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: Housing Authority of the City of Cocoa PHA Code: 019

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

PHA Fiscal Year Beginning: (MM/YYYY): 07/2010

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

Number of PH units: 327 Number of HCV units: 149

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:

To provide decent, safe, and sanitary housing for clients of extremely low income through moderate income levels by developing and maintaining productive relationships with community housing partners. Further, to pursue the identification and delivery of diverse services geared to promote opportunities for social upward mobility and economic self-sufficiency. Also, to develop initiatives to expand designated housing opportunities for group requiring special needs, i.e., elderly and non-elderly disabled. Finally, to create, implement and administer redevelopment initiatives that will seek to update/replace dated units that have become too costly to maintain in their current status while using mixed financing options to provide new and innovative revenue streams to assist in financial sustainability.

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.

PHA Goals and Objectives

1. **Increase the availability of decent, safe, and affordable housing**
   PHA Goal: Expand the supply of assisted housing
   Objectives: Leverage private or other public funds to create additional housing opportunities and acquire or build units or developments

   PHA Goal: Improve the quality of assisted housing
   Objectives: Improve public housing management PHAS score, concentrate on efforts to improve specific management functions (e.g., public housing finance, voucher unit inspections), renovate or modernize public housing units, demolish or dispose of obsolete public housing, and provide replacement public housing.

2. **Improve community quality of life and economic vitality**
   PHA Goal: Provide an improved living environment
   Objectives: Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments, implement public housing security improvements, and designate developments or buildings for particular resident groups (elderly and persons with disabilities)

3. **Promote self-sufficiency and asset development of families and individuals**
   PHA Goal: Promote self-sufficiency and asset development of assisted households
   Objectives: Increase the number and percentage of employed persons in assisted families, provide or attract supportive services to improve assistance recipients' employability, and provide or attract supportive services to increase independence for the elderly or families with disabilities.

4. **Ensure Equal Opportunity in Housing for all Americans**
   PHA Goal: Ensure equal opportunity and affirmatively further fair housing
   Objectives: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability; undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability; and undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.

	5. Administration and Management (Category I) PHA Goal: To improve our levels of both regulatory compliance and program integrity throughout all areas of the organizational operations. Objectives: Establish an element of the organization specifically within the management structure that has as its primary mission the systematic organizing, administering, and tracking of all time-sensitive, score related, submissions and transmittals. This element will also be responsible for performing quality assurance reviews of critical actions performed by all functional areas and reporting results directly to Interim CEO. To standardize the preparation, periodic review, and required updating of all local procedures and practices to ensure that includes board directed policies and HUD directed guidelines. **6. Operations (Category II)** Objectives: Develop innovative partnerships to allow continuation of the Housing Authority's five year physical improvement schedule to support exterior building improvements while maintaining UPCS compliance. **[See Attachment #6]**
6.0	**PHA Plan Update** (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: None (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. The public can receive a copy of the PHA 5 year and Annual Plan at our executive office located at 615 Kurek Ct., Merritt Island, FL 32953. Also, the PHA 5 year and Annual Plan are posted for review and comments at the following locations; Melbourne Housing Authority, 1686 Marywood Road, Florida 32934 and Housing Authority of the City of Cocoa, 1053 Fern Avenue, Cocoa, Florida 32922. **PHA Plan Elements** **1. Eligibility, Selection and Admission Polices, including Deconcentration and Wait List Procedure.** **Eligibility [Reference HUD Approved ACOP Chapter 3]** To be eligible for the public housing program: • The applicant family must: Qualify as a family as defined by HUD and the PHA. Have income at or below HUD-specified income limits. Qualify on the basis of citizenship or the eligible immigrant status of family members. Provide social security number information for family members as required. Consent to the PHA's collection and use of family information as provided for in PHA-provided consent forms. • The PHA must determine that the current or past behavior of household members does not include activities that are prohibited by HUD or the PHA. **Admission Polices [Reference HUD Approved ACOP Chapter 3]** The plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income. **Selection [Reference HUD Approved ACOP Chapter 4]** When an applicant or resident family requests a copy of the PHA's tenant selection policies, the PHA will provide copies to them free of charge **Deconcentration – No Deconcentration Admission in 2010** **Wait List Procedure [Reference HUD Approved ACOP Chapter 4]** • The waiting list will contain the following information for each applicant listed: 1. Name and social security number of head of household 2. Relevant housing authority 3. Unit size required (number of family members) 4. Accessibility requirement, if any 5. Date and time of application or application number 6. Household type (family, elderly, disabled) 7. Admission preference, if any • The PHA will maintain one single community-wide waiting list for its developments. • The PHA will not adopt site-based waiting lists. **Section 8 Plan Elements** **1. Eligibility, Selection and Admission Polices, including Deconcentration and Wait List Procedure.** **Eligibility [Reference HUD Approved Administrative Plan for Section 8 Chapter 3]** To be eligible for the HCV program: • The applicant family must: Qualify as a family as defined by HUD and the PHA.

Section 8 Plan Elements (Continue)

Have income at or below HUD-specified income limits.

Qualify on the basis of citizenship or the eligible immigrant status of family members.

Provide social security number information for family members as required.

Consent to the PHA's collection and use of family information as provided for in PHA-provided consent forms.

HACC will deny any applicant who is a student or discontinue assistance to any student who is under 24 years of age unless they are married, are a veteran, has a dependant child, is not otherwise individually eligible or if the parents of the student are ineligible based on their individual or joint income.

- The PHA must determine that the current or past behavior of household members does not include activities that are prohibited by HUD or the PHA.

Admission Polices [Reference HUD Approved Administrative Plan for Section 8 Chapter 3]
The plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income.

Selection [Reference HUD Approved Administrative Plan for Section 8 Chapter 4]

ORDER OF SELECTION

Local Preferences

First Preference: These applicants will be selected first and ranked in the following order:
(1) Families with at least one adult who is employed. (This ranking extended equally to elderly families or a family whose head or spouse is receiving income based on their inability to work).

Second Preference: These applicants will be selected after the First Preference applicants and ranked in the following order:

(2) Families that have been determined to be victims of domestic violence.
Within each preference category above, applicants will be selected by date and time of application.

FINAL VERIFICATION OF PREFERENCES

Preference information on applications will be updated as applicants are selected from the waiting list. At that time, the HA will:

Mail a Preference Verification letter to the applicant's last known address, requesting verification of the family's preference claim and mail third party verifications as applicant

PREFERENCE DENIAL

If the HA denies a preference, the HA will notify the applicant in writing of the reasons why the preference was denied and offer the applicant an opportunity for an informal meeting/a review. If the preference denial is upheld as a result of the meeting or the applicant does not request a meeting, the applicant will be placed on the waiting list without benefit of the preference. Applicants may exercise other rights if they believe they have been discriminated against. If the applicant falsifies documents or makes false statements in order to qualify for any preference, they will be removed from the Waiting List.

Deconcentration – No Deconcentration Admission in 2010

Wait List Procedure [Reference HUD Approved Administrative Plan for Section 8 Chapter 4]

- The waiting list will contain the following information for each applicant listed:
  1. Name and social security number of head of household
  2. Relevant housing authority
  3. Unit size required (number of family members)
  4. Accessibility requirement, if any
  5. Date and time of application or application number
  6. Household type (family, elderly, disabled)
  7. Admission preference, if any
- The PHA will maintain one single community-wide waiting list for its developments.
- The PHA will not adopt site-based waiting lists.

2. Financial Resources

HACC Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2010 grants)**		
a) Public Housing Operating Fund	$1,185,633	
b) Public Housing Capital Fund	$594,028	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	$650,000	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
RHF Grant	$129,335	
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	$520,560	PH OPERATIONS
4. Other income (list below)		
Excess Utilities	$270	PH OPERATIONS
Other Operations Income	$15,924	PH OPERATIONS
Interest	$60	OTHER
5. Non-federal sources (list below)		
Total resources	$3,095,810	

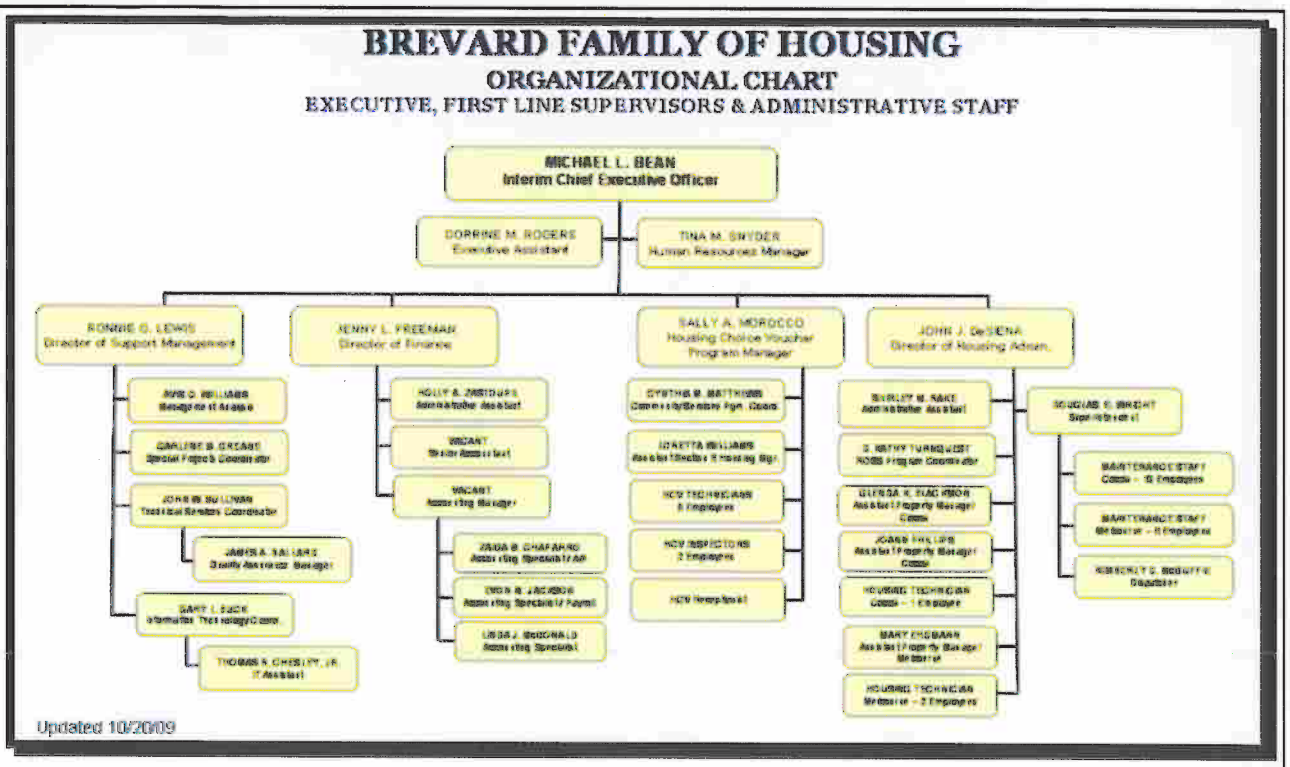
3. Rent Determination [HUD Approved Administrative Plan for Section 8 Chapter 6]

A family's income determines eligibility for assistance and is also used to calculate the family's rent payment. The PHA will use the policies and methods described in the HCV plan in chapter 6 to ensure that only eligible families receive assistance and that no family pays more or less than its obligation under the regulations.

4. Operation and Management

Public Housing Maintenance and Management
Admission & Continued Occupancy Policy
Maintenance Charge List
After Hours Emergency Service Call Policy
Pest Control Policy

Section 8 Management
Section 8 Administrative Plan



5. **Grievance Procedure [Reference HUD Approved ACOP Chapter 14]**
Any evidence to be considered by the hearing officer must be presented at the time of the hearing. There are four categories of evidence.

Oral evidence: the testimony of witnesses

Documentary evidence: a writing which is relevant to the case, for example, a letter written to the PHA. Writings include all forms of recorded communication or representation, including letters, emails, words, pictures, sounds, videotapes or symbols or combinations thereof.

Demonstrative evidence: Evidence created specifically for the hearing and presented as an illustrative aid to assist the hearing officer, such as a model, a chart or other diagram.

Real evidence: A tangible item relating directly to the case.

Hearsay Evidence is evidence of a statement that was made other than by a witness while testifying at the hearing and that is offered to prove the truth of the matter. Even though evidence, including hearsay, is generally admissible, hearsay evidence alone cannot be used as the sole basis for the hearing officer's decision.

If the PHA fails to comply with the discovery requirements (providing the tenant with the opportunity to examine PHA documents prior to the grievance hearing), the hearing officer will refuse to admit such evidence.

Other than the failure of the PHA to comply with discovery requirements, the hearing officer has the authority to overrule any objections to evidence.

Grievance Procedure – HCV Program [HUD Approved Administrative Plan for Section 8 Chapter 16]

The PHA will only offer participants the opportunity for an informal hearing when required to by the regulations.

A request for an informal hearing must be made in writing and delivered to the PHA either in person or by first class mail, by the close of the business day, no later than 10 business days from the date of the PHA's ineligible notice or notice of other adverse action. Participants will be advised of their hearing rights at orientation and ineligible notices will advise participants of their rights in bold print. If the request is not made within ten (10) business days the participant will not be given an informal review. An exception will be made if the participant can document "good cause" for failing to request the review within the deadline, or if it is needed as a reasonable accommodation for a person with disabilities. Good cause is defined as an unavoidable conflict which seriously affects the health, safety or welfare of the family.

Upon receipt of the request for informal hearing, a program manager will coordinate a preliminary meeting in person or by telephone with the participant within ten (10) business days to determine 1) if the matter was requested within the ten (10) day deadline and is an issue that qualifies for an informal hearing; 2) If the matter can be resolved without an informal hearing; 3) If an impasse is reached, the Program Manager must request the administrative office to schedule an informal hearing within 10 business days of the informal meeting in person or by telephone.

6. **Designated Housing for Elderly and Disabled Families**
(1) No Designated housing for elderly and disabled families

7. Community Service and Self-Sufficiency [Reference HUD Approved ACOP Chapter 11 and ROSS Grant]

(1) PHA offers **Resident Opportunities and Self-Sufficiency (ROSS),** a program that provides various training skills and educational tools, for low-income families to remove barriers to economic self-sufficiency. The HCV program offers **Family Self-Sufficiency (FSS),** a voluntary program of Housing and Urban Development. The goal of this program is to assist families in becoming independent of public assistance programs. The FSS Program is available to all eligible families currently receiving Housing Choice Voucher Program assistance through the housing authority, providing there are openings.

(2) The PHA will aggressively market Self Sufficiency Programs through outreach in the community, both verbal and written. The public housing rent determination policies, public housing admissions policies, and preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA.

(3) Adopt appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies. Inform residents of new policy on admission and reexamination. Actively notifying residents of new policy at times in addition to admission and reexamination. Establish or pursue a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services. Establish a protocol for exchange of information with all appropriate TANF agencies.

8. Safety and Crime Prevention

i. Describe the need for measures to ensure the safety of public housing residents

- High incidence of violent and/or drug related crime in some or all of the PHA's developments
- High incidence of violent and/or drug related crime the areas surrounding or adjacent to the PHA's development
- Residents are fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent or drug- related crime
- Perceived and/or observed gang related activity
- Increased incidence of weapon reports and weapon related acts of violence

ii Crime Prevention activities conducted or to be conducted by the PHA

- Activities targeted to youth, adults and seniors
- Collaborative efforts with local Faith Based and Community Organizations, neighborhood watch groups, civic organizations, Law Enforcement and/or other County, State or Federal entities
- Encourage resident participation in the planning, implementation and evaluation of crime prevention activities, awareness/educational campaigns and programs

iii Coordination between PHA and the police

- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g. designated community and neighborhood
- Officers to patrol in and around public housing
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Partnership agreement through Project Safe Neighborhood – Department of Justice for provision of above-baseline law enforcement services.

9. Pets [Reference HUD Approved ACOP Chapter 10] - HCV does not have Pet Policy

Pets must be registered with the PHA before they are brought onto the premises.

Registration includes documentation signed by a licensed veterinarian or state/local authority that the pet has received all inoculations required by state or local law, and that the pet has no communicable disease(s) and is pest-free. This registration must be renewed annually and will be coordinated with the annual reexamination date.

Pets will not be approved to reside in a unit until completion of the registration requirements.

Common household pet means a domesticated animal, such as a dog, cat, or bird that is traditionally recognized as a companion animal and is kept in the home for pleasure rather than commercial purposes.

For an animal to be excluded from the pet policy and be considered an assistance animal, there must be a person with disabilities in the household, and the family must request and the PHA approve a reasonable accommodation in accordance with the policies contained in Chapter 2 in the PHA ACOP.

Residents must care for assistance animals in a manner that complies with state and local laws, including anti-cruelty laws.

Residents must ensure that assistance animals do not pose a direct threat to the health or safety of others, or cause substantial physical damage to the development, dwelling unit, or property of other residents.

When a resident's care or handling of an assistance animal violates these policies, the PHA will consider whether the violation could be reduced or eliminated by a reasonable accommodation. If the PHA determines that no such accommodation can be made, the PHA may withdraw the approval of a particular assistance animal.

10. Civil Rights Certifications

Civil rights certifications are included in the PHA Plan Certification of Compliance with the PHA Plans and Related Regulations (form HUD-50077).

11. Fiscal Year Audit

Preparation for the year of 2009 & 2010 Financial Audit is under way, and both year audits will start simultaneously by our new auditor Yeager Boyd, CPAs and Associates, LLP. The projected start date will start in mid to late summer.

12. Asset Management

The Housing Authority of the City of Cocoa is tracking inventory by AMP as required by HUD. The Agency has designated capital funds to rehabilitate and modernize specific units as stated in capital funding documents.

13. Violence Against Women (VAWA)

In accordance with the Violence Against Women Act (VAWA), Cocoa Housing Authority (PHA) will not deny admission to any applicant on the basis that the applicant or a member of the applicant's immediate household is or has been a victim of domestic violence, dating violence, or stalking if the applicant is otherwise qualified. PHA will request applicant's who allege they are victims to certify via a HUD approved certification form that they are a victim of domestic violence and that an incident or incidents are bona fide incidents of such actual or threatened abuse. The certification form must be received by PHA within 14 days of receipt and must include the name of the perpetrator. PHA shall ensure the information received regarding victims of domestic violence will be maintained in confidential files, will not be entered into a shared database, will not be provided to any other entity unless the victim requests and consents; or unless otherwise required for use in eviction proceedings or required by law.

Landlords participating in the Section 8 HCV program should not terminate the lease of an individual or family solely because of domestic violence. VAWA states that criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of tenant's household, guest, or other person under tenant's control shall not be cause for termination of tenancy or assistance if tenant or immediate member of tenant's family is a victim of that violence or stalking.

A landlord may terminate a tenant who engages in criminal acts of violence against family members or others.

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.*

(a). PHA does not have a Hope VI Program. Also, the PHA will be engaging in mixed-finance development activities with the following projects FL 19-4 and FL 19-2 Re-develop (to be named Magnolia Point)
(b). There is no demolition or disposition for PHA for FY 2010
(c). There is no conversion of public housing activities for PHA for FY 2010
(d). There is no homeownership administered for FY 2010
(e). No project-based vouchers are requested for FY 2010

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.
[See Attachment #2]

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.
[See Attachment #2]

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. The source of information the PHA used to conduct this analysis was gathered from consolidated plan of the Jurisdiction 2005 – 2010 and the U.S. Census data: the Comprehensive Housing Affordability Strategy (CHAS) dataset.

Housing Needs of Families in the Jurisdiction by Family Type

Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location
Income <= 30% of AMI	292	5	5	4	5	5	4
Income >30% but <=50% of AMI	312	4	4	3	4	4	3
Income >50% but <80% of AMI	989	0	3	2	3	2	2
Elderly	463	5	5	4	5	3	4
Families with Disabilities	728	5	4	4	3	2	4
Caucasian	1450	3	4	3	3	5	4
African American/Non-Hispanic	1245	5	5	4	3	5	4

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.** **Need: Shortage of affordable housing for all eligible populations** • Employ effective maintenance and management policies to minimize the number of public housing units off-line • Reduce turnover time for vacated public housing units • Reduce time to renovate public housing units • Seek replacement of public housing units lost to the inventory through mixed finance development • Maintain or increase Section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction • 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 marketing the program to owners, particularly those outside of areas of minority and poverty concentration • Maintain or increase Section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program • Apply for additional Section 8 units should they become available • Leverage affordable housing resources in the community through the creation of mixed - finance housing **Need: Specific Family Types: Families at or below 30% of median** • Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing • Employ admissions preferences aimed at families with economic hardships • Adopt rent policies to support and encourage work **Need: Specific Family Types: Families at or below 50% of median** • Employ admissions preferences aimed at families who are working **Need: Specific Family Types: The Elderly** • Seek designation of public housing for the elderly • Apply for special-purpose vouchers targeted to the elderly, should they become available • Expand the opportunities for community social service partners to provide their activities to the HACC elderly properties. **Need: Specific Family Types: 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 **Strategy for Addressing Housing Needs. (Continued)** **Need: Specific Family Types: Races or ethnicities with disproportionate housing needs** • Affirmatively market to races/ethnicities shown to have disproportionate housing needs • 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
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 PHA is meeting its mission and goals by providing decent, safe, and sanitary housing for persons of extremely low income through moderate income levels. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" **[See Attachment #3]** (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. • The Housing Authority of the City of Cocoa has a fully executed MOA with our Miami field office. The PHA has developed, implemented, tracked, collected and monitored the information that is requested of our PHA to bring our performance up to HUD standards.
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. **[See Attachment #4]** (g) Challenged Elements **[See Attachment #5]** The Housing Authority of the City of Cocoa has no challenged elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) **[See Attachment #2]** (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only) **[See Attachment #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: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950110** Replacement Housing Factor Grant No: Date of CFFP: _____	**FFY of Grant: 2010** **FFY of Grant Approval:**

Type of Grant
☒ **Original Annual Statement 10.8.09** ☐ **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	0			
2	1406 Operations (may not exceed 20% of line 21) [3]	109,289			
3	1408 Management Improvements	77,319			
4	1410 Administration (may not exceed 10% of line 21)	54,644			
5	1411 Audit	27,295			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	30,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	213,000			
11	1465.1 Dwelling Equipment—Nonexpendable	12,000			
12	1470 Non-dwelling Structures	0			
13	1475 Non-dwelling Equipment	8,000			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration	0			
16	1495.1 Relocation Costs	4,900			
17	1499 Development Activities [4]	10,000			
18a	1501 Collateralization or Debt Service paid by the PHA	0			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0			
19	1502 Contingency (may not exceed 8% of line 20)	0			
20	Amount of Annual Grant: (sum of lines 2 – 19)	546,447			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Activities	0			
23	Amount of line 20 Related to Security – Soft Costs	0			
24	Amount of line 20 Related to Security – Hard Costs	20,000			
25	Amount of line 20 Related to Energy Conservation Measures	40,000			

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

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

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

Part I: Summary

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950110** Replacement Housing Factor Grant No: Date of CFFP: _____	**FFY of Grant: 2010** **FFY of Grant Approval:**

Type of Grant
☒ **Original Annual Statement 10.08.09** ☐ **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**
Michael J. Brown		4/8/2010			

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950110** CFFP (Yes/No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2010**

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. FL01900007	Major Modification (Peachtree Manor) Plumbing – Sewer laterals, clean outs, fixtures, sinks, tubs. Structural – Block wall repair, framing, shelving, Upgrade Electrical Panels, Replace Gas Hot Heaters with Electric, Replace Stoves, Replace Furnaces, Replace kitchen cabinets, replace floor & wall tile, drywall, and relocate gas piping. Electrical – GFI repair/installation, light switch & outlet installation, HVAC. Relocation of heater switches, installed new heaters, and water heaters.	1460	7	$213,000				
	Sub Total			**$213,000**				
2. FL01900007 FL01900007 FL01900007 FL01900007	Barlow Homes Peachtree Manor Pineda Homes Moore Homes Dwelling equipment (refrigerator and stove replacement)	1465.1 1465.1 1465.1 1465.1	3 10 5 14	$1,137.00 $3,790.00 $1895.00 $5,178.00				
	Sub Total			**$12,000.00**				
3. Relocation Costs FL01900006	Relocation Costs	1495.1		$4,900.00				
	Sub Total			**$4,000.00**				
4. Development Activates	Re-developmental Professional Services Legal Fees	1499		$10,000.00				
	Sub Total			**$10,000.00**				

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

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950110** CFFP (Yes/No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2010**

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]	
5. Management Improvements	a. Staff Training to Obtain efficient PHAS Scores	1408		$3,500.00				
	b. Employability and Vocational Training	1408		$25,000.00				
	c. Child Care Services	1408		$9,500.00				
	d. Financial Education Wallet Wisdom Courses	1408		$500.00				
	e. Credit Counseling and Debt Elimination	1408		$500.00				
	f. Youth Initatives	1408		$10,000.00				
	g. Transportation Services	1408		$2,000.00				
	h. Activities Material	1408		6,319,00				

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

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950110** CFFP (Yes/No): Replacement Housing Factor Grant No:					**Federal FFY of Grant: 2010**		
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]**	
	SEMINARS							
	d. Physical Needs Assessment	1408		20,000.00				
	Sub Total			**$77,319.00**				
6. Non-Dwelling Equipment	Non-Dwelling Equipment (Computer Hardware)	1475		$8,000.00				
	Sub Total			**$8,000.00**				
7. Administration	Pro rate Salary of Technical Services Coordinator w/Benefits	1410		$16,500.00				
	PHA Wide Administrative costs to include PILOT fees, property insurance	1410		$38,144.00				
	Sub Total			**$54,644.00**				

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

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950110** CFFP (Yes/No): Replacement Housing Factor Grant No:					**Federal FFY of Grant: 2010**		
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]**	
8. Fees & Costs	Advertising, Painting, testing & Other Costs related to Contracts – Architect Fees	1430		$20,000.00				
	Re-developmental Professional Support (Architects, Environmental, Financial, Tax Credit Support)	1430		$10,000.00				
	Sub Total			**$30,000**				
9. Operations	Operations	1406		$109,289.00				
	Sub Total			**$109,289.00**				
10. Audit Fees	Audit Fees	1411		$27,295.00				
	Sub Total			**$27,295.00**				
	Grand Total			**$546,447.00**				

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

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number **Housing Authority of the City of Cocoa**			Locality (City/County & State)		☒**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 FFY **2010**	Work Statement for Year 2 FFY **2011**	Work Statement for Year 3 FFY **2012**	Work Statement for Year 4 FFY **2013**	Work Statement for Year 5 FFY **2014**
		Annual Statement				
B.	Physical Improvements Subtotal		$213,000.00	$213,000.00	$213,000.00	$213,000.00
C.	Management Improvements		$77,319.00	$77,319.00	$77,319.00	$77,319.00
D.	PHA-Wide Non-dwelling Structures and Equipment		$8,000.00	$8,000.00	$8,000.00	$8,000.00
E.	***Administration***		54,644.00	54,644.00	54,644.00	54,644.00
F.	Other		74,195.00	74,195.00	74,195.00	74,195.00
G.	Operations		$109,289.00	$109,289.00	$109,289.00	$109,289.00
H.	Demolition		0	0	0	0
I.	Development		$10,000.00	$10,000.00	$10,000.00	$10,000.00
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds	0				
M.	Grand Total	**$546,447.00**	**$546,447.00**	**$546,447.00**	**$546,447.00**	**$546,447.00**

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

Work Statement for Year 1 FFY **2010**	Work Statement for Year FFY **2011**			Work Statement for Year: FFY **2012**		
	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	FL019000007 - Peachtree Manor	**7 Units**		FL019000006 - Peachtree Manor	**6 Units**	
	Modernization			Modernization		
	Building Interior			Building Interior		
	Carpentry		$60,000.00	Carpentry		$60,000.00
	Electrical		$57,500.00	Electrical		$57,500.00
	Mechanical		$50,000.00	Mechanical		$50,000.00
	Plumbing		$45,500.00	Plumbing		$45,500.00
	Subtotal of Estimated Cost		$213,000.00	Subtotal of Estimated Cost		$213,000.00

Capital Fund Program—Five-Year Action Plan

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

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

Work Statement for Year 1 FFY **2010**	Work Statement for Year FFY **2013**			Work Statement for Year: FFY **2014**		
	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	FL019000007 - Peachtree Manor	7 Units		FL019000007 - Pineda Homes	14 Units	
	Modernization			Modernization		
	Building Interior			Building Interior		
	Carpentry		$60,000.00	Carpentry		$60,000.00
	Electrical		$57,500.00	Electrical		$57,500.00
	Mechanical		$50,000.00	Mechanical		$50,000.00
	Plumbing		$45,500.00	Plumbing		$45,500.00
	Subtotal of Estimated Cost		$213,000.00	Subtotal of Estimated Cost		$213,000.00

Capital Fund Program—Five-Year Action Plan

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

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

Work Statement for Year 1 FFY **2010**	Work Statement for Year FFY **2011**		Work Statement for Year FFY **2012**	
	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	**FL019000007**		**FL019000007**	
	Staff Training To Obtain Efficient PHA's Score.	$3,500.00	Staff Training To Obtain Efficient PHA's Score.	$7,500.00
	Resident Employment and Capacity Building	$21,528.00	Resident Employment and Capacity Building	$29,528.00
	Economic Self Sufficient	$32,291.00	Economic Self Sufficient	$40,291.00
	Physical Needs Assessment	$20,000.00		
	Subtotal of Estimated Cost	$77,319.00	Subtotal of Estimated Cost	$77,319.00

Capital Fund Program—Five-Year Action Plan

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

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

Work Statement for Year 1 FFY **2010**	Work Statement for Year FFY **2013**		Work Statement for Year FFY **2014**	
	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	**FL019000007**		**FL019000007**	
	Staff Training To Obtain Efficient PHA's Score.	$7,500.00	Staff Training To Obtain Efficient PHA's Score.	$7,500.00
	Resident Employment and Capacity Building	$29,528.00	Resident Employment and Capacity Building	$29,528.00
	Economic Self Sufficient	$40,291.00	Economic Self Sufficient	$40,291.00
	Subtotal of Estimated Cost	$77,319.00	Subtotal of Estimated Cost	$77,319.00

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: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP: _____ Replacement Housing Factor Grant No: **FL14R01950106**	**FFY of Grant: 2006** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/09** ☐ **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	16,343.00		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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]		16,343.00	0	0
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)	**16,343.00**	16,343.00	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 – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

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

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

Part I: Summary					
PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP: _____	Replacement Housing Factor Grant No: **FL14R01950106**		**FFY of Grant: 2006** **FFY of Grant Approval:**	
Type of Grant ☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)** ☒ **Performance and Evaluation Report for Period Ending: 12/31/09** ☐ **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** 04/08/2010	Signature of Public Housing Director		**Date**

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No: **FL14R01950106**	**Federal FFY of Grant: 2006**

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. Fees and Costs	Magnolia Point	1430		$16,343.00	0	0	0	
	Sub Total			**$16,343.00**	**0**	**0**	**0**	
2. Development Activities	Magnolia Point	1499			$16,343.00	0	0	
	Sub Total			**0**	**$16,343.00**	**0**	**0**	
	Grand Total			**$16,343.00**	**$16,343.00**	**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.

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

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

Part I: Summary

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950107** Date of CFFP: _____ Replacement Housing Factor Grant No:	**FFY of Grant: 2007** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no:** #4) 3/24/10
☒ **Performance and Evaluation Report for Period Ending:** 12/31/09 ☐ **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	-0-	-0-		
2	1406 Operations (may not exceed 20% of line 21) [3]	$116,018.00	$116,018.00	**$116,018.00**	$102,559.42
3	1408 Management Improvements	$ 53,138.00	**$ 22,140.83**	**$22,140.83**	$22,140.83
4	1410 Administration (may not exceed 10% of line 21)	$ 15,673.00	$ 15,673.00	**$15,673.00**	$6,530.42
5	1411 Audit	$ 10,000.00	$ 10,000.00	$10,000.00	$10,000.00
6	1415 Liquidated Damages	-0-	-0-		
7	1430 Fees and Costs	$41,760.00	**$57,916.90**	**$57,916.90**	$39,416.90
8	1440 Site Acquisition	-0-	-0-		
9	1450 Site Improvement	-0-	-0-		
10	1460 Dwelling Structures	$202,689.00	**$238,300.14**	**238,300.14**	$134,089.75
11	1465.1 Dwelling Equipment—Nonexpendable	$ 14,600.00	$ 14,600.00	$14,600.00	$14,600.00
12	1470 Non-dwelling Structures	-0-	-0-		
13	1475 Non-dwelling Equipment	-0-	-0-		
14	1485 Demolition	75,000.00	$54,229.13	**$54,229.13**	$54,229.13
15	1492 Moving to Work Demonstration	-0-	-0-		
16	1495.1 Relocation Costs	-0-	-0-		
17	1499 Development Activities [4]	$51,213.00	$51,213.00	$51,213.00	$51,213.00
18a	1501 Collateralization or Debt Service paid by the PHA	-0-	-0-		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	-0-	-0-		
19	1502 Contingency (may not exceed 8% of line 20)	-0-	-0-		
20	Amount of Annual Grant: (sum of lines 2 – 19)	**$580,091.00**	**$580,091.00**	**$580,091.00**	**$434,779.45**
21	Amount of line 20 Related to LBP Activities	$25,000.00	$25,000.00		
22	Amount of line 20 Related to Section 504 Activities	-0-	-0-		
23	Amount of line 20 Related to Security – Soft Costs	$100,000.00	$100,000.00		
24	Amount of line 20 Related to Security – Hard Costs	-0-	-0-		
25	Amount of line 20 Related to Energy Conservation Measures	$100,000.00	$100,000.00		

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

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

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

Part I: Summary				
PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950107** Date of CFFP: _____		Replacement Housing Factor Grant No:	**FFY of Grant: 2007** **FFY of Grant Approval:**
Type of Grant ☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 4) 3/24/10** ☐ **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** 4/15/2010	Signature of Public Housing Director	**Date**

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950107** 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 [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
1. FL 19-3	Complete Roof Replacement (Peachtree Manor)	1460	8 Building	$188,097.00	$133,758.50	$133,758.50	$133,758.50	Complete
FL 19-5AE Pineda Homes	Replacement of Roof to include but not limited to removal of existing roof, replacement of sheathing, soffit, facia and shingles.							
	Sub Total			**$188,097.00**	**$133,758.50**	**$133,758.50**	**$133,758.50**	
2. PHA Wide	FL19-1 Barlow Homes FL19-3Peachtree Manor FL19-5Moore & Pineda Homes Mini Modernization Vacancy Replace kitchen cabinets, floor & wall tile, sinks & bathtubs, plumbing & electrical fixtures drywall as needed.	1460 1460 1460	1 0 14	$4,850.00 $45,942.00 $38,800.00	**$14,039.36** $0 **$90,502.28**	**$14,039.36** **$90,502.28**	**331.25**	In progress In progress
3. PHA Wide	Demo 19-2 19-4 Remove concrete pathways, sidewalks, driveways and building pads to complete prior demo per City of Cocoa Code Enforcement	 1460 1460		 0 0	 **0** **0**			
	Sub Total			**$89,592.00**	**$104,541.64**	**$104,541.64**	**331.25**	
4. PHA Wide	FL19-3 Peachtree Manor FL19-5 Moore & Pineda Homes Total Dwelling Equipment (Refrigerator and Stove replacement).	1465.1 1465.1 1465.1 1465.1	20 0 19 0	R=$7,500.00 S= -0- R=$7,100.00 S= -0- $14,600.00	R=$7,500.00 S= -0- R=$7,100.00 S= -0- $14,600.00			Complete
	Sub Total			**$14,600.00**	**$14,600.00**	**$14,600.00**	**$14,600.00**	

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

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950107** 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 [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
5. PHA Wide Management Improvements	a. Staff Training To Obtain Efficient PHAS Scores, Maintain Maintenance Technology (Maintenance Training – Gas School, UPCS training, HVAC training	1408		$2,500.00	0			
	b. Resident Employment and Capacity	1408		$12,000.00	0			
	Building							
	Resident Training & Init. ➢ Resident Training & Init. - Resident Awareness and Responsibilities Training ➢ Florida Neighborhood Conference							
	Youth Initiatives ➢ Youth Summit Partnership (with Weed & Seed, LEO, Faith & Comm. Groups) ➢ Swimming Passes							
	Crime Prev. & DV Training ➢ Crime Prev. & DV Training ➢ 4 Mini Conferences (Senior Safety, Domestic Violence Awareness) ➢ Senior Fest							

[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: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950107** 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** [1]	**Funds Obligated** [2]	**Funds Expended** [2]	
	Outreach Services ➢ Newsletter Production ➢ Calendar of Services ➢ Meeting Signs ➢ Beautification Projects							
	➢ Homeownership Outreach ➢ Homeownership Month (June) ➢ Key Chains and Home Planning Manuals Booklets ➢ Manuals & Prizes							
	c. Economic Self Sufficiency	1408		$10,000.00	0			
	Public Service Aids (PSA) ➢ (2) Stipend to Elderly ➢ (2) Stipend to Families							
	➢ PSA Training							
	➢ Direct Services							
	SEMINARS							
	➢ Financial Responsibility (MONEY Smart) ➢ HomeOwnership (Fannie Mae – Opening the Door) ➢ Life Skills (House Management)							

[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: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950107** Replacement Housing Factor Grant No:	CFFP (Yes/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 [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
	➢ Indirect Services ➢ Transportation ➢ Incentive Award ➢ Miscellaneous							
	➢ Program Supplies ➢ "Success Kits" (Paper, folders, notebooks, pens, calculators, organizers)							
	➢ Resident Training ➢ Training on Employability Skills							
	d. Pro Rate Salary of Grant Writer w/Benefits	1408		$12,053.00	$12,053.00	$12,053.00	$12,053.00	Complete
	Salary & Benefits (Special Projects, Development Admin., Development Cost Acct.	1408		$16,585.00	**$10,087.00**	**$10,087.83**	$10,087.83	Complete
	e. Redevelopmental Professional Support (Architects, Environmental, Financial, Tax Credit support).	1408		-0-	-0-			
	Sub Total			**$53,138.00**	**$22,140.83**	**$22,140.83**	**$22,140.83**	

[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: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950107** 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 [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
6. PHA Wide	Pro-Rate Salary of Technical Services	1410		$15,673.00	$15,673.00	$6,530.42	$6,530.42	In progress
Administration	Coordinator w/Benefits							
	Sub Total			**$15,673.00**	**$15,673.00**	**$15,673.00**	**$6,530.42**	
7. Fee & Cost	Advertising, Painting, Testing & Other	1430		$1,500.00	$1,500.00	**$1,500.00**	0	
	Cost Related To Contracts &dev act.							
	A&E Services (FL19-3 & 19-5AE) LBP/ACM Consultant	1430		$20,100.00	$10,050.00	**$10,050.00**	$9,206.90	In progress
	Architects Fees	1430		$10,160.00	**$46,366.90**	**$46,366.90**	$30,210.00	In progress
	Sub Total			**$31,760.00**	**$57,916.90**	**$57,916.90**	**$39,416.90**	
8. PHA Wide	PHA Wide	1406		$116,018.00	$116,018.00	**$116,018.00**	$102,559.42	In progress
Operations	**Sub Total**			**$116,018.00**	**$116,018.00**	**$116,018.00**	**$102,559.42**	
9. Development Activities	Redevelopmental Professional Support	1499						
	Legal Fees	1499		$51,213.00	$51,213.00	$51,213.00	$51,213.00	Complete
	Sub Total			**$51,213.00**	**$51,213.00**	**$51,213.00**	**$51,213.00**	
10. Audit	Audit Cost	1411		$10,000.00	$10,000.00	$10,000.00	$10,000.00	Complete
	Sub Total			**$10,000.00**	**$10,000.00**	**$10,000.00**	**$10,000.00**	
11. Demolition	FL 19-2 Peter Young	1485		$35,000.00	**$10,329.37**	**$10,329.37**	**10,329.37**	Complete
	FL 19-4 Brockington Homes			$40,000.00	**$43,899.76**	**$43,899.76**	**$43,899.76**	
	Sub total			$75,000.00	**$54,229.13,**	**$54,229.13**	**$54,229.13**	
	Remove concrete pathways, sidewalks, driveways and building pads to complete prior demo per City of Cocoa Code Enforcement							
	Grand Total			**$580,091.00**	**$580,091.00**	**$434,779.45**	**$434,779.45**	

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

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

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

Part I: Summary

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: **FL14R01950107** Date of CFFP: _____	**FFY of Grant: 2007** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/09** ☐ **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	99,261.00		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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]		99,261.00	0	0
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)	**99,261.00**	99,261.00	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 – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

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

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

Part I: Summary			
PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP: _____	Replacement Housing Factor Grant No: **FL14R01950107**	**FFY of Grant: 2007** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/09** ☐ **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
[signature]		04/08/2010			

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No: **FL14R01950107**	**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 [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
1. Fees and Costs	Magnolia Point	1430		$99,261.00	0	0	0	
	Sub Total			**$99,261.00**	**0**	**0**	**0**	
2. Development Activities	Magnolia Point	1499			$$99,261.00	**0**	**0**	
	Sub Total			**0**	**$99,261.00**	**0**	**0**	
	Grand Total			**$99,261.00**	**$99,261.00**	**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.

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

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

Part I: Summary

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950108** Date of CFFP: _____ Replacement Housing Factor Grant No:	**FFY of Grant: 2008** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no:** #2) 3.24.10
☒ **Performance and Evaluation Report for Period Ending:** 12/31/09 ☐ **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	0	0		
2	1406 Operations (may not exceed 20% of line 21) [3]	116,044	116,044	116,044	34,116.15
3	1408 Management Improvements	116,044	116,044	9,228	9,228.00
4	1410 Administration (may not exceed 10% of line 21)	58,022	58,022	58,022	
5	1411 Audit	27,295	27,295		
6	1415 Liquidated Damages	0	0		
7	1430 Fees and Costs	6,000	25,500		
8	1440 Site Acquisition	0	0		
9	1450 Site Improvement	0	0		
10	1460 Dwelling Structures	180,000	204,689	20,783.13	20,783.13
11	1465.1 Dwelling Equipment—Nonexpendable	63,618	19,429	4,400.00	4,400.00
12	1470 Non-dwelling Structures	0	0		
13	1475 Non-dwelling Equipment	9,000	9,000	9,000	7,512.66
14	1485 Demolition	0	0		
15	1492 Moving to Work Demonstration	0	0		
16	1495.1 Relocation Costs	4,200	4,200		
17	1499 Development Activities [4]	0	0		
18a	1501 Collateralization or Debt Service paid by the PHA	0	0		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0		
19	1502 Contingency (may not exceed 8% of line 20)	0	0		
20	Amount of Annual Grant: (sum of lines 2 – 19)	**580,223**	**580,223**	**217,477.13**	**76,039.94**
21	Amount of line 20 Related to LBP Activities	25,000	25,000		
22	Amount of line 20 Related to Section 504 Activities	-0-	-0-		
23	Amount of line 20 Related to Security – Soft Costs	100,000	100,000		
24	Amount of line 20 Related to Security – Hard Costs	-0-	-0-		
25	Amount of line 20 Related to Energy Conservation Measures	100,000	100,000		

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

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

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

Part I: Summary					
PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950108** Date of CFFP: _____		Replacement Housing Factor Grant No:	**FFY of Grant: 2008** **FFY of Grant Approval:**	
Type of Grant ☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no:** #2) 3.24.10 ☒ **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**
		04/08/2010			

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950108** 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		Total Actual Cost		Status of Work
				Original	**Revised 1**	**Funds Obligated 2**	**Funds Expended 2**	
1. FL 19-2 Peter Young	Demo – Remove concrete pathways, sidewalks, driveways and building pads to complete prior demo per City of Cocoa Code Enforcement	1460	1	0	$19,184.00	$19,183.13	$19,183.13	Completed
	Sub Total			**0**	**19,184.00**	$19,183.13	$19,183.13	
2. FL 19-3 Peachtree Manor	Major Modification (Peachtree Manor) Plumbing – Sewer laterals, clean outs, fixtures, sinks, tubs. Structural – Block wall repair, framing, shelving, Upgrade Electrical Panels, Replace Gas Hot Heaters with Electric, Replace Stoves, Replace Furnaces, Replace kitchen cabinets, replace floor & wall tile, drywall, and relocate gas piping. Electrical – GFI repair/installation, light switch & outlet installation, HVAC. Relocation of heater switches, installed new heaters, and water heaters.	1460	5	$150,000.00	$155,505.00			
	Sub Total			**$150,000.00**	**$155.505.00**			
3. PHA Wide	FL19-1 Barlow Homes FL19-3 Peachtree Manor FL19-5 Moore & Pineda Homes Mini Modernization Vacancy Replace kitchen cabinets, floor & wall tile, sinks & bathtubs, plumbing & electrical fixtures drywall as needed.	1460 1460 1460	3 0 3	$15,000.00 0 $15,000.00	$15,000.00 0 $15,000.00	$1,600.00	$1,600.00	In-progress

	Sub Total			**$30,000.00**	**$30,000.00**	**$20,783.13**	**$20,783.13**	
4. PHA Wide	FL19-3 Peachtree Manor	1465.1	6	$2,190.00	$2,190.00			
	FL 19-1 Barlow Homes	1465.1	6	$1,428.00	$1,428.00			
	FL19-5Moore & Pineda Homes	1465.1	30	$60,000.00	$13,200.00	$4,400.00	$4,400.00	
	FL 19-1 Barlow Homes	1465.1	5	$0.00	**$2,611.22**			
	New Item							
	Washers and Dryers							
	Dwelling Equipment (Refrigerator and Stove replacement).							
	Sub Total			**$63,618.00**	**$19,429.22**	**$4,400.00**	**$4,400.00**	
5. PHA WIDE	Non dwelling Equipment	1475		$9,000.00	$9,000.00	$9,000.00	$7,512.66	
	Sub Total			**$9,000.00**	**$9,000.00**	**$9,000.00**	**$7,512.66**	
6. Relocation costs	Relocation cost	1495.1		$4,200.00	$4,200.00			
	Sub Total			**$4,200.00**	**$4,200.00**			

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

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950108** 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		Total Actual Cost		Status of Work
				Original	**Revised [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
7. Management Improvements	a. Staff Training To Obtain Efficient PHAS Scores, Maintain Maintenance Technology (Maintenance Training Gas School, UPCS training, HVAC training	1408		$5,500.00	$5,500.00	$978.00	$978.00	In-progress
	b. Resident Employment and Capacity	1408		$12,000.00	$12,000.00	$8,250.00	$8,250.00	In-progress
	Building							
	Resident Training & Init. ➢ Resident Training & Init. - Resident Awareness and Responsibilities Training ➢ Florida Neighborhood Conference							
	Youth Initiatives ➢ Youth Summit Partnership (with Weed & Seed, LEO, Faith & Comm. Groups) ➢ Swimming Passes							
	Crime Prev. & DV Training ➢ Crime Prev. & DV Training ➢ 4 Mini Conferences (Senior Safety, Domestic Violence Awareness) ➢ Senior Fest							

[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: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950108** 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		Total Actual Cost		Status of Work
				Original	**Revised [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
	Outreach Services ➢ Newsletter Production ➢ Calendar of Services ➢ Meeting Signs ➢ Beautification Projects							
	➢ Homeownership Outreach ➢ Homeownership Month (June) ➢ Key Chains and Home Planning Manuals Booklets ➢ Manuals & Prizes							
	c. Economic Self Sufficiency	1408		$10,000.00	$10,000.00			
	Public Service Aids (PSA) ➢ (2) Stipend to Elderly ➢ (2) Stipend to Families ➢ PSA Training ➢ Direct Services							
	SEMINARS							
	➢ Financial Responsibility (MONEY Smart) ➢ HomeOwnership (Fannie Mae – Opening the Door) ➢ Life Skills (House Management)							
	➢ Indirect Services ➢ Transportation ➢ Incentive Award ➢ Miscellaneous							

[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: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950108** 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		Total Actual Cost		Status of Work
				Original	**Revised [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
	➢ Program Supplies ➢ "Success Kits" (Paper, folders, notebooks, pens, calculators, organizers) ➢ Resident Training ➢ Training on Employability Skills							
	d. Pro Rate Salary of Grant Writer w/Benefits Salary and benefits (special projects, development administration, development cost accountant)	1408		$50,295.00	$50,295.00			
	e. Redevelopmental Professional Support (Architects, Environmental, Financial, Tax Credit support).	1408		$38,249.00	$38,249.00			
	Sub Total			**$116,044.00**	**$116,044.00**	**$9,228.00**	**$9,228.00**	
8. PHA Wide	Pro-Rate Salary of Technical Services	1410		$21,600.00	$21,600.00	$21,600.00		
Administration	Coordinator w/Benefits PHA Wide administrative costs to include PILOT fees, and property insurance			$36,422.00	$36,422.00	$36,422.00		
	Sub Total			**$58,022.00**	**$58,022.00**	**$58,022.00**		

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

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950108** Replacement Housing Factor Grant No:	CFFP (Yes/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		Total Actual Cost		Status of Work
				Original	**Revised [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
9. Fee & Cost	Advertising, Painting, Testing & Other	1430		0	$1,500.00			
	Cost Related To Contracts							
	A&E Services (FL19-3 & 19-5AE) LBP/ACM Consultant	1430		$6,000.00	$24,000.00			
	Sub Total			**$6,000.00**	**$25,500.00**			
10. PHA Wide	PHA Wide	1406		$116,044.00	$116,044.00	$116,044.00	$34,116.15	
Operations	**Sub Total**			**$116,044.00**	**$116,044.00**	**$116,044.00**	**$34,116.15**	
11. PHA Wide	Audit fees	1411		$27,295.00	$27,295.00			
Operations	**Sub Total**			**$27,295.00**	**$27,295.00**			
	Grand Total			**$580,223.00**	**$580,223.00**	**$217,477.13**	**$76,039.94**	

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

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

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

Part I: Summary

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: **FL14R01950108** Date of CFFP: _____	**FFY of Grant: 2008** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/09** ☐ **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	127,607.00		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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]		127,607.00	0	0
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)	**127,607.00**	**127,607.00**	**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 – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

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

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

Part I: Summary			
PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP: _____	Replacement Housing Factor Grant No: **FL14R01950108**	**FFY of Grant: 2008** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/09** ☐ **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**
Michael L. Brown		04/08/2010			

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No: **FL14R01950108**	**Federal FFY of Grant: 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]**	
1. Fees and Costs	Magnolia Point	1430		127,607.00	0	0	0	
	Sub Total			**127,607.00**	**0**	**0**	**0**	
2. Development Activities	Magnolia Point	1499			127,607.00	**0**	**0**	
	Sub Total			**0**	**127,607.00**	**0**	**0**	
	Grand Total			**127,607.00**	**127,607.00**	**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.

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

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

Part I: Summary

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950109** Replacement Housing Factor Grant No: Date of CFFP: _____	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:1**) 3.24.10
☒ **Performance and Evaluation Report for Period Ending:** 12/31/09 ☐ **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	0	0		
2	1406 Operations (may not exceed 20% of line 21) [3]	73,684	73,684		
3	1408 Management Improvements	57,872	57,872	4,694.00	4,694.00
4	1410 Administration (may not exceed 10% of line 21)	54,644	54,644		
5	1411 Audit	27,295	27,295		
6	1415 Liquidated Damages	0	0		
7	1430 Fees and Costs	30,000	30,000		
8	1440 Site Acquisition	0	0		
9	1450 Site Improvement	20,000	20,000		
10	1460 Dwelling Structures	198,952	198,952		
11	1465.1 Dwelling Equipment—Nonexpendable	12,000	12,000		
12	1470 Non-dwelling Structures	0	0		
13	1475 Non-dwelling Equipment	8,000	8,000		
14	1485 Demolition	50,000	50,000		
15	1492 Moving to Work Demonstration	0	0		
16	1495.1 Relocation Costs	4,000	4,000		
17	1499 Development Activities [4]	10,000	10,000		
18a	1501 Collateralization or Debt Service paid by the PHA	0	0		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0		
19	1502 Contingency (may not exceed 8% of line 20)	0	0		
20	Amount of Annual Grant: (sum of lines 2 – 19)	546,447	546,447		
21	Amount of line 20 Related to LBP Activities	0	0		
22	Amount of line 20 Related to Section 504 Activities	0	0		
23	Amount of line 20 Related to Security – Soft Costs	0	0		
24	Amount of line 20 Related to Security – Hard Costs	20,000	20,000		
25	Amount of line 20 Related to Energy Conservation Measures	40,000	40,000	4,694.00	4,694.00

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

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

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

Part I: Summary			
PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950109** Date of CFFP: _____	Replacement Housing Factor Grant No:	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no: 1)** 3.24.10
☒ **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
		04/08/2010			

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950109** 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 [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
1. FL01900006	Major Modification (Peachtree Manor) Plumbing – Sewer laterals, clean outs, fixtures, sinks, tubs. Structural – Block wall repair, framing, shelving, Upgrade Electrical Panels, Replace Gas Hot Heaters with Electric, Replace Stoves, Replace Furnaces, Replace kitchen cabinets, replace floor & wall tile, drywall, and relocate gas piping. Electrical – GFI repair/installation, light switch & outlet installation, HVAC. Relocation of heater switches, installed new heaters, and water heaters.	1460	6	$198,952.00	$198,952.00			
	Sub Total			**$198,952.00**	**$198,952.00**			
2. Site Improvement								
FL01900007	FL19-2 Backfill, level and seed	1450	1	$10,000.00	$10,000.00			
FL01900007	FL19-4 Backfill, level and seed	1450	1	$10,000.00	$10,000.00			
	Sub Total			**$20,000.00**	**$20,000.00**			
3. FL01900006	Barlow Homes	1465.1	3	$1,137.00	$1,137.00			
FL01900006	Peachtree Manor	1465.1	5	$1,895.00	$1,895.00			
FL01900006	Pineda Homes	1465.1	10	$3,790.00	$3,790.00			
FL01900007	Moore Homes	1465.1	14	$5,178.00	$5,178.00			
	Dwelling equipment (refrigerator and stove replacement)							
	Sub Total			**$12,000.00**	**$12,000.00**			
4. Demolition								
FL01900007	Complete Demolition of	1485		$50,000.00	$50,000.00			
FL01900007	FL19-2 Peter Young and FL19-4 Brockington Homes							
	Sub Total			**$50,000.00**	**$50,000.00**			

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

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950109** 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** [1]	**Funds Obligated** [2]	**Funds Expended** [2]	
6. Relocation Costs FL01900006	Relocation Costs	1495.1		$4,000.00	$4,000.00			
	Sub Total			**$4,000.00**	**$4,000.00**			
7. Development Activates	Re-developmental Professional Services Legal Fees	1499		$10,000.00	$10,000.00			
	Sub Total			**$10,000.00**	**$10,000.00**			
8. Management Improvements	a. Staff Training to Obtain efficient PHAS Scores	1408		$3,500.00	$3,500.00			
	b. Resident Employment and Capacity Building	1408		$4,000.00	$4,000.00	4,000.00	4,000.00	
	Youth Initiatives ➢ Youth Summit Partnership (w/ Weed & Seed, Leo, Faith & Comm. Groups) ➢ Swimming Passes							
	Crime Prev. & DV Training ➢ Crime Prev & DV Training ➢ 2 Mini Conferences (Senior Safety, Domestic Violence Awareness) ➢ Senior Fest							
	Outreach Services ➢ Newsletter Production ➢ Calendar of Services ➢ Meeting Signs ➢ Beautification Projects ➢ Homeownership Outreach ➢ Homeownership Month (June) ➢ Key Chains & Home Planning Manuals							

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Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950109** 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 [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
	c. Economic Self Sufficiency	1408		$2,000.00	2,000.00	694.00	694.00	
	Public Service Aids (PSA Resident to Resident Services ➢ (2) Stipend to Elderly ➢ (2) Stipend to Families ➢ PSA Training ➢ Direct Services							
	SEMINARS							
	➢ Financial Responsibility (MONEY Smart) ➢ Homeownership (Fannie Mae – Open the Door) ➢ Life Skills (House Management) ➢ Indirect Services ➢ Transportation ➢ Incentive Awards ➢ Miscellaneous							
	Program Services ➢ "Success Kits" (Paper, folders, notebooks, pens, calculators, organizers) ➢ Resident Training ➢ Training on Employability Skills							
	d. Computer Software Training	1408		39,646.00	39,646.00			
	e. Software Upgrade	1408		8,726.00	8,726.00			
	Sub Total			**$57,872.00**	**$57,872.00**	4,694.00	4,694.00	
9. Non-Dwelling Equipment	Non-Dwelling Equipment (Computer Hardware)	1475		$8,000.00	$8,000.00			
	Sub Total			**$8,000.00**	**$8,000.00**			

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Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950109** 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 [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
10. Administration	Pro rate Salary of Technical Services Coordinator w/Benefits	1410		$16,500.00	$16,500.00			
	PHA Wide Administrative costs to include PILOT fees, property insurance	1410		$38,144.00	$38,144.00			
	Sub Total			**$54,644.00**	**$54,644.00**			
11. Fees & Costs	Advertising, Painting, testing & Other Costs related to Contracts – Architect Fees	1430		$15,000.00	$15,000.00			
	Re-developmental Professional Support (Architects, Environmental, Financial, Tax Credit Support)	1430		$15,000.00	$15,000.00			
	Sub Total			**$30,000.00**	**$30,000.00**			
12. Operations	Operations	1406		$73,684.00	$73,684.00			
	Sub Total			**$73,684.00**	**$73,684.00**			
13. Audit Fees	Audit Fees	1411		$27,295.00	$27,295.00			
	Sub Total			**$27,295.00**	**$27,295.00**			
	Grand Total			**$546,447.00**	**$546,447.00**	**4,694.00**	**4,694.00**	

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

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

Part I: Summary

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: **FL14R01950109** Date of CFFP: _____	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/09** ☐ **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	129,335.00		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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]		129,335.00	0	0
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)	**129,335.00**	**129,335.00**	**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 – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

[1] To be completed for the Performance and Evaluation Report.
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[3] PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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U.S. Department of Housing and Urban Development
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☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/09** ☐ **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**
[signature]		04/08/2010			

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No: **FL14R01950109**	**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. Fees and Costs	Magnolia Point	1430		129,335.00	0	0	0	
	Sub Total			**129,335.00**	**0**	**0**	**0**	
2. Development Activities	Magnolia Point	1499			129,335.00	**0**	**0**	
	Sub Total			**0**	**129,335.00**	**0**	**0**	
	Grand Total			**129,335.00**	**129,335.00**	**0**	**0**	

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Annual Statement/Performance and Evaluation Report
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OMB No. 2577-0226
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Part I: Summary

PHA Name: **Housing Authority of The City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14S01950109** Date of CFFP: _____ Replacement Housing Factor Grant No:	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1)** 3.24.10
☐ **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	0			
2	1406 Operations (may not exceed 20% of line 21) [3]	0			
3	1408 Management Improvements	$ 68,372	$ 98,372	$ 98,372	
4	1410 Administration (may not exceed 10% of line 21)	$ 57,000	$ 63,004	$ 63,004	7,975.59
5	1411 Audit	0	0	0	
6	1415 Liquidated Damages	0	0	0	
7	1430 Fees and Costs	$ 35,000	$ 35,000	$ 37,369	
8	1440 Site Acquisition	0	0	0	
9	1450 Site Improvement	0	0	0	
10	1460 Dwelling Structures	$ 735,601	$ 697,228	$ 697,228	
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	
12	1470 Non-dwelling Structures	0	0	0	
13	1475 Non-dwelling Equipment	0	0	0	
14	1485 Demolition	0	0	0	
15	1492 Moving to Work Demonstration	0	0	0	
16	1495.1 Relocation Costs	0	0	0	
17	1499 Development Activities [4]	0	0	0	
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	
20	Amount of Annual Grant: (sum of lines 2 – 19)	$ 895,973	$ 895,973	$ 895,973	7,975.59
21	Amount of line 20 Related to LBP Activities	0	0	0	
22	Amount of line 20 Related to Section 504 Activities	0	0	0	
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	
24	Amount of line 20 Related to Security – Hard Costs	0	0	0	
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	

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[3] PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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Part I: Summary				
PHA Name: **Housing Authority of The City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14S01950109** Date of CFFP: _____			**FFY of Grant: 2009** **FFY of Grant Approval:**
Type of Grant ☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 2)** 3.24.10 ☐ **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**
		04/08/2010		

Part II: Supporting Pages

PHA Name: **Housing Authority of The City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14S01950109** 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 [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
1. FL01900007	Peachtree Manor Roof replacement	1460	9 Buildings	$ 141,300	$94,136.61	$94,136.61		
2. FL01900007	Pineda Homes Roof replacement	1460	12 Buildings	$ 255,294	$85,515.48	$85,515.48		
3. FL01900007	Moore Homes Roof replacement	1460	38 Buildings	$ 339,017	$263,672.91	$263,672.91		
4. FL01900007	Moore Homes Remaining Roofs	1460	11Buildings	**0**	$95,040.00	$95,040.00		
	Peachtree Manor							
	a. Kitchen Cabinet Replacement	1460	40 Units	**0**	$59,975.00	$59,975.00		
	b. Exterior Painting	1460	22Buildings	**0**	$19,250.00	$19,250.00		
	c. Landscaping	1460	22Buildings	**0**	$12,777.00	$12,777.00		
	Barlow Homes							
	a. Exterior Painting	1460	7 Buildings	**0**	$19,184.00	$19,184.00		
	Pineda Homes							
	a. Kitchen Cabinet Replacement	1460	40 Units	**0**	47,677.00	47,677.00		
	Sub Total			**$ 735,611**	**697,228.00**	**697,228.00**		
5. Management Improvements	a. Staff Training	1408		$ 39,646	$ 39,646	$ 39,646		
	b. Software upgrade	1408		$ 8,726	$ 58,726	$ 58,726		
	c. Resident Employment and Capacity Building	1408		$ 10,000	$ 0			
	Youth Initiatives ➢ Youth Summit Partnership (w/ Weed & Seed, Leo, Faith & Comm. Groups) ➢ Swimming Passes							
	Crime Prev. & DV Training ➢ Crime Prev & DV Training ➢ 2 Mini Conferences (Senior Safety, Domestic Violence Awareness) ➢ Senior Fest							

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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 [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
	Outreach Services ➢ Newsletter Production ➢ Calendar of Services ➢ Meeting Signs ➢ Beautification Projects ➢ Homeownership Outreach ➢ Homeownership Month (June) Key Chains & Home Planning Manuals							
	c. Economic Self Sufficiency	1408		$10,000	0			
	Public Service Aids (PSA Resident to Resident Services ➢ (2) Stipend to Elderly ➢ (2) Stipend to Families ➢ PSA Training ➢ Direct Services							
	SEMINARS							
	➢ Financial Responsibility (MONEY Smart) ➢ Homeownership (Fannie Mae – Open the Door) ➢ Life Skills (House Management) ➢ Indirect Services ➢ Transportation ➢ Incentive Awards ➢ Miscellaneous							

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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 [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
	Program Services ➢ "Success Kits" (Paper, folders, notebooks, pens, calculators, organizers) ➢ Resident Training ➢ Training on Employability Skills							
	Sub Total			**$68,372**	**$98,372**	**$98,372**		
6. Administration	Pro rate Salary of Contract Compliance Coordinator	1410		$25,000	$29,000	$29,000	7,975.59	
	Salary and Benefits (COO, Development Admin, Development Cost Accountant)	1410		$32,000	$34,0004	$34,004		
	Sub Total			**$57,000**	**$63,004**	**$63,004**	**$7,975.59**	
7. Fees and Costs	Professional Architect Support	1430		$35,000	$35,000	$35,000		
	Advertising, Printing, Testing & Other Cost Related to Contracts & Dev. Act.	1430		0	$2,369	$2,369		
	Sub Total			**$35,000**	**$37,369**	**$37,369**		
	Grand Total			**$895,973**	**$895,973**	**$895,973**	**$7,975.59**	

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Attachment #6

Progress on the Goals and Objectives from the previous Five (5) Year PHA Plan 2004-2009

2004-2009 HACC Plan Previous Goals – And our Performance

2005 to 2009 Five-Year PHA Plan 5.2 PHA Goals and Objectives

PHA Goal: Expand the supply of assisted housing

1. **Increase the availability of decent, safe, and affordable housing**
   PHA Goal: Expand the supply of assisted housing
   Objectives: Leverage private or other public funds to create additional housing opportunities and acquire or build units or developments.
   Progress: The agency has not made progress in its development efforts.

   PHA Goal: Improve the quality of assisted housing
   Objectives: Improve public housing management PHAS score, concentrate on efforts to improve specific management functions (e.g., public housing finance, voucher unit inspections), renovate or modernize public housing units, demolish or dispose of obsolete public housing, and provide replacement public housing.
   Progress: The agency did not have any small scale improvement items under modernization.

2. **Improve community quality of life and economic vitality**
   PHA Goal: Provide an improved living environment
   Objectives: Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments, implement public housing security improvements, and designate developments or buildings for particular resident groups (elderly and persons with disabilities).
   Progress: The PHA already promotes income mixing and ensures access to lower income families. The PHA has improved lighting for all areas to promote safety and to deter crime. In addition the trimming of trees has also been completed where needed. The PHA also has designated developments for the elderly.

3. **Promote self-sufficiency and asset development of families and individuals**
   PHA Goal: Promote self-sufficiency and asset development of assisted households
   Objectives: Increase the number and percentage of employed persons in assisted families, provide or attract supportive services to improve assistance recipients' employability, and provide or attract supportive services to increase independence for the elderly or families with disabilities.
   Progress: The PHA identified and implemented programs with community-based partners that promotes family self-sufficiency, including first time homeownership opportunities for low-income families. The PHA applied for SuperNOFA grants as applicable, including the ROSS grant funds. In addition, the PHA has recently amended its procurement policy to include Section 3 goals that promotes self-sufficiency residents of public housing.

4. **Ensure Equal Opportunity in Housing for all Americans**
   PHA Goal: Ensure equal opportunity and affirmatively further fair housing
   Objectives:
   Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability.
   Progress: Coordinated with the Fair Housing Continuum, Inc., to provide training updates for staff.

   Objectives:
   Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability.

Progress: The PHA conducted outreach in all communities to expand housing options; maintained outreach activities and communication with local apartment associations by posting owner flyers and newsletters for landlords; and amended the agency ACOP policy to include the revised procedures regarding reasonable accommodation.

Objectives:
Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.
Progress: The PHA provided staff with training from the Fair Housing Continuum to ensure success of affirmatively furthering fair housing initiatives and goals; coordinated with numerous Brevard County agencies and community based organizations to assist special needs clients and provided special accommodations when necessary; and collaborated with community based service providers to add shared housing options and special housing types for developmentally disabled and other special needs clients.

5. **Administration and Management (Category I)**
PHA Goal: To improve our levels of both regulatory compliance and program integrity throughout all areas of the organizational operations.
Objectives: Establish an element of the organization specifically within the management structure that has as its primary mission the systematic organizing, administering, and tracking of all time-sensitive, score related, submissions and transmittals. This element will also be responsible for performing quality assurance reviews of critical actions performed by all functional areas and reporting results directly to Interim CEO.

To standardize the preparation, periodic review, and required updating of all local procedures and practices to ensure that includes board directed policies and HUD directed guidelines.

Progress: The PHA has, in its organizational structure, designated personnel to administer, track, submit and report all score related items to HUD. Reports (ie: Executive Management Summary, Vacancy Analysis) are generated on a monthly basis and are presented to the CEO and Board in order to keep them up to date on areas of interest.

6. **Operations (Category II)**
Objectives: Develop innovative partnerships to allow continuation of the Housing Authority's five year physical improvement schedule to support exterior building improvements while maintaining UPCS compliance.

Progress: The PHA is implementing a Preventive Maintenance Program to address the physical needs of the development in order to comply with UPCS and HUD standards.

Equal Housing-Equal Employment

HOUSING AUTHORITY OF THE CITY OF COCOA

615 Kurek Ct. Merritt Island, FL 32954 (321) 636-8535 Fax: (321) 632-4729
www.brfamha.org

Housing Authority of City of Cocoa
615 Kurek Ct
Merritt Island, FL 32954

Commissioners

Debra Dukes
Linda Graham
Bruce Tate, Jr.
Ethel Ware
Gay Williams

INTERIM CHIEF EXECUTIVE OFFICER

Michael L. Bean
615 Kurek Court
Merritt Island, FL 32953
(321) 452-5331
Fax (321 452-3181
TDD (321) 452-7819

May 4, 2010
Via UPS Overnight Delivery

Mr. Jose Cintron
Director, Office of Public Housing
Miami Field Office
909 SE First Avenue, Rm. 500
Miami, Fl 33131-3042

SUBJECT: Housing Authority of the City of Cocoa (HACC)
Budget for FY 2011 (July 2010-July 2011)

Dear Mr. Cintron:

Enclosed is the board approved budget for FY 2011 along with the HUD-52574 PHA Board Resolution Form signed by Chairman Tate. I have enclosed an extra original for your signature to send back to my office for our records.

As always, if you have any questions, please do not hesitate to contact our office.

Best Regards,

Michael L. Bean
Interim Chief Executive Officer

MLB/dmr

Attachments a/s

cc: HACC Board of Commissioners
Ms. Bibi Lachman, Financial Analyst, HUD Miami Office (via fax)
Ms. Sonia Colon, Public Housing Specialist, HUD Miami Office (via fax)
Ms. Jenny Freeman, CFO

PHA Board Resolution
Approving Operating Budget

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing -
Real Estate Assessment Center (PIH-REAC)

OMB No. 2577-0026
(exp.12/31/2012)

Public reporting burden for this collection of information is estimated to average **10 minutes 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. 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.

This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income public housing program and provides a summary of the proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the public housing agency (PHA) and the amounts are reasonable, and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

PHA Name: HOUSING AUTHORITY OF THE CITY OF COCOA PHA Code: FL019

PHA Fiscal Year Beginning: JULY 1, 2010 Board Resolution Number: 19-2010-04-03

Acting on behalf of the Board of Commissioners of the above-named PHA as its Chairperson, I make the following certifications and agreement to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

		DATE
X	Operating Budget approved by Board resolution on:	April 20, 2010
☐	Operating Budget submitted to HUD, if applicable, on:	
☐	Operating Budget revision approved by Board resolution on:	
☐	Operating Budget revision submitted to HUD, if applicable, on:	

I certify on behalf of the above-named PHA that:

1. All statutory and regulatory requirements have been met;
2. The PHA has sufficient operating reserves to meet the working capital needs of its developments;
3. Proposed budget expenditure are necessary in the efficient and economical operation of the housing for the purpose of serving low-income residents;
4. The budget indicates a source of funds adequate to cover all proposed expenditures;
5. The PHA will comply with the wage rate requirement under 24 CFR 968.110(c) and (f); and
6. The PHA will comply with the requirements for access to records and audits under 24 CFR 968.110(i).

I hereby certify that all the information stated within, as well as any information provided in the accompaniment herewith, if applicable, 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 and 3802)

Print Board Chairperson's Name:	Signature:	Date:
Bruce Tate, Jr.		4/30/2010

HOUSING AUTHORITY CITY OF COCOA BUDGET FOR FY 2011 (Jul - June)	
Account Title	**Proposed Budget**
INCOME	
CONT EARNED OPERATING SUBSIDY	1,335,221
DWELLING RENTAL INCOME	525,149
EXCESS UTILITIES	1,457
REVENUES-HUD CFP GRANTS	110,000
INTEREST INCOME	69
OTHER INCOME	23,061
TOTAL INCOME	1,994,956
EXPENSES	
ADMINISTRATIVE EXPENSE	
ADMINISTRATIVE SALARIES	449,059
ADMINISTRATIVE BENEFITS	134,718
WORKERS COMP INSURANCE	11,204
PROFESSIONAL DEVELOPMENT/STAFF TRAINING/TRAVEL	10,000
AUDIT FEES	20,000
INSURANCE - PROPERTY	109,000
INSURANCE - LIABILITY	16,150
INSURANCE-FORGERY/EMPLOYEE DISHONESTY	150
INSURANCE - DIRECTORS & OFFICERS	4,000
INSURANCE - AUTO	4,200
INSURANCE - CONTENTS	333
ADMIN UTILITIES	6,500
PILOT	41,576
Total Administrative Expense	806,889
GENERAL OPERATING EXPENSE	
OFFICE SUPPLIES	20,000
TELEPHONE	12,000
MEMBERSHIP DUES ETC	1,500
POSTAGE	10,000
ADVERTISING & MARKETING	1,588
OTHER GENERAL EXPENSE	5,000
TOTAL GENERAL OPERATING EXPENSE	50,088
TENANT RELATED EXPENSES	
LEGAL FEES TENANTS	5,000
TENANT SERVICES	1,500
TOTAL TENANT RELATED EXPENSE	6,500
UTILITIES	
WATER	30,150
ELECTRICITY	29,400
GAS	22,300
SEWER	29,000
TOTAL UTILITIES	110,850
MAINTENANCE EXPENSES	
MAINTENANCE WAGES	204,241
MAINTENANCE BENEFITS	61,272
MAINTENANCE - WORKERS COMP	5,096
GARBAGE AND TRASH REMOVAL	48,409
PROFESSIONAL DEVELOPMENT/STAFF TRAINING/TRAVEL	4,000
MATERIALS	41,243
MATERIALS-TURNAROUND	14,414
MAINTENANCE CONTRACTS-HEAT & COOL	2,210
MAINTENANCE CONTRACTS-LANDSCAPING	16,800
MAINTENANCE CONTRACTS-EXTERMINATING	10,380
MAINTENANCE CONTRACTS-TURNAROUND	24,000
CONTRACTS/AGREEMENTS - GAS CARDS	9,918
CONTRACTS/AGREEMENTS - AUTO MAINTENANCE	6,996
CONTRACTS/AGREEMENTS - INTERNET	6,660
CONTRACTS/AGREEMENTS - EQUIPMENT	1,680
CONTRACTS/AGREEMENTS - UNIFORM	1,296
CONTRACTS/AGREEMENTS - ADMIN	668
CONTRACTS/AGREEMENTS - COMPUTER	1,668
CONTRACTS/AGREEMENTS - ALARM SERVICES (ADT)	1,736
CONTRACTS/AGREEMENTS - INSPECTIONS	3,540
TOTAL MAINTENANCE EXPENSES	466,227
TOTAL EXPENSE	1,440,554
PROJECTED INCOME (LOSS)	554,402
PHA/IHA Approval Name:	
Title: Interim CEO	
Signature: [signature]	***Date:*** 5/3/2010
Field Office Approval Name:	
Title:	
Signature:	***Date:***

Housing Authority City of Cocoa
Proposed Manpower Document
FY 2010-2011

	Position Title	Annual Salary & Benefits	Salary	Benefits	
	Chief Executive Officer	104,000.00	80,000.00	24,000.00	104,000.00
	Executive Administrative Assistant	32,500.00	25,000.00	7,500.00	32,500.00
	Operations Manager	78,000.00	60,000.00	18,000.00	78,000.00
	Purchasing Coordinator	52,000.00	40,000.00	12,000.00	52,000.00
	Accounting Manager	71,500.00	55,000.00	16,500.00	71,500.00
	Staff Accountant	54,600.00	42,000.00	12,600.00	54,600.00
	Accounting Specialist	45,500.00	35,000.00	10,500.00	45,500.00
*	Property Manager	66,032.49	50,794.22	15,238.27	66,032.49
	Administrative Assistant/Receptionist	29,900.00	23,000.00	6,900.00	29,900.00
*	Public Housing Technician	49,744.00	38,264.62	11,479.38	49,744.00
	Administrative	583,776.49	449,058.84	134,717.65	583,776.49
	Maintenance Foreman	61,100.00	47,000.00	14,100.00	61,100.00
	Maintenance Aide A	41,496.94	31,920.72	9,576.22	41,496.94
*	Maintenance Aide A	41,496.94	31,920.72	9,576.22	41,496.94
*	Maintenance Mechanic	45,795.75	35,227.50	10,568.25	45,795.75
*	Maintenance Mechanic	37,958.48	29,198.83	8,759.65	37,958.48
*	Maintenance Mechanic	37,664.91	28,973.01	8,691.90	37,664.91
	Maintenance	265,513.02	204,240.78	61,272.24	265,513.02
	Total Salary & Benefits	849,289.51	653,299.62	195,989.89	849,289.51

*Currently filled positions
All other positions to be filled by new Executive Director

HOUSING AUTHORITY OF CITY OF COCOA	
SECTION 8 VOUCHER PROGRAM	
BUDGET FOR FY 2011 (Jul - June)	
Account Title	**Proposed Budget**
PREPAID ANNUAL CONTRIBUTIONS	692,159
ADMINISTRATION FEE	72,134
INTEREST INCOME	533
TOTAL INCOME	764,825
EXPENSES	
ADMINISTRATIVE EXPENSE	
ADMINISTRATIVE SALARIES	50,000
EMPLOYEE BENEFITS-ADMINISTRATION	15,000
PROFESSIONAL DEVELOPMENT/STAFF TRAINING/TRAVEL	2,000
LIABILITY INSURANCE	522
TOTAL ADMINISTRATIVE EXPENSE	67,522
GENERAL OPERATING EXPENSE	
OFFICE SUPPLIES	2,000
TELEPHONE	469
POSTAGE	1,659
TOTAL GENERAL OPERATING EXPENSE	4,128
HAP OCCUPIED UNITS	612,542
HAP UTILITY ALLOWANCES	8,586
SUBTOTAL HAP COSTS	621,128
TOTAL EXPENSE	692,778
PROJECTED NET INCOME(LOSS)	72,047
PROJECTED INCOME (LOSS) HAP LANDLORDS	***71,031***
PROJECTED INCOME (LOSS) HAP ADMINISTRATION	***1,016***
PROJECTED NET INCOME(LOSS)	***72,047***
PHA/IHA Approval Name:	
Title: Interim CEO	
Signature:	***Date:*** 5/03/2010
Field Office Approval Name:	
Title:	
Signature:	***Date:***

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ***X*** *5-Year and/or* ***X*** *Annual PHA Plan for the PHA fiscal year beginning* ***2010****, hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

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

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

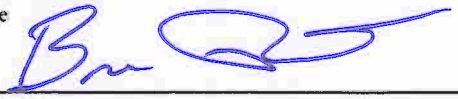
Housing Authority of the City of Cocoa — PHA Name

FL019 — PHA Number/HA Code

__X__ 5-Year PHA Plan for Fiscal Years 20 **10** - 20 **15**

__X__ Annual PHA Plan for Fiscal Years 20 **10** - 20 **11**

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

Name of Authorized Official	Title
Bruce Tate, Jr.	**HACC Board Chairman**
Signature 	Date 3/29/2010

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the City of Cocoa

Program/Activity Receiving Federal Grant Funding

Annual Plan Fiscal Year 2010 - 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.)

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	Title
Michael L. Bean	Interim Chief Executive Officer
Signature	**Date**
X	04/8/2010

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

OMB Approval No. 2577-0157 (Exp. 3/31/2010)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of the City of Cocoa

Program/Activity Receiving Federal Grant Funding

Annual Plan Fiscal Year 2010 - 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	Title
Michael L. Bean	Interim Chief Executive Officer

Signature	Date (mm/dd/yyyy)
Michael L. Bean	04/08/2010

Previous edition is obsolete

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

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

1. Type of Federal Action:
[ ] a. contract
b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

2. Status of Federal Action:
[ ] a. bid/offer/application
b. initial award
c. post-award

3. Report Type:
[a] a. initial filing
b. material change
For Material Change Only:
year _____ quarter _____
date of last report _____

4. Name and Address of Reporting Entity:
[x] **Prime** [ ] **Subawardee**
Tier _____, *if known*:

HOUSING AUTHORITY OF THE CITY OF COCOA
615 KUREK COURT
MERRITT ISLAND, FL 32953

Congressional District, *if known*: 4c

5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:

N/A

Congressional District, *if known*:

6. Federal Department/Agency:

N/A

7. Federal Program Name/Description:

N/A

CFDA Number, *if applicable*: _____

8. Federal Action Number, *if known*:

N/A

9. Award Amount, *if known*:

$ N/A

10. a. Name and Address of Lobbying Registrant
(*if individual, last name, first name, MI*):

N/A

b. Individuals Performing Services (*including address if different from No. 10a*)
(*last name, first name, MI*):

N/A

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: Michael L. Bean
Print Name: Michael L. Bean
Title: Interim Chief Executive Officer
Telephone No.: (321) 452-5331 Ext. 10 Date: 04/08/2010

Federal Use Only:

Authorized for Local Reproduction
Standard Form LLL (Rev. 7-97)

OMB Approval No. 2506-0112 (Exp. 3/31/201

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Housing Authority of the City of Cocoa

Project Name: 5 Year and Annual PHA Plan For FY Beginning 2010

Location of the Project: Cocoa, Florida

Name of the Federal Program to which the applicant is applying: 5 Year and Annual PHA Plan for FY Beginning 2010

Name of Certifying Jurisdiction: City of Cocoa

Certifying Official of the Jurisdiction Name: Ric Holt

Title: City Manager

Signature: Ric Holt

Date: 1/12/10

1

HOUSING AUTHORITY OF THE CITY OF COCOA
2010 ANNUAL PLAN RAB COMMENT FORM

NAME Ethel Ware

ADDRESS 206 Pineda St Cocoa, Fl. 32922

✓ APPROVE AS SUBMITTED

I hope one get hurt I truly hope you are made to pay for the tragedy

_____ DISAPPROVE AS SUBMITTED

When someone is killed here whose fault will it be then. I've almost been hit three times

COMMENTS We have traffic disaster getting out into Pineda, cocoa police say it is not their and you guys said it is not yours

My comments, my front & back door you can sit inside my unit and look outside, causing my electric bill to high, the same thing happen in the winter. my windows to not go up & down properly, my screen door is too short, I have place clothing to keep scorpion and everything else out. The tree company didnot clean all their debre and the limbs are still on the electric wires.

Ethel Ware – please see attached

Signature

Please return form in the enclosed envelope to:

Avis O. Williams
Brevard Family of Housing
615 Kurek Court
Merritt Island, FL 32953

PS my next project is to find Who is responsible if I am killed coming out of my driveway I believe thing can be done if the people in control really cared, We can send a Man to the moon but you can't keep your texas Dea

Ethel Ware (R)
206 Pineda St
Cocoa, Fl 32922

Jan 11-2010

In my opinion you donot do anything to keep your tenants safe. We try to work with you never show up to see the improvement ~~which~~ made by the tenants on pineda street per 200 & 214. You do not do anything to help the handicap, you only show when the client no longer need your accomendation their is alot of parternership and trust building and it need to start now. If you have no compassion for handicap, then stop pretending. my doctor sent a second letter to help me to get in and out of shower after my fall, now I need more surgery and I am angry, all because no help you wanted me to buy own equipment and maintenance would install, what a complete joke, the heating incident 1/8/2010 Appt 9:54 pm

Respectfully
Ethel Ware

PS

When I rented the unit, you the authority I were, because I were hurt the authority to maintenance neglect. you guys never learn.

Continued in
reference to comments

(3)

1/10/2010

frt Screendoor: Why is that we as human being have frt Screendoor, so when it hot, warm etc We could open our frt door without inviting the flies. We keep our ~~so~~ unit clean, why you plant some grass and treat as we your tenants instead of seeing as your animals We would really appreciate a front door screen. We live in a box, so Why not try treating your tenants like we live in a house like you do. Maybe if some of the employee stop thinking we deserve less than nothing, because we donot pay as much rent as you all do.

We are open for discussion at your convience.

Respectfully
Ethel Ware
206 pineda

321-637-8382

Their are some
stratch through
but I want to know
that I am not by
no means.
Ethel

Equal Housing-Equal Employment

HOUSING AUTHORITY OF THE CITY OF COCOA

615 Kurek Court P.O. Box 540338 Merritt Island, FL 32954-0338
www.brfamha.org

Housing Authority of City of Cocoa
615 Kurek Ct
Merritt Island, FL 32953

Commissioners

Debra Dukes
Linda Graham
Bruce Tate, Jr.
Ethel Ware
Gay Williams

INTERIM CHIEF EXECUTIVE OFFICER

Michael L. Bean
615 Kurek Court
Merritt Island, FL 32953
(321) 452-5331
Fax (321 452-3181
TDD (321) 452-7819

April 6, 2010

Ms. Ethel Ware
206 Pineda Street
Cocoa, Florida 32922

Dear Ms. Ware

Thank you for your comments regarding the Housing Authority of the City of Cocoa's Annual Plan. Your concerns are important to us. We appreciate you taking the time not only to review the Annual Plan but to write your comments and concerns and submit them to us for action.

I have forwarded your comments to our Director of Housing Administration for further action. You can be assured that they will be taken into serious consideration.

Again, thank you for your response.

Sincerely,

Michael L. Bean
Interim Chief Executive Officer

cc: John J. DeSiena, Director of Housing Administration
Avis O. Williams, Management Analysis Technician

HOUSING AUTHORITY OF THE CITY OF COCOA
2010 ANNUAL PLAN RAB COMMENT FORM

NAME Alma Christmas

ADDRESS 1518 C St

✓ APPROVE AS SUBMITTED

_____ DISAPPROVE AS SUBMITTED

COMMENTS

_____

_____

_____

_____

_____

Alma Christmas.

Signature

Please return form in the enclosed envelope to:

Avis O. Williams
Brevard Family of Housing
615 Kurek Court
Merritt Island, FL 32953

Equal Housing-Equal Employment

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Michael L. Bean
615 Kurek Court
Merritt Island, FL 32953
(321) 452-5331
Fax (321 452-3181
TDD (321) 452-7819

April 6, 2010

Ms. Alma Christmas
1218 C. Street
Cocoa, Florida 32922

Dear Ms. Christmas

Thank you for your comments regarding the Housing Authority of the City of Cocoa's Annual Plan. Your concerns are important to us. We appreciate you taking the time not only to review the Annual Plan but to write your comments and concerns and submit them to us for action.

I have forwarded your comments to our Director of Housing Administration for further action. You can be assured that they will be taken into serious consideration.

Again, thank you for your response.

Sincerely,

Michael L. Bean
Interim Chief Executive Officer

cc: John J. DeSiena, Director of Housing Administration
Avis O. Williams, Management Analysis Technician

HOUSING AUTHORITY OF THE CITY OF COCOA
(FL 019) Annual Plan for Fiscal Year 2010

Attachment #5 – Challenged Elements (11.0)(g)

NO Reported Challenged Elements for Housing Authority of the City of Cocoa for Fiscal Year 2010

The Housing Authority of the City of Cocoa

Criteria for Substantial Deviation and Significant Amendments
24 CFR Part 903.7 (r) (2)

Substantial Deviation from the Five-Year Plan:

A Substantial Deviation from the Five-Year Plan is an overall change in the direction of the Housing Authority (HA) pertaining to its goals and objectives. The HA will consider the following actions as a Substantial Deviation from the Five-Year Plan:

- The undertaking of new program activities that do not otherwise further the HA's stated mission or further the goals as set forth in the current Five-Year Plan.
- Insufficient budget authority from HUD necessitating the need to either alter, reduce, or terminate any specific program activity.
- New program activities required or adopted to reflect changes in HUD regulations, or as a result of a declared national or local emergency are exempted actions. In such cases, the administrative/programmatic changes implemented will not be considered as a Substantial Deviation from the Five-Year Plan.
- Other deviations: (None)

Significant Amendment or Modification to the Five-Year Plan and Annual Plan:

A Significant Amendment or Modification to the Annual Plan is a change in policy pertaining to the operation of the HA. The HA will consider the following actions as a Significant Amendment or Modification to the Five-Year Plan and Annual Plan:

- Significant changes to rent or admission policies, or organization of the waiting list.
- Addition of new work items (excludes emergency work) not included in the Capital Fund Program (CFP) 5-Year Action Plan or Annual Statement(s) exceeding a cumulative amount of $ 68K [1] under the current Fiscal Year, or changes in use of the replacement reserve under the CFP.
- Demolition and/or disposition activities, new or amended development plans, designation or conversion actions not currently identified in the Five-Year Plan or either the Annual Plan, or otherwise approved by HUD.
- New program activities required or adopted to reflect changes in HUD regulations, or as a result of a declared national or local emergency are exempted actions. In such cases, the administrative/programmatic changes implemented will not be considered as a Substantial Amendment or Modification to the Five-Year Plan and Annual Plan.
- Other amendments or modifications: (None)

[1] Average of 10% of the latest funded CFP grant.