disability. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissions.

11.0	**Required Submission for HUD Field Office Review**. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. **Resident Advisory Board Comments (ny049e01)** (g) Challenged Elements **Challenged Elements (ny049f01)** (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

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

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

Instructions form HUD-50075

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

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

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

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

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

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

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

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

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

(a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.

(b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central off ice 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
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.

PHA Name	City of Beacon Housing Authority		
CFP Grant No	NY36P04950108		
Date of CFFP			
RHF Grant No			
FFY of Grant	2008		
FFY of Grant Approval			
Original Annual Statement			
P & E Report	X		
P & E Report Period Ending	3/31/2009		
Reserve for Disasters/Emergencies			
Revised Annual Statement	X	**Revision No**	1
Final P & E Report			

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

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

Part I: Summary

PHA Name:	**Grant Type and Number**		**FFY of Grant:**
City of Beacon Housing Authority	Capital Fund Program Grant No: NY36P04950108	Replacement Housing Factor Grant No:	2008
	Date of CFFP:		**FFY of Grant Approval:**

Type of Grant

[0] **Original Annual Statement** [0] **Reserve for Disasters/Emergencies** [X] **Revised Annual Statement (revision no:** 1 **)**

[X] **Performance and Evaluation Report for Period Ending:** 3/31/2009 [0] **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)[3]	60,000	60,000	0	0
3	1408 Management Improvements	6,000	6,000	0	0
4	1410 Administration (may not exceed 10% of line 21)	29,977	29,977	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000	20,000	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement		153,799	0	0
10	1460 Dwelling Structures	183,799	30,000	0	0
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceeds 8% of line 20)				
20	Amount of Annual Grant: (sum of line 2 - 19)	299,776	299,776	0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hart Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

Part I: Summary

PHA Name:	**Grant Type and Number**		**FFY of Grant:**
City of Beacon Housing Authority	Capital Fund Program Grant No: NY36P04950108	Replacement Housing Factor Grant No:	2008
	Date of CFFP:		**FFY of Grant Approval:**

Type of Grant

0	**Original Annual Statement**	0	**Reserve for Disasters/Emergencies**	X	**Revised Annual Statement (revision no:** 1 **)**
X	**Performance and Evaluation Report for Period Ending:** 3/31/2009			0	**Final Performance and Evaluation Report**

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost** [1]	
		Original	**Revised** [2]	**Obligated**	**Expended**

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**

Part II: Supporting Pages

PHA Name:	**Grant Type and Number**	Federal FFY of Grant:
City of Beacon Housing Authority	Capital Fund Program Grant No: NY36P04950108 CFFP (Yes/No): No Replacement Housing Factor Grant No:	2008

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 [1]	Funds Obligated[2]	Funds Expended [2]	
	Operations	**1406**						
PHA Wide	Operations		LS	60,000	60,000	0	0	
	Subtotal 1406			**60,000**	**60,000**	**0**	**0**	
	Management Improvements	**1408**						
PHA Wide	Annual lan preparation and policy development		LS	6,000	6,000	0	0	
	Subtotal 1408			**6,000**	**6,000**	**0**	**0**	
	Administration	**1410**	LS					
PHA Wide	Staff salaries			28,977	28,977	0	0	
	Advertisement			1,000	0			
	Subtotal 1410			**29,977**	**28,977**	**0**	**0**	
	Fees and Costs	**1430**						
PHA Wide	A&E services; reimbursable costs		LS	20,000	21,000	0	0	
	Subtotal 1430			**20,000**	**21,000**	**0**	**0**	

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number**			Federal FFY of Grant:
City of Beacon Housing Authority	Capital Fund Program Grant No: NY36P04950108 Replacement Housing Factor Grant No:	CFFP (Yes/No): No		2008

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 [1]	Funds Obligated[2]	Funds Expended [2]	
	Site Improvements	**1450**						
PHA Wide	Landscaping - tree removal, sidewalk removal/repair and replacement, exterior site lighting for security improvements		LS	0	153,799	0	0	
	Subtotal 1450			**0**	**153,799**	**0**	**0**	
	Dwelling Structures	**1460**						
PHA Wide	Roof upgrades		5	153,799	0			
	Apartment Rehab		15	30,000	30,000	0	0	
	Subtotal 1460			**183,799**	**30,000**	**0**	**0**	

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:
City of Beacon 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 [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End	Actual Expenditure End Date	
PHA Wide	6/12/2010		6/12/2012		

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

THE CITY OF BEACON HOUSING AUTHORITY
One Forrestal Heights Beacon, New York 12508
Phone (845) 831-1289 Fax (845) 831-1370
TTY (800) 622-1200

3/18/2009

Norman Murphy
US Department of HUD
26 Federal Plaza
32nd. Floor
New York, New York 10278-0068

Dear Mr. Murphy:

Attached are copies of HUD form 50075.1 along with a Board Resolution as it relates to the 2009 ARRA Capital Fund Grant. It has been a pleasure working with you on this project. If you have any questions, please feel free to contact by phone at 845-831-1289 or by e-mail at rtraudt1@aol.com.

Sincerely,

Roland Traudt
Executive Director

379,457

cc: file copy

City of Beacon Housing Authority
Board of Commissioners

Regular meeting held on: 3/16/2009

Resolution # 327

Title: 2009 ARRA Capital Fund Grant

Vice-Chairman Norman MacLeod submitted the following:

Whereas:
The Board hereby has reviewed and approves the scope of work identified on form HUD-50075.1 as it relates to the Fees and Costs (line item 1430) and Dwelling Structure improvements (line item 1460) at the Forrestal Heights apartment complex. All work scheduled will concentrate on the replacement of roofing systems at the site.

Therefore be it resolved:
Member Jerry Austin made the motion to accept resolution number 327 stated by Norman MacLeod, motion was seconded by member Connie Perdreau.

Record of the Board of Commissioners vote by roll call for final passage:

Carolin Serino---------Absent
Ronald Ray----------Absent
Norman MacLeod----Yes
Connie Perdreau------Yes
Jerry Austin----------Yes
Bessie Pacenza--------Yes
Jean Henry----------Yes

I hereby certify the above resolution was adopted at a meeting of the Board of Commissioners of the City of Beacon Housing Authority on 3/16/2009.

Jerry Austin
Secretary

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:	**Grant Type and Number**		**FFY of Grant:**
City of Beacon Housing Authority	Capital Fund Program Grant No: Date of CFFP: NY36S04950109	Replacement Housing Factor Grant No:	2009 **FFY of Grant Approval:** 2009

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	45,000		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement			0	0
10	1460 Dwelling Structures	334,457			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

Part I: Summary

PHA Name:	**Grant Type and Number**	**FFY of Grant:**
City of Beacon Housing Authority	Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP: NY36S04950109	2009 **FFY of Grant Approval:** 2009

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended

Signature of Executive Director	Date	Signature of Public Housing Director	Date
	3/18/2009		

Part II: Supporting Pages

PHA Name: City of Beacon Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: NY36S04950109 CFFP (Yes/ No): Yes 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 [1]	Funds Obligated [2]	Funds Expended [2]	
NY049	A & E Design/Contact Management	1430	1	45,000		0	0	
NY049	Dwelling Structures-Forrestal Heights	1460	6	334,457		0	0	
	Low-Rise Apt Roof Replacement							

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

Part II: Supporting Pages

PHA Name: City of Beacon Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: NY36S04950109 CFFP (Yes/ No): Yes 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 [1]	Funds Obligated [2]	Funds Expended [2]	

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: City of Beacon Housing Authority					**Federal FFY of Grant:** 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NY049-Fees & Costs	10/15/2009		10/15/2011		
NY049	10/15/2009		10/15/2011		
Dwelling Structures					

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: City of-Beacon Housing Authority					**Federal FFY of Grant:** 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

