

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

GOALS & OBJECTIVES

- **To Increase the Availability of Decent, Safe and Affordable Housing** by continuously striving to maintain High Performer status and improve Public Housing management and Housing Choice Voucher management; concentrating our efforts on improved PH and Voucher unit inspections, renovating public housing units, and expanding the HCV Homeownership Option Payments Program.
- **To Improve Community Quality of Life & Economic Vitality** by implementing public housing security improvements as needed, and expand the resources available through the HCV Family Self-Sufficiency Program.
- **To Promote Self-Sufficiency of Families & Individuals** by partnering with local non-profit agencies to provide or attract supportive services to improve employability for families and increase independence for the elderly and families with disabilities.
- **To Ensure Equal Opportunity in Housing for All Americans** by undertaking affirmative measure to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status and disability.

PERFORMANCE

The Housing Authority of the City of Old Town achieved the following during the period of FY2005 – FY2009:

- Maintained its status as a HUD High Performer for both its Public Housing and its Housing Choice Voucher Programs
- Implemented capital improvements in PH on a timely basis, increasing energy efficiency and resident safety.
- Increased the number of units which it owns or manages
- Developed its HCV Homeownership Option Payment Program and assisted three families in becoming homeowners.
- Expanded services and programs for residents of its elderly housing development by providing support services for occupational therapy, speech therapy, blood pressure screening, exercise programs, wellness checks, meals, and recreational activities.

6.0	<p>PHA PLAN UPDATE</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <ul style="list-style-type: none"> • Administrative Plan • Personnel Policy • Maintenance Policy • Procurement Policy • ARRA Procurement • EIV Policy • PH Complaints, Grievances & Appeals • HCV Complaints, Grievances & Appeals <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions</p> <p>Administrative Offices, Housing Authority of the City of Old Town, 358 Main St., Old Town, Maine</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable. N/A</i></p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>

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..

There are currently 228 families on the Housing Authority’s waiting list. Sixty-four percent of these families are Extremely Low Income. Forty-three percent of families on the waiting list have children. The greatest need in this jurisdiction appears to be affordable housing for one and two bedroom families.

9.0

Housing Needs of Families on the PHA’s Waiting List		
	Number of Families	Percent of Families
Waiting list total	228	
Extremely low income	148	65%
Families with children	98	43%
Elderly families	42	18%
Families with Disabilities	51	22%
Race/ethnicity: WHITE	212	93%
Race/ethnicity: BLACK	7	.03%
Race/ethnicity: NATIVE AMERICAN	6	.03%
Race/ethnicity: OTHER	3	.01%
Characteristics by Bedroom Size		
1BR	109	48%
2 BR	81	36%
3 BR	32	14%
4 BR	5	.02%

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.

- **Conduct outreach to potential voucher landlords**
- **Ensure rents remain reasonable**
- **Increase homeownership participation**

10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>In the next five years, the Housing Authority of the City of Old Town will strive to maintain its High Performer status in Public Housing, improve management, renovate and implement security improvements in Public Housing, provide supportive services to improve employability for families and increase independence for the elderly and families with disabilities. It will also maintain its High Performer status in the Housing Choice Voucher Program, improve unit inspections, expand the HCV Homeownership Option Payments Program, and promote self-sufficiency through increased resources and supportive services available to participants in the HCV FSS Program.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification</p> <p>Substantial Deviation from the 5-Year Plan: Substantial deviation from the 5-Year Plan may occur when the Board of Commissioners of the Housing Authority of the City of Old Town deems it necessary to change the intent of the mission statement or goals of the 5-Year Plan.</p> <p>Significant Amendment or Modification to the Annual Plan: Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the Housing Authority of the City of Old Town, that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.</p>
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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*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (N/A and not attached)
- (f) Resident Advisory Board (RAB) comments & narrative.
- (g) Challenged Elements
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report*
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan*
- (j) VAWA Statement

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

HOUSING AUTHORITY OF THE CITY OF OLD TOWN

Program/Activity Receiving Federal Grant Funding

CAPITAL FUNDS

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.)

Housing Authority of the City of Old Town Administrative Office 358 Main Street Old Town, Maine	Marsh Island Apartments 345 Main Street Old Town, Maine	Pembroke Drive Apts. 20 Anderson Lane Old Town, Maine	Meadow Lane Apts. Meadow Lane Old Town, Maine
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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
Laurie L. Miller

Title
Executive Director

Signature
x *Laurie L. Miller*

Date
01/11/2010

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 OLD TOWN

Program/Activity Receiving Federal Grant Funding

CAPITAL FUNDS

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

LAURIE L. MILLER

Title

EXECUTIVE DIRECTOR

Signature



Date (mm/dd/yyyy)

01/11/2010

Civil Rights Certification

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

Civil Rights Certification**Annual Certification and Board Resolution**

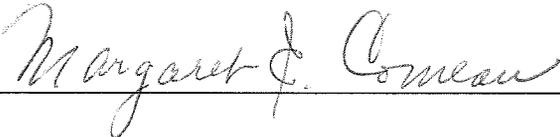
Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

HOUSING AUTHORITY OF THE CITY OF OLD TOWN

ME018

PHA Name_____
PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official	Margaret Comeau
Title	Chairman, Board of Commissioners
Signature	
Date	01/11/2010

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

Approved by OMB

0348-0046

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> c. a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c 2nd	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: Housing & Urban Development	7. Federal Program Name/Description: PHA 5-Year Annual Plan 2010-2012 and Annual Plan 2010 CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
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: <u><i>Laurie L. Miller</i></u> Print Name: <u>Laurie L. Miller</u> Title: <u>Executive Director</u> Telephone No.: <u>207-827-6151</u> Date: <u>01/11/2010</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

PHA 5-Year and Annual Plan ME018 - RAB Comments & Narrative

Members of the Resident Advisory Board for 2010 are as follows:

- | | |
|-----------------------|--------------------------------|
| 1. George Lufkin | Public Housing Elderly |
| 2. Mildred Lufkin | Public Housing Elderly |
| 3. Linda Milbury | Public Housing Elderly |
| 4. Laura Messinger | Public Housing Elderly |
| 5. Jolene Simmons | Public Housing Elderly |
| 6. Marie Garvey | Public Housing Elderly |
| 7. Lynn Gamperle | Public Housing Family |
| 8. Desiree Lilly | Public Housing Family |
| 9. Adrian Miller | Housing Choice Voucher Program |
| 10. Nick Sucy | Housing Choice Voucher Program |
| 11. Elizabeth Gallant | Housing Choice Voucher Program |
| 12. S. Pamela LaHey | Housing Choice Voucher Program |
| 13. Tina Crimm | Housing Choice Voucher Program |

The initial meeting of the RAB Committee was held at 4:15 pm on Thursday, November 12, 2009 at the Housing Authority Administrative Office, 358 Main Street, Old Town, Maine. In addition to the RAB Committee Members, also present were Housing Authority staff members Laurie Miller, Assistant Director, Anne Wight, Programs Director, Catherine LaBree, HCV Programs Manager and Cynthia Gaudet, PH Manager.

An appreciation was shown from all members of the RAB Committee for the work the Housing Authority has accomplished and improvements to both elderly and family housing units were discussed. Favorable comments were made on the new doorknobs installed in the apartment entrance doors in elderly housing which created an ease of use by the elderly and physically disabled residents. Carbon Monoxide Detectors were installed in both elderly and family housing; rear entrance and new storm doors in both the front and back of family housing units were replaced and new thermostats were installed in family housing.

Additional overhead lighting, a new main entrance, improved walkways, and a newly created outside patio area were improvements to elderly housing. Also in elderly housing, the stairways were improved by installing new stair treads and lighting; those residents who use the stairs for exercise appreciated this improvement. A major upgrade in elderly housing was the conversion from heating oil to natural gas, new boilers and a new air exchange.

Concerns were expressed by some members of the committee regarding safety at Pembroke Drive family housing due to vehicles driving too fast in the immediate vicinity. The Housing Authority will contact the City of Old Town Public Works Department to discuss the installation of a speed bump, speed limit sign and a 'Children At Play' sign.

Elderly residents discussed vehicles from the neighboring daycare facility using the Marsh Island Apartments exit as a short cut to access the daycare and driving too fast through the elderly housing parking lot. The Housing Authority encouraged the residents to note the license plate numbers and provide them to the office where the vehicles could be identified and the owners contacted. The Housing Authority will work in unison with the local police department on this matter.

The elderly housing residents were very appreciative of the No Smoking Policy in their building. A committee member from family housing was supportive of such a policy in her building and discussed the No Smoking survey currently being conducted in both family housing developments.

A Housing Choice Voucher participant was not favorable with the recent decrease in her Payment Standard which caused the Housing Assistance Payment on her behalf to decrease. However, once it was explained to that due to budget constraints it was necessary to either reduce the Payment Standards for all program participants or terminate families from the program, she understood the reason for this action.

Program policies and plans were made available for the residents to review and the meeting was adjourned when all committee members had the opportunity to share their comments

Follow-Up:

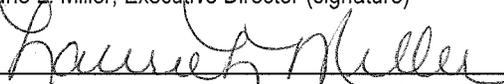
On December 4, 2009, the concerns expressed regarding the safety issue at Anderson Lane were discussed with David Wight, Director of Public Works for the City of Old town. He agreed it would be beneficial to install a speed limit sign and a 'Children At Play' sign on Anderson Lane. The Public Works Dept. will also install speed bumps at both ends of Anderson Lane. This work will be done in the spring of 2010 as weather and the availability of material allows. Donald O'Halloran, Public Safety Director for the City of Old Town, was also notified regarding this matter, but did not respond.

On December 28, 2009, the concerns of the elderly residents of Marsh Island Apartments were discussed with Evelyn Niles, the owner of the Old Town Learning Center.. She replied that a notice had been given to the parents of the children in the past but that she would notify them again and that she would post a notice where the parents can see it as well. It was explained to Ms. Niles that that HACOT had instructed the residents to note the license plate numbers of the vehicles and to provide them to the office so letters could be mailed to the registered owners of these vehicles. Donald O'Halloran, Public Safety Director for the City of Old Town, was also notified regarding this matter, but did not respond.

Laurie J. Miller, Executive Director (signature) 	Date (mm/dd/yyyy) 01/11/2010
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**PHA 5-Year and Annual Plan
ME018 - Challenged Elements**

No elements were challenged in the PHA 5-Year and Annual Plan for the Housing Authority of the City of Old Town.

Laurie L. Miller, Executive Director (signature) X 	Date (mm/dd/yyyy) X 01/11/2010
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**PHA 5-Year and Annual Plan
ME018 - VAWA Statement**

Violence Against Women Act Amendments of 2005

On September 24, 2007 the Housing Authority of the City of Old Town's (HACOT) Board of Commissioners approved a Policy on Protections for Victims of Domestic Violence ("VAWA Policy") and related amendments to HACOT's Admission and Occupancy Policies for the Public Housing Program and the Administrative Plan for the Section 8 Housing Choice Voucher Program (Resolution #552). HACOT adopted these policies in compliance with the Violence Against Women Act (VAWA) Amendments of 2005. The Act also requires HACOT to describe in the Agency Plan any goals, objectives, policies or programs that will enable HACOT to serve the needs of child and adult victims of domestic violence, dating violence, sexual assault or stalking. (Sec. 603). HACOT supports the goals of the VAWA Amendments and will comply with its requirements.

HACOT will continue to administer its housing programs in ways that support and protect residents (including Section 8 Housing Choice Voucher program participants) and applicants who may be victims of domestic violence, dating violence, sexual assault or stalking.

HACOT will not take any adverse action against a resident/participant or applicant solely on the basis of her or his being a victim of such criminal activity, including threats of such activity. "Adverse action" in this context includes denial or termination of housing assistance.

HACOT will not subject a victim of domestic violence, dating violence, sexual assault or stalking to a more demanding standard for lease compliance than other residents.

HACOT will continue to develop policies and procedures as needed to implement the requirements of VAWA, and to collaborate with other agencies such as Spruce Run in Bangor, Maine, to prevent and respond to domestic violence, dating violence, sexual assault or stalking, as those criminal activities may affect applicants for and participants in HACOT's housing programs.

HACOT's VAWA Policy states that HACOT will provide notices explaining the VAWA protections to applicants for housing assistance (both Section 8 Housing Choice Vouchers and Public Housing), to public housing residents and Section 8 voucher participants, and to property owners participating in the voucher program".

Laurie L. Miller, Executive Director (signature) X 	Date (mm/dd/yyyy) X 01/11/2010
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ME018201

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: Old Town Housing Authority		Grant Type and Number Capital Fund Program Grant No: ME36 P018 501 010 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2010 FFY of Grant Approval: 2010	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Original	Total Estimated Cost		Obligated	Total Actual Cost ¹	
				Revised ²	Final Performance and Evaluation Report <input type="checkbox"/>		Expended	
1	Total non-CFFP Funds							
2	1406 Operations (may not exceed 20% of line 21) ³		11,653					
3	1408 Management Improvements		30,000					
4	1410 Administration (may not exceed 10% of line 21)							
5	1411 Audit							
6	1415 Liquidated Damages							
7	1430 Fees and Costs							
8	1440 Site Acquisition							
9	1450 Site Improvement							
10	1460 Dwelling Structures		16,500					
11	1465.1 Dwelling Equipment—Nonependable		10,000					
12	1470 Non-dwelling Structures		26,800					
13	1475 Non-dwelling Equipment		25,000					
14	1485 Demolition							
15	1492 Moving to Work Demonstration							
16	1495.1 Relocation Costs							
17	1499 Development Activities ⁴							

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

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

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

Part I: Summary		FFY of Grant: 2010	
PHA Name: Old Town Housing Authority	Grant Type and Number Capital Fund Program Grant No.: ME36 P018 501 010 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2010	

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

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant:: (sum of lines 2 - 19)		119,953				
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director <i>Gaetano Mella</i>		Date 1-8-10	Signature of Public Housing Director		Date		

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

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

ME018b01

Part I: Summary

PHA Name/Number Old Town Housing Authority ME018		Locality (City/County & State) Old Town, Penobscot, Maine			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> 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
B.	Physical Improvements Subtotal	Annual Statement	77,500	58,000	63,600	85,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		2,000	31,000	19,353	7,500
E.	Administration		25,500	22,700	24,500	21,300
F.	Other					
G.	Operations		14,953	8,253	12,500	6,153
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		119,953	119,953	119,953	119,953
L.	Total Non-CFP Funds					
M.	Grand Total		119,953	119,953	119,953	119,953

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**

ME018c01

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 Old Town

Grant Type and Number
 Capital Fund Program: ME36-P018-501-09
 Date of CFFP: _____
 Replacement Housing Factor Grant No: _____

Federal FY of Grant:
 2009
 FFY of Grant Approval:

