

1.0	PHA Information PHA Name: _____ Cohoes Housing Authority _____ PHA Code: _____ NY022 _____ PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): __10/2010__																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: _____ 306 _____ Number of HCV units: _____ 253 _____																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 35%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 15%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 5%;">PH</th> <th style="width: 5%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <ul style="list-style-type: none"> To provide safe, affordable, quality housing to those qualifying residents of our community and promote resident pride in their neighborhoods. To work in conjunction with the City of Cohoes and community organizations to provide a network of services to enhance the quality of life. To work in harmony with residents to develop programs to assist them in the goal of self sufficiency. To achieve full marketability and value of Cohoes Housing Authority properties. 																										
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. <ul style="list-style-type: none"> To continue to be a High Performer in both Public Housing and Sections 8. To maintain 99% occupancy. To ensure equal opportunity housing. To promote, assist and have additional graduates from our Family Self-Sufficiency Programs. To continue to implement our Risk Control Policy in conjunction with our insurance company. To establish an Emergency Action Plan. To continue with security improvements throughout our sites and to work in conjunction with the Cohoes Police/ Fire Department's to ensure the proper safety of our residents. To improve the modernization, appearance and Energy Efficiency of our public housing units and sites. 																										
6.0	PHA Plan Update <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: none</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. Plans may be obtained at the Administrative Building Conference Room, Roulrier Heights Laundry Room, Saratoga Sites Laundry Room, Dr. Jay McDonald Towers Laundry Room and the CHA website.</p>																										
7.0	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.</i> The CHA's Board of Commissioners is investigating the disposition and disposal then relocation of Saratoga Sites. See Section 9.0																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																										

8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <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.
8.2	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.
8.3	Capital Fund Financing Program (CFFP). <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.
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 CHA has determined that over the past several years, the Saratoga Sites development no longer meets the mission statement of providing quality housing. This is due mostly to its adjacent location to a manufacturing plant that the opinion that it poses a lower quality of life for its residents. The CHA's Board of Commissioners is investigating methods of other sites either via relocation with Housing Choice Voucher or the construction of replacement units at another site in the City of Cohoes.
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. <ul style="list-style-type: none">• New computerized software system.• Updated/Revised Occupancy Policy.• Utilize maintenance and management policies to minimize the number of public housing units off line.• Reduce turnover time for vacated public housing units.• Reduce time to renovate public housing units.• Continue admissions based on local preferences.
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. <ul style="list-style-type: none">• The CHA has continued to perform as a high performer. We have purchased a new computerized software system that assists us in thoroughly tