

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.
Completed forms are submitted herewith.

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 factor affecting the housing needs for each family type are rated on a scale from 1 to 5, with 1 being “no impact” and 5 being “severe impact.”

Housing Needs of Families on the Hightstown Housing Authority Waiting List			
	# of families	Affordability	Housing Quality
Waiting list total	15		
Extremely low income <=30% AMI	4	5	1
Very low income (>30% but <=50% AMI)	9	4	1
Low income (>50% but <80% AMI)	2	3	1
Families with children	7	4	1
Elderly families	2	4	4
Families with Disabilities	4	4	4
Race/ethnicity (White)	5	4	1
Race/ethnicity (Asian)	3	4	1
Race/ethnicity (Black)	5	4	1
Race/ethnicity (Hispanic)	2	4	1
Characteristics by Bedroom Size			
1BR	5	1	4
2 BR	5	1	4
3 BR	5	1	4
4 BR	1	1	3
5 BR	N/A	N/A	N/A

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.**

The PHA strategy for addressing the housing needs of families in the jurisdiction and on the waiting list are as follows:
 1) Employ effective maintenance and management policies to minimize the number of public housing units off-line;
 2) Reduce turnover time for vacated public housing units;
 3) Reduce time to renovate public housing units.

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 continues to promote, on an on-going basis, adequate and affordable housing, economic opportunity, and a suitable living environment free from discrimination for all low-income, very low-income, and extremely low-income families in its jurisdiction. The PHA’s progress in meeting this mission and the related goals set forth in its 5-Year Plan are evidenced by: 1) reductions in the PHA’s public housing unit vacancies; 2) a decrease in public housing vacant unit turnover time; 3) timely completion of public housing modernization improvements under the PHA’s CFP; 4) the positive results of employing improved management, customer service, and maintenance policies; and 5) the PHA’s continued provision of needed education, job training, and employment opportunities for its residents.

(b) **Significant Amendment and Substantial Deviation/Modification.** Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”
 The PHA will consider the following to constitute a “Significant Amendment” or “Substantial Modification”:
 1. Changes to rent or admissions policies or organization of the waiting list;
 2. Changes to Grievance Procedures;
 3. Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Plan).
 4. Any change with regard to Demolition, Disposition, Designation, Homeownership programs, or Conversion activities.

An exception to the above definitions will be made for any of the above cited actions that are adopted by the PHA to reflect changes in HUD regulatory requirements; such changes will not be considered to be “Significant Amendments” or “Substantial Modifications” or “Substantial Deviations”.

11.0	<p>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.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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Part I: Summary		
PHA Name: Hightstown Housing Authority	Grant Type and Number Capital Fund Program Grant No: NJ39P045501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:

Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report		
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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	15000.			
3	1408 Management Improvements	15000.			
4	1410 Administration (may not exceed 10% of line 21)	15000.			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10500.			
8	1440 Site Acquisition				
9	1450 Site Improvement	65000.			
10	1460 Dwelling Structures	5500.			
11	1465.1 Dwelling Equipment—Nonexpendable	20000.			
12	1470 Non-dwelling Structures	3000.			
13	1475 Non-dwelling Equipment	1000.			
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 CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary						
PHA Name: Hightstown Housing Authority		Grant Type and Number Capital Fund Program Grant No: NJ39P045501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval:	
Type of Grant						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	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)					
21	Amount of line 20 Related to LBP Activities	150000.				
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	15000.				
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

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Part II: Supporting Pages								
PHA Name: Hightstown Housing Authority			Grant Type and Number Capital Fund Program Grant No: NJ39P045501-10 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	
NJ045/HA-WIDE	Operations	1406		15000.				
	Staff/Commissioner Training	1408		6500.				
	Upgrade computer system	1408		8500.				
	Administration	1410		15000.				
	Fees/Costs	1430		10500.				
	Parking Lot - resurface/curbs	1460		65000.				
	Cyclical Painting	1460		5500.				
	Replace Refrigerators w/energy saving	1465.1		15000.				
	Replace Stoves	1465.1		5000.				
	Community Room Renovation	1470		3000.				
	Community Room upgrade	1475		1000.				

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 I: Summary		
PHA Name: Hightstown Housing Authority	Grant Type and Number Capital Fund Program Grant No: NJ39P045501-09 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: _____)**
 Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	13473.			
3	1408 Management Improvements	20000.			
4	1410 Administration (may not exceed 10% of line 21)	13473.			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10500.			
8	1440 Site Acquisition				
9	1450 Site Improvement	5000.			
10	1460 Dwelling Structures	35437.			
11	1465.1 Dwelling Equipment—Nonexpendable	24750.			
12	1470 Non-dwelling Structures	7100.			
13	1475 Non-dwelling Equipment	5000.			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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Part I: Summary						
PHA Name: Hightstown Housing Authority		Grant Type and Number Capital Fund Program Grant No: NJ39P045501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	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)					
21	Amount of line 20 Related to LBP Activities	134733.				
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	24750.				
Signature of Executive Director			Date		Signature of Public Housing Director	
					Date	

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Part II: Supporting Pages								
PHA Name: Hightstown Housing Authority			Grant Type and Number Capital Fund Program Grant No: NJ39P045501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
NJ045/HA-WIDE	Operations	1406		13473.				
	Management Improvements	1408		20000.				
	Administration	1410		13473.				
	Fees/Costs	1430		10500.				
	Site Improv. - Landscaping	1450		5000.				
	Cyclical Paint, Vacancy Prep	1460		8000.				
	Exterior Stairs/Porch Repair	1460		5437.				
	Upgrade Boiler Systems	1460		22000.				
	Replace Refrigerators	1465.1		24750.				
	Office Renovation	1470		7100.				
	Upgrade Laundry & Office Facilities	1475		5000.				

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² To be completed for the Performance and Evaluation Report.

Part I: Summary		
PHA Name: Hightstown Housing Authority	Grant Type and Number Capital Fund Program Grant No: NJ39P045501-08 Replacement Housing Factor Grant No: 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: 09/30/2009 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	13544.	13544.	13544.	0
3	1408 Management Improvements	13544.	13544.	0	0
4	1410 Administration (may not exceed 10% of line 21)	13544.	13544.	13544.	8875.76
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	26000.	26000.	26000.	2326.87
8	1440 Site Acquisition				
9	1450 Site Improvement	7200.	7200.	0	0
10	1460 Dwelling Structures	60108.	60108.	47970.	16853.34
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	1500.	1500.	1500.	290.34
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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Part I: Summary						
PHA Name: Hightstown Housing Authority		Grant Type and Number Capital Fund Program Grant No: NJ39P045501-08 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2008 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<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 ¹		
		Original	Revised ²	Obligated	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)					
21	Amount of line 20 Related to LBP Activities	135440.	135440.	102558.	28346.31	
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date		Signature of Public Housing Director	
					Date	

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Part II: Supporting Pages								
PHA Name: Hightstown Housing Authority			Grant Type and Number Capital Fund Program Grant No: NJ39P045501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
NJ045/HA-WIDE	Operations	1406		13544.	13544.	13544.	0	
	Mgt Improvements (MIS)	1408		13544.	13544.	0	0	
	MOD Officer (Sal & Ben)	1410		13544.	13544.	13544.	8875.76	
	Fees	1430		26000.	26000.	26000.	2326.87	
	Site Improvements (Landscaping)	1450		7200.	7200.	0	0	
	Res. Bldgs. - Exterior Stairs	1460		47970.	47970.	47970.	16853.34	
	Cyclical Painting	1460		3138.	3138.	0	0	
	Vacant Unit Renovation	1460		9000.	9000.	0	0	
	Maintenance Equip.	1475		1500	1500	1500	290.34	

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² To be completed for the Performance and Evaluation Report.

Part I: Summary		
PHA Name: Hightstown Housing Authority	Grant Type and Number Capital Fund Program Grant No: NJ39P045501-07 Replacement Housing Factor Grant No: 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: 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	13834.	13834.	13834.	13834.
3	1408 Management Improvements	13834.	1189.96	1189.96	1189.96
4	1410 Administration (may not exceed 10% of line 21)	13834.	13807.16	13807.16	13807.16
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	26000.	12254.09	12254.09	12254.09
8	1440 Site Acquisition				
9	1450 Site Improvement	7200.	0	0	0
10	1460 Dwelling Structures	62138.	71842.84	71842.84	71842.84
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	1500.	25411.95	25411.95	25411.95
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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⁴ RHF funds shall be included here.

Part I: Summary					
PHA Name: Hightstown Housing Authority	Grant Type and Number Capital Fund Program Grant No: NJ39P045501-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2007 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	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)				
21	Amount of line 20 Related to LBP Activities	138340.	138340.	138340.	138340.
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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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 4/30/2011

Part I: Summary						
PHA Name/Number Hightstown Housing Authority/NJ045		Locality (City/County & State) Hightstown/Mercer County, NJ			<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
	NJ045 HA-WIDE					
B.	Physical Improvements Subtotal	Annual Statement	70000.	70000.	70000.	70000.
C.	Management Improvements		12500.	12500.	12500.	12500.
D.	PHA-Wide Non-dwelling Structures and Equipment		20000.	20000.	20000.	20000.
E.	Administration		15000.	15000.	15000.	15000.
F.	Other		17500.	17500.	17500.	17500.
G.	Operations		15000.	15000.	15000.	15000.
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		150,000.	150,000.	150,000.	150,000.
L.	Total Non-CFP Funds					
M.	Grand Total		150,000.	150,000.	150,000.	150,000.

Part I: Summary (Continuation)

PHA Name/Number		Locality (City/county & State)				<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____	
		Annual Statement					

