



5.2	<p><b>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.</b></p> <p><b>A. GOALS &amp; OBJECTIVES FOR FISCAL YEARS 2010 – 2014:</b></p> <p><b>GOAL: IMPROVE THE QUALITY OF ASSISTED HOUSING</b></p> <p><b>Objectives:</b></p> <p><b>Continue to modernize the public housing property using available CFP funds.</b></p> <p><b>Maintain high performer status under the new PHAS system when it is implemented</b></p> <p><b>Continue to maintain high levels of resident satisfaction</b></p> <p><b>When undertaking unit modernizations and unit turnovers, the Housing Authority shall strive to make the public housing property as energy efficient as possible</b></p> <p><b>GOAL: PROVIDE AN IMPROVED LIVING ENVIRONMENT</b></p> <p><b>Objectives:</b></p> <p><b>Implement public housing security improvements</b></p> <p><b>GOAL: ENSURE EQUAL OPPORTUNITY AND AFFIRMATIVELY FURTHER FAIR HOUSING</b></p> <p><b>Objectives:</b></p> <p><b>Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability</b></p> <p><b>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</b></p> <p><b>GOAL: CONTINUE COMPLIANCE WITH PROVISIONS OF THE VIOLENCE AGAINST WOMEN ACT (VAWA)</b></p> <p><b>Objectives:</b></p> <p><b>Continue to fully comply with the Violence Against Women Act (VAWA). It is our objective to work with others to prevent offenses covered by VAWA to the degree we can. Details are in Attachment C.</b></p>
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5.2	<p><b>Continued</b></p> <p><b>B. PROGRESS ON GOALS &amp; OBJECTIVES ESTABLISHED FOR FISCAL YEARS 2005 – 2009:</b></p> <table border="1" data-bbox="277 310 1550 594"> <tr> <td colspan="2"><b>Goal: Improve the quality of assisted housing.</b></td> </tr> <tr> <td><b>Objective</b></td> <td><b>Progress</b></td> </tr> <tr> <td>Renovate or modernize public housing units</td> <td>Achieved</td> </tr> <tr> <td>Maintain high performer status under PHAS</td> <td>Achieved</td> </tr> <tr> <td>Maintain high levels of resident satisfaction</td> <td>Achieved</td> </tr> </table> <table border="1" data-bbox="277 642 1550 772"> <tr> <td colspan="2"><b>Goal: Provide an improved living environment.</b></td> </tr> <tr> <td><b>Objective</b></td> <td><b>Progress</b></td> </tr> <tr> <td>Implement public housing security improvements</td> <td>Achieved</td> </tr> </table> <table border="1" data-bbox="277 821 1550 1125"> <tr> <td colspan="2"><b>Goal: Ensure equal opportunity and affirmatively further fair housing.</b></td> </tr> <tr> <td><b>Objective</b></td> <td><b>Progress</b></td> </tr> <tr> <td>Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability</td> <td>Achieved through policy implementation</td> </tr> <tr> <td>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</td> <td>Achieved through policy implementation</td> </tr> </table>	<b>Goal: Improve the quality of assisted housing.</b>		<b>Objective</b>	<b>Progress</b>	Renovate or modernize public housing units	Achieved	Maintain high performer status under PHAS	Achieved	Maintain high levels of resident satisfaction	Achieved	<b>Goal: Provide an improved living environment.</b>		<b>Objective</b>	<b>Progress</b>	Implement public housing security improvements	Achieved	<b>Goal: Ensure equal opportunity and affirmatively further fair housing.</b>		<b>Objective</b>	<b>Progress</b>	Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability	Achieved through policy implementation	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	Achieved through policy implementation
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Maintain high levels of resident satisfaction	Achieved																								
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<b>Objective</b>	<b>Progress</b>																								
Implement public housing security improvements	Achieved																								
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<b>Objective</b>	<b>Progress</b>																								
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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	Achieved through policy implementation																								
6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <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><b>Not Applicable as CHA is a small housing authority</b></p>																								
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p><b>Not Applicable as CHA is a small housing authority</b></p>																								
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p> <p><b>Not Applicable as CHA is a small housing authority</b></p>																								
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>																								
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>																								
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></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>																								

9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><b>Not Applicable as CHA is a small housing authority</b></p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><b>Not Applicable as CHA is a small housing authority</b></p>
10.0	<p><b>Additional Information.</b> 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 style="padding-left: 40px;"><b>Progress on the Housing Authority’s goals was already included in Section 5.2 on page 3</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p style="padding-left: 40px;"><i>The following is the Collingswood Housing Authority’s Definition of Substantial Deviation and Significant Amendment or Modification:</i></p> <p style="padding-left: 80px;">a. Substantial Deviation from the 5-Year Plan</p> <p style="padding-left: 120px;"><b>A substantial deviation from the 5-year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.</b></p> <p style="padding-left: 80px;">b. Significant Amendment or Modification to the Annual Plan</p> <p style="padding-left: 120px;"><b>Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.</b></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(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)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(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. <b>See Attachment A</b></p> <p>(g) Challenged Elements – <b>See Attachment B</b></p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

- Attachment C** – Violence Against Women Act (VAWA) Statement)
- Attachment D** – Capital Fund Program Annual Statement – FY 2010
- Attachment E** – Capital Fund Program P & E Report – FY 2009
- Attachment F** – Capital Fund Program P & E Report – FY 2009 – ARRA Funds
- Attachment G** – Capital Fund Program P & E Report – FY 2008
- Attachment H** – Capital Fund Program P & E Report – FY 2007
- Attachment I** – Capital Fund Program Five-Year Action Plan



**Attachment A**

**Collingswood Housing Authority**

**Five-Year Plan  
Fiscal Years 04/01/2010 – 04/01/2014**

**Comments of the Resident Advisory Board**

Collingswood Housing Authority met with the Resident Advisory Board (RAB) on December 8, 2009.

Elements of the PHA Plan Template were reviewed. The RAB members agreed with the overall Plan as presented and no significant comments or suggestions were offered.

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**John Lack, Executive Director  
Collingswood Housing Authority**

**January 11, 2010**

**Attachment B**

**Collingswood Housing Authority**

**Five-Year Plan**

**Fiscal Years 04/01/2010 – 04/01/2014**

**Challenged Elements**

There were no challenged elements to the Housing Authority's Five-year Plan

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**John Lack, Executive Director  
Collingswood Housing Authority**

**January 11, 2010**

## **Attachment C**

### **Collingswood Housing Authority**

#### **Five-Year and Annual Plans Fiscal Years 04/01/2010 – 04/01/2014**

#### **Violence Against Women Act Report**

A goal of the Collingswood Housing Authority is to fully comply with the Violence Against Women Act (VAWA). It is our objective to work with others to prevent offenses covered by VAWA to the degree we can.

Collingswood Housing Authority provides or offers the following activities, services, or programs, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking.

**Through cooperation with the local domestic violence agencies and Borough of Collingswood Police Department, any cases of violence as described are referred for assistance. The local domestic violence agencies are:**

#### **CONTACT**

**Coalition Against Rape & Abuse  
Family Counseling Service  
Office of Victim-Witness Advocacy  
South Jersey Legal Services  
Women's Center/SOLACE**

Collingswood Housing Authority provides or offers the following activities, services, or programs that help child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing.

**Program administrators and staff at the above listed agencies are aware of our housing program and make client referrals to our office. Apparently eligible clients are placed on our waiting list(s) when they are open.**

**For persons already living in a Housing Authority unit who become victims as described, these are referred to police and the listed agencies for assistance. If the management becomes aware of any violator who may be restricted through an order of protection, that person is prohibited from the premises and is considered a trespasser subject to arrest and removal. The Police Department is cooperative and supportive in cases such as this, and willingly responds and enforces the protective orders.**

Collingswood Housing Authority provides or offers the following activities, services, or programs to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

**The same methods as described herein are used, making referrals to the above-referenced agencies for counseling and support services, and attempting to enforce orders of protection with the cooperation of Police Department personnel.**

Collingswood Housing Authority has the following procedure in place to assure applicants and residents are aware of their rights and responsibilities under the Violence Against Women Act:

**All residents have been notified of their rights and responsibilities under the Violence Against Women Act.**

**The orientation for new residents includes information on their rights and responsibilities under the Violence Against Women Act.**

**An Addendum has been added to the Admissions & Continued Occupancy Policy (ACOP) and the Public Housing Dwelling Lease to include screening and termination language related to the Violence Against Women Act**

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: <b>Collingswood Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: <b>NJ39PO79 501 10</b> Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: <b>2010</b> FFY of Grant Approval:	

Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		5,000.00			
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		15,000.00			
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		86,561.00			
11	1465.1 Dwelling Equipment—Nonependable					
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 <sup>4</sup>					
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2 - 19)		<b>\$106,561.00</b>			

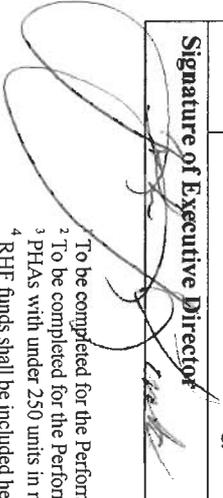
<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall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

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

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

Part I: Summary

PHA Name: <b>Collingswood Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: <b>NJ39PO79 501 10</b> Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant: <b>2010</b> FFY of Grant Approval:
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<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost <sup>1</sup>	Expended
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		Date		Signature of Public Housing Director	
		11/1/10			

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





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

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

Part I: Summary

PHA Name:  
**Collingswood Housing Authority**

Grant Type and Number  
 Capital Fund Program Grant No: **NJ39P079 501 09**  
 Replacement Housing Factor Grant No:  
 Date of CFFP:

FFY of Grant: **2009**  
 FFY of Grant Approval:

Type of Grant  
 Original Annual Statement  
 Performance and Evaluation Report for Period Ending: **09/30/2009**  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
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				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		106,561.00		
11	1465.1 Dwelling Equipment—Nonexpendable				106,561.00
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 <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)		<b>\$106,561.00</b>		<b>\$106,561.00</b>

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

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

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

Part I: Summary

PHA Name: <b>Collingswood Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: <b>NJ39PO79 501 09</b> Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant: <b>2009</b> FFY of Grant Approval:
--	--	---

Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>09/30/2009</b> <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report		Signature of Executive Director <i>[Signature]</i>		Date <i>1/10</i>		Signature of Public Housing Director		Date	
Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended		
21	Amount of line 20 Related to JBP 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								

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





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

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

**Part I: Summary**

PHA Name:  
**Collingswood Housing Authority**

Grant Type and Number  
 Capital Fund Program Grant No: **NU39SO79 501 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: **09/30/2009**

Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>						
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						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures		125,522.00				
11	1465.1 Dwelling Equipment—Nonexpendable				10,895.95		10895.95
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 <sup>4</sup>						
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)		<b>\$125,522</b>			<b>\$10,895.95</b>	<b>\$10,895.95</b>

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

**Part I: Summary**

PHA Name: <b>Collingswood Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: <b>NJ39SO79 501 09</b> Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant: <b>2009</b> FFY of Grant Approval:
--	---	---

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
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**

**Date**

**Signature of Public Housing Director**

**Date**

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





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: <b>Collingswood Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: <b>NJ39PO79 501 08</b> Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: <b>2008</b> FFY of Grant Approval:
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Type of Grant		Performance and Evaluation Report for Period Ending: <b>09/30/2009</b>		Revised Annual Statement and Evaluation Report	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	10,000.00		10,000.00	10,000.00
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	5,000.00		5,000.00	2775.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	84,164.00		84,164.00	84,164.00
11	1465.1 Dwelling Equipment—Nonependable				
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 <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	<b>\$99,164.00</b>		<b>\$99,164.00</b>	<b>\$96,939.00</b>

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

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

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

Part I: Summary

PHA Name: <b>Collingswood Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: <b>NJ39PO79 501 08</b> Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: <b>2008</b> FFY of Grant Approval:
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Type of Grant  
 Original Annual Statement  
 Performance and Evaluation Report for Period Ending: 09/30/2009  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Revised <sup>2</sup>	Obligated	Expended
		Total Estimated Cost		Total Actual Cost <sup>1</sup>	
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		Date		Signature of Public Housing Director	
		4/1/10			
				Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFFP Grants for operations.  
<sup>4</sup> RLIF 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: <b>Collingswood Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: <b>NJ39PO79 501 07</b> Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: <b>2007</b> FFY of Grant Approval:	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report 09/30/2009	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>					
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			25,000.00	25,440.00	25,440.00
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures			76,287.00	75,847.00	75,847.00
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 <sup>4</sup>					
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2 - 19)			<b>\$101,287.00</b>	<b>\$101,287.00</b>	<b>\$101,287.00</b>

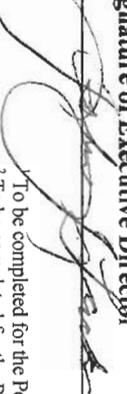
<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall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

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

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

**Part I: Summary**

PHA Name: <b>Collingswood Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: <b>NJ39PO79 501 07</b> Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: <b>2007</b> FFY of Grant Approval:
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<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )		<input checked="" type="checkbox"/> Final Performance and Evaluation Report 09/30/2009	
Line	Summary by Development Account	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>
21	Amount of line 20 Related to LBP Activities	Original			Expended
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

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





**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

<b>Part I: Summary</b>						
PHA Name/Number <b>Collingswood Housing Authority - NJ 079</b>		Locality (City/County & State) <b>Collingswood, NJ</b>			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
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	84,061.00			
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		7,500.00			
E.	Administration		10,000.00			
F.	Other		5,000.00			
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		<b>\$106,561.00</b>	<b>\$106,561.00</b>	<b>\$106,561.00</b>	<b>\$106,561.00</b>
L.	Total Non-CFP Funds					
M.	Grand Total					

**Part I: Summary (Continuation)**

PHA Name/Number <b>Collingswood Housing Authority - NJ 079</b>		Locality (City/county & State) <b>Collingswood, NJ</b>			<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 Grant: 2011 PHA FY: 04/01/2011 – 3/31/2012	Work Statement for Year 3 FFY Grant: 2012 PHA FY: 04/01/2012 – 3/31/2013	Work Statement for Year 4 FFY Grant: 2013 PHA FY: 04/01/2013 – 3/31/2014	Work Statement for Year 5 FFY Grant: 2014 PHA FY: 04/01/2014 – 3/31/2015
		Annual Statement				
	<b>HA Wide</b>		\$106,561.00	\$106,561.00	\$106,561.00	\$106,561.00
			<b>\$106,561.00</b>	<b>\$106,561.00</b>	<b>\$106,561.00</b>	<b>\$106,561.00</b>