PHA Name	City of Beacon Housing Authority	
CFP Grant No	NY36P04950109	
Date of CFFP		
RHF Grant No		
FFY of Grant	2009	
FFY of Grant Approval	7/1/1905	
Original Annual Statement	X	
P & E Report		
P & E Report Period Ending		
Reserve for Disasters/Emergencies		
Revised Annual Statement		**Revision No**
Final P & E Report		

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

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

Part I: Summary

PHA Name:	**Grant Type and Number**		**FFY of Grant:**
City of Beacon Housing Authority	Capital Fund Program Grant No: NY36P04950109	Replacement Housing Factor Grant No:	2009
	Date of CFFP:		**FFY of Grant Approval:**

Type of Grant

X **Original Annual Statement** 0 **Reserve for Disasters/Emergencies** 0 **Revised Annual Statement (revision no:** 0 **)**

0 **Performance and Evaluation Report for Period Ending:** 0 **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)[3]	55,000			
3	1408 Management Improvements	20,000			
4	1410 Administration (may not exceed 10% of line 21)	25,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	27,776			
10	1460 Dwelling Structures	137,000			
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	15,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceeds 8% of line 20)				
20	Amount of Annual Grant: (sum of line 2 - 19)	299,776	0	0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hart Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

Part I: Summary

PHA Name:	**Grant Type and Number**		**FFY of Grant:**
City of Beacon Housing Authority	Capital Fund Program Grant No: NY36P04950109 Date of CFFP:	Replacement Housing Factor Grant No:	2009 **FFY of Grant Approval:**

Type of Grant

X **Original Annual Statement** 0 **Reserve for Disasters/Emergencies** 0 **Revised Annual Statement (revision no:** 0 **)**

0 **Performance and Evaluation Report for Period Ending:** 0 **Final Performance and Evaluation Report**

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost** [1]	
		Original	**Revised** [2]	**Obligated**	**Expended**

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**

Part II: Supporting Pages

PHA Name:	**Grant Type and Number**	Federal FFY of Grant:
City of Beacon Housing Authority	Capital Fund Program Grant No: NY36P04950109 CFFP (Yes/No): No Replacement Housing Factor Grant No:	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 [1]	Funds Obligated[2]	Funds Expended [2]	
	Operations	**1406**						
NY049000001	Operations		LS	55,000				
	Subtotal 1406			**55,000**				
	Management Improvements	**1408**						
NY049000001	Annual Plan, staff training, policy development, designated housing plan		LS	20,000				
	Subtotal 1408			**20,000**				
	Administration	**1410**						
NY049000001	Staff salaries		LS	25,000				
	Subtotal 1410			**25,000**				
	Site Improvements	**1450**						
NY049000001	Landscaping improvements to include benches for residents (HF)		LS	15,000				
NY049000001	Signage at developments (HF and FH)		2	12,776				
	Subtotal 1450			**27,776**				
	Dwelling Structures	**1460**						
NY049000001	Boiler Replacement (FH)		1	25,000				

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number**	Federal FFY of Grant:
City of Beacon Housing Authority	Capital Fund Program Grant No: NY36P04950109 CFFP (Yes/No): No Replacement Housing Factor Grant No:	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 [1]	Funds Obligated[2]	Funds Expended [2]	
NY049000001	Install electronic door magnets (HF)		3	12,000				
NY049000001	Paint and install new flooring for the community room and all common areas (HF)		LS	30,000				
NY049000001	Community room kitchen upgrade, painting and flooring (FH)		LS	35,000				
NY049000001	Energy saving thermostats		245 units	25,000				
NY049000001	Replace carpeting in the office		1	10,000				
	Subtotal 1460			**137,000**				
	Non-Dwelling Equipment	**1475**						
NY049000001	Office furniture		6	15,000				
	Subtotal 1475			**15,000**				
	Fees and Costs	**1430**						
NY049000001	A&E Fees; reimbursable costs		LS	20,000				
	Subtotal 1430			**20,000**				

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:
City of Beacon Housing Authority

Federal FFY of Grant:
2009

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End	Actual Expenditure End Date	
NY049000001	Unknown		Unknown		

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

Enter applicable data in the highlighted fields. After entering the data go to Page 1, the tab is at the bottom, you will see that the data you entered here has been prefilled. Also notice that some of the fields have a red mark in the right hand corner, these are comments pertaining to data entry. This is a protected documented to ensure that the formula and cell references are not modified.

PHA Name/Number	Beacon Housing Authority NY049		
Locality (City/County & State)	Beacon, New York		
Original	X		
Revision		**Revision No.**	
Development Number and Name			
Year 1 - FFY	2009	**Non-CFP Funds**	
Year 2 - FFY	2010	**Non-CFP Funds**	
Year 3 - FFY	2011	**Non-CFP Funds**	
Year 4 - FFY	2012	**Non-CFP Funds**	
Year 5 - FFY	2013	**Non-CFP Funds**	

Capital Fund Program - Five Year Action Plan

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/Number **Beacon Housing Authority NY049** | Locality (City/County & State) Beacon, New York | X Original 5-Year Plan | Revision No:

	Development Number and Name 0	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
A.						
B.	Physical Improvements Subtotal	Annual Statement	154,776	154,776	154,776	154,776
C.	Management Improvements		145,000	145,000	145,000	145,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds		299,776	299,776	299,776	299,776
L.	Total Non-CFP Funds	0	0	0	0	0
M.	Grand Total	0	299,776	299,776	299,776	299,776

Capital Fund Program - Five Year Action Plan

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 (Continuation)

PHA Name/Number **Beacon Housing Authority NY049** | Locality (City/County & State) Beacon, New York | X Original 5-Year Plan | Revision No:

	Development Number and Name 0	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
	NY049000001	Annual Statement	299,776	299,776	299,776	299,776
			299,776	299,776	299,776	299,776
		0	0	0	0	0
		0	299,776	299,776	299,776	299,776

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

Work Statement for Year 1 FFY 2009	Work Statement for Year 2010 FFY 2010			Work Statement for Year 2011 FFY 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	**NY049000001**			**NY049000001**		
Annual	Balcony door replacement (FH)	104	60,000	Parking lot replacement	5	154,776
Statement	Mail boxes (FH)	1	12,000			
	Closet doors (FH)	208	35,000			
	Bathtub inserts (FH)	20	12,000			
	Roof replacement (FH Community Center)	1	35,776			
	Subtotal of Estimated Cost		$154,776	Subtotal of Estimated Cost		$154,776

Capital Fund Program - Five Year Action Plan

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 - Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2009	Work Statement for Year 2012 FFY 2012			Work Statement for Year 2013 FFY 2013		
	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	**NY049000001**			**NY049000001**		
Annual	Elevator improvements	3	154,776	Kitchen and bathrooms	12	154,776
Statement						
	Subtotal of Estimated Cost		$154,776	Subtotal of Estimated Cost		$154,776

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

Work Statement for Year 1 FFY 2009	Work Statement for Year 2010 FFY 2010		Work Statement for Year 2011 FFY 2011	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	**NY049000001**		**NY049000001**	
Annual	Operations	75,000	Operations	75,000
Statement	Management Improvements	20,000	Management Improvements	20,000
	Administration	25,000	Administration	25,000
	A&E		A&E	25,000
	Subtotal of Estimated Cost	$120,000	Subtotal of Estimated Cost	$145,000

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

Work Statement for Year 1 FFY 2009	Work Statement for Year 2012 FFY 2012		Work Statement for Year 2013 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	**NY049000001**		**NY049000001**	
Annual	Operations	75,000	Operations	75,000
Statement	Management Improvements	20,000	Management Improvements	20,000
	Administration	25,000	Administration	25,000
	A&E	25,000	A&E	25,000
	Subtotal of Estimated Cost	$145,000	Subtotal of Estimated Cost	$145,000

Attachment ny049e01
Resident Advisory Board Comments

The Resident Advisory Board asked that any policies that are being revised show the revised date on the bottom of the policy. BHA agreed and dates have been added to the bottom of the policies.

Attachment ny049f01
Challenged Elements

No elements were challenged.