Line	Type of Grant	Original Annual Statement	Reserve for Disasters/ Emergencies	Revised Annual Statement (revision no: 1)	Total Estimated Cost		Total Actual Cost	
					Performance and Evaluation Report for Period Ending: 09/30/2009	Final Performance and Evaluation Report	Obligated	Expended
1		Total non-CFP Funds						
2		1406 Operations (may not exceed 20% of line 21)3			12,600	17,150.00		
3		1408 Management Improvements			23,553	23,553.00		
4		1410 Administration (may not exceed 10% of line 21)			6,310	6,310.00		
5		1411 Audit						
6		1415 liquidated Damages						
7		1430 Fees and Costs			0	5,000.00		
8		1440 Site Acquisition						
9		1450 Site Improvement			0	2,000.00		
10		1460 Dwelling Structures			64,800	47,713.00		
11		1465.1 Dwelling Equipment—Nonexpendable						
12		1470 Nondwelling Structures				3,000.00		
13		1475 Nondwelling Equipment			19,000	14,450.00		
14		1485 Demolition						
15		1492 Moving to Work Demonstration						
16		1495.1 Relocation Costs						
17		1499 Development Activities 4						
18a		1501 Collateralization or Debt Service paid by 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			119,953	119,953.00		
21		Amount of line 20 Related to LBP Activities						
22		Amount of line 20 Related to Section 504 Activities						
23		Amount of line 20 Related to security-Soft Costs						
24		Amount of line 20 Related to Security-Hard Costs						

Part 1: Summary

PHA Name: Housing Authority of the City of Old Town		Grant Type and Number Capital Fund Program: ME36-P018-501-09 Date of CFFP: _____ Replacement Housing Factor Grant No: _____		Federal FY of Grant: 2009
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report				

Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost
25	Amount of one 20 Related to Energy Conservation Measures		

Part 1: Summary

PHA Name: Housing Authority of the City of Old Town		Grant Type and Number Capital Fund Program: ME36-P018-501-09 Date of CFFP: _____ Replacement Housing Factor Grant No: _____		Federal FY of Grant: 2009
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/09 <input type="checkbox"/> Final Performance and Evaluation Report				

Line	Summary by Development Account	Total Estimated Cost	Revised	Obligated	Total Actual Cost	Expended
Signature of Executive Director <i>[Signature]</i>						
		Original				Date: 1-8-10
			Signature of Public Housing Director			Date:

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Old Town	Grant Type and Number Capital Fund Program #: ME36-P018-501-09 Replacement Housing Factor #:	Development Account No.	Quantity	Total Estimated Cost CFPP(Yes/No)		Total Actual Cost		Federal FY of Grant: 2009	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
ME018-001	MIA Roof Replacement	1460		20,800	20,800.00				
	Upgrade Carpeting @ Family Housing	1460		15,000	15,000.00				
	Floor Replacement	1460		5,000	5,000.00				
	Upgrade Rear Entrances @ Anderson Lane	1460		24,000	0.00				
	New Lawn Tractor	1475		12,000	7,450.00				
	2 Washing Machines & 2 Dryers@ MIA	1475		5,000	5,000.00				
	Purchase Emergency Generator	1475		0	7,087.00				

¹ To be completed for Performance and Evaluation Report or a Revised Annual Statement
² To be completed for Performance and Evaluation Report

ME018c01

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part II: Supporting Pages

PHA Name: Housing Authority of the City of Old Town	Grant Type and Number Capital Fund Program #: ME36-P018-501-09 Replacement Housing Factor #:	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
		1475		2,000	2,000.00			
		1408		6,310	6,310.00			
		1408		12,400	12,400.00			
		1406		12,600	17,150.00			
		1408		4,843	4,843.00			
		1470		0	2,000.00			
		1470		0	1,000.00			
		1460		0	5,913.00			
		1460		0	1,000.00			
		1450		0	2,000.00			
		1430		0	5,000.00			

Part III: Implementation Schedule

PHA Name: Housing Authority of the City of Old Town	Grant Type and Number Capital Fund Program #: ME36-P018-501-09 Capital Fund Program Replacement Housing Factor #:	Federal FY of Grant: 2009

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

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Office of
OMB No
Expires .

ME018d01

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 Old Town

Grant Type and Number
 Capital Fund Program: ME36-S018-501-09
 Date of CFFP: _____
 Replacement Housing Factor Grant No: _____

Federal FY of Grant:
 2009 ARRA
 FFY of Grant Approval:

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending 09/30/2009	Reserve for Disasters/ Emergencies <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)	Final Performance and Evaluation Report <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost	
				Original	Revised	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			15,000	4,214.00	4,214.00	
8	1440 Site Acquisition						
9	1450 Site Improvement			24,327	35,100.00	35,100.00	35,100.00
10	1460 Dwelling Structures			58,000	57,591.00	57,591.00	27,910.86
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Nondwelling Structures			55,000	55,422.00	55,422.00	55,422.00
13	1475 Nondwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities 4						
18a	1501 Collateralization or Debt Service paid by 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			152,327	152,327.00	152,327.00	118,432.86
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						

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part I: Summary

PHA Name: Housing Authority of the City of Old Town		Grant Type and Number Capital Fund Program: ME36-S018-501-09 Date of CFFP: _____ Replacement Housing Factor Grant No: _____		Federal FY of Grant: 2009 ARRA FFY of Grant Approval:	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending		09/30/2009		<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
25	Amount of one 20 Related to Energy Conservation Measures				

Part I: Summary

PHA Name: Housing Authority of the City of Old Town		Grant Type and Number Capital Fund Program: ME36-S018-501-09 Date of CFFP: _____ Replacement Housing Factor Grant No: _____		Federal FY of Grant: 2009 ARRA FFY of Grant Approval:	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/09				<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Original	Revised	Obligated
Signature of Executive Director		Date	Signature of Public Housing Director		Date:
<i>James M. Kelly</i>		1-8-10			

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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 Office of Public and Indian Housing
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Part II: Supporting Pages

PHA Name: Housing Authority of the City of Old Town	Grant Type and Number Capital Fund Program #: ME36-P018-501-09 Replacement Housing Factor #: CHFP(Yes/No)	Federal FY of Grant: 2009	Total Estimated Cost		Total Actual Cost		Status of Work
			Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
Development Number Name/HA-Wide Activities	Development Account No.	Quantity					
ME018-001	1450		10,000	24,800.00	24,800.00	24,800.00	
Overlay Paving MIA Parking Lot	1450		14,327	10,300.00	10,300.00	10,300.00	
Construct Patio @ MIA for Residents	1460		25,000	27,910.86	27,910.86	27,910.86	
Upgrade Toilets @ MIA	1460		18,000	10,509.98	10,509.98		
Upgrade Interior Lighting at Family Housing	1460						
Renovate Common Areas at MIA	1470		15,000	6,500.00	10,000.00		
Purchase New or Upgrade Existing Maintenance Building	1470		55,000	55,422.00	55,422.00	55,422.00	

¹ To be completed for Performance and Evaluation Report or a Revised Annual Statement

² To be completed for Performance and Evaluation Report

ME018d01

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
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Part II: Supporting Pages

PHA Name: Housing Authority of the City of Old Town	Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Grant Type and Number Development Account No.	Grant Type and Number Capital Fund Program #: ME36-P018-501-09 Replacement Housing Factor #:	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
						Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
		Physical Needs Assessment	1430			10,000	4,214.00	4,214.00		
		Energy Audit	1430			5,000	0			
		Replace Exhaust Fans @ Family Housing	1460			0	8,658.04	8,658.04		
		CO Detectors	1460			0	4,012.12	4,012.12		

Part III: Implementation Schedule

PHA Name: Housing Authority of the City of Old Town	Grant Type and Number Capital Fund Program #: ME36-P018-501-09 Capital Fund Program Replacement Housing Factor #:	Federal FY of Grant: 2009	Reasons for Revised Target Dates ¹
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)	All Funds Expended (Quarter Ending Date)	

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

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

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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 Old Town

Grant Type and Number
 Capital Fund Program: ME36-P018-501-08
 Date of CFFP: _____
 Replacement Housing Factor Grant No: _____

Federal FY of Grant:
 2008
 FFY of Grant Approval:

Type of Grant

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: 9/30/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)3	13,341	13,341.00		
3	1408 Management Improvements	21,000	21,000.00	9,162.25	9,162.25
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	6,000	0		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	70,000	70,474.17	40,837.75	1,800.00
11	1465.1 Dwelling Equipment—Nonexpendable	0	10,963.04		
12	1470 Nondwelling Structures	10,000	4,562.79		
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				
18a	1501 Collateralization or Debt Service paid by 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	120,341.00	120,341.00	50,000.00	10,962.26
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				

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

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OMB No. 2577-0226
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Part I: Summary

PHA Name: Housing Authority of the City of Old Town	Grant Type and Number Capital Fund Program: ME36-P018-501-08 Date of CFFP: _____ Replacement Housing Factor Grant No: _____	Federal FY of Grant: 2008 FFY of Grant Approval:
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Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/09	<input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost	Total Actual Cost
Line 25 Summary by Development Account Amount of one 20 Related to Energy Conservation Measures			

Part I: Summary

PHA Name: Housing Authority of the City of Old Town	Grant Type and Number Capital Fund Program: ME36-P018-501-08 Date of CFFP: _____ Replacement Housing Factor Grant No: _____	Federal FY of Grant: 2008 FFY of Grant Approval:
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Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/09	<input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost	Total Actual Cost
Line Summary by Development Account	Original	Revised	Obligated
Signature of Executive Director <i>James H. Keller</i>	Date 1-8-10	Signature of Public Housing Director	Date:

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

U.S. Department of Housing and Urban Development
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Part II: Supporting Pages

PHA Name: Housing Authority of the City of Old Town	Grant Type and Number Capital Fund Program #: ME36-P018-501-08 Replacement Housing Factor #:	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
ME018-001	Roof Replacement @ MIA	1460		35,000	0.00			
	Floor Replacement	1460		5,000	5000.00			
	Upgrade Rear Entrances @ ML	1460		30,000	65,474.17	40,837.74	1,800.00	
	Office Attic Insulation & Ventilation	1470		10,000	3,265.79			
	Training	1408		6,000	6,000.00	3,030.23	3,030.23	
	Residential Programs	1408		8,000	8000.00	6,132.03	6,132.03	
Salary & Benefits for ED, FD & MS and health insurance	1408			7,000	7,000.00			

¹ To be completed for Performance and Evaluation Report or a Revised Annual Statement

² To be completed for Performance and Evaluation Report

ME018e01

Annual Statement/Performance and Evaluation Report
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 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part II: Supporting Pages

PHA Name: Housing Authority of the City of Old Town		Grant Type and Number Capital Fund Program #: ME36-P018-501-08 Replacement Housing Factor #:			CFPP(Yes/No)		Federal FY of Grant: 2008		Status of Work
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost			
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
	A&E for Roof Rep. @ MIA	1430		6,000	0.00				
	Operations	1406		13,341	13,341.00				
	Floor Replacement Maintenance shop	1470		0	1,297.00				
	Appliance replacement	1465		0	10,963.04				

Part III: Implementation Schedule

PHA Name: Housing Authority of the City of Old Town		Grant Type and Number Capital Fund Program #: ME36-P018-501-08 Capital Fund Program Replacement Housing Factor #:		Federal FY of Grant: 2008	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates ¹		

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

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

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part I: Summary

PHA Name:
 Housing Authority of the City of Old Town

Grant Type and Number
 Capital Fund Program: ME36-P018-501-07
 Date of CFFP: _____
 Replacement Housing Factor Grant No: _____

Federal FY of Grant:
 2007
 FFY of Grant Approval:

Line	Type of Grant	Original Annual Statement	Reserve for Disasters/ Emergencies	Revised Annual Statement (revision no: 3)	Total Estimated Cost		Total Actual Cost	
					Performance and Evaluation Report for Period Ending: 9/30/09	Final Performance and Evaluation Report	Obligated	Expended
1	Total non-CFP Funds							
2	1406 Operations (may not exceed 20% of line 21)3	6,310.00		6,310.00	6,310.00			
3	1408 Management Improvements	24,044.96		12,658.21	12,658.21			12,658.21
4	1410 Administration (may not exceed 10% of line 21)	8,128.21		18,000.00	18,000.00			18,000.00
5	1411 Audit							
6	1415 liquidated Damages							
7	1430 Fees and Costs							
8	1440 Site Acquisition							
9	1450 Site Improvement							
10	1460 Dwelling Structures	22,502.73		29,554.75	29,554.75			26,381.67
11	1465.1 Dwelling Equipment—Nonexpendable	15,000.00		5,547.96	5,547.96			599.00
12	1470 Nondwelling Structures	12,826.83		17,381.83	17,381.83			17,381.83
13	1475 Nondwelling Equipment	25,204.27		24,564.25	24,564.25			24,004.25
14	1485 Demolition							
15	1492 Moving to Work Demonstration							
16	1495.1 Relocation Costs							
17	1499 Development Activities 4							
18a	1501 Collateralization or Debt Service paid by 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	114,017		114,017	114,017			99,024.96
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							

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

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 Office of Public and Indian Housing
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Part I: Summary

PHA Name: Housing Authority of the City of Old Town	Grant Type and Number Capital Fund Program: ME36-P018-501-07 Date of CFFP: _____ Replacement Housing Factor Grant No: _____	Federal FY of Grant: 2007 FFY of Grant Approval:
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Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/09	<input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost	Total Actual Cost
Line 25 Summary by Development Account Amount of one 20 Related to Energy Conservation Measures			

Part I: Summary

PHA Name: Housing Authority of the City of Old Town	Grant Type and Number Capital Fund Program: ME36-P018-501-07 Date of CFFP: _____ Replacement Housing Factor Grant No: _____	Federal FY of Grant: 2007 FFY of Grant Approval:
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Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/09	<input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost	Total Actual Cost
Line Summary by Development Account			

Signature of Executive Director <i>Russell Miller</i>	Date 1-8-10	Signature of Public Housing Director	Date:
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Part II: Supporting Pages

PHA Name: Housing Authority of the City of Old Town	Grant Type and Number Capital Fund Program #: ME36-P018-501-07 Replacement Housing Factor #: CFPP(Yes/No)	Federal FY of Grant: 2007	Total Estimated Cost		Total Actual Cost		Status of Work
			Quantity	Development Account No.	Original	Revised ¹	
ME018-001	1460		7,502.73	7,502.73	7,502.73	7,502.73	
	1470		11,000.00	15,555.00	15,555.00	15,555.00	
	1465		15,000.00	5,547.96	5,547.96	599.00	
	1460		5,000.00	10,579.23	10,579.23	9,260.15	
	1460		10,000.00	11,472.79	11,472.79	9,618.79	
	1475		21,139.00	21,139.00	21,139.00	21,139.00	

¹ To be completed for Performance and Evaluation Report or a Revised Annual Statement
² To be completed for Performance and Evaluation Report

ME018101

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

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Part II: Supporting Pages

PHA Name: Housing Authority of the City of Old Town	Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Grant Type and Number Capital Fund Program #: ME36-P018-501-07 Replacement Housing Factor #:	Development Account No.	Quantity	Total Estimated Cost		Funds Obligated ²	Funds Expended ²	Status of Work
						Original	Revised ¹			
		Upgrade Electrical Entrance in Office Building		1470		1,826.83	1,826.83	1,826.83	1,826.83	
		Training		1408		8,644.96	4,530.00	4,530.00	4,530.00	
		Residential Programs		1410		8,128.21	8,128.21	8,128.21	8,128.21	
		Salary & Benefits		1408		15,400.00	18,000.00	18,000.00	18,000.00	
		Office Equipment Upgrades		1475		4,065.27	3,425.25	3,425.25	2,865.25	
		Operations		1406		6,310.00	6,310.00	6,310.00	6,310.00	

Part III: Implementation Schedule

PHA Name: Housing Authority of the City of Old Town	Grant Type and Number Capital Fund Program #: ME36-P018-501-07 Capital Fund Program Replacement Housing Factor #:	Federal FY of Grant: 2007	Reasons for Revised Target Dates
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)	All Funds Expended (Quarter Ending Date)	

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

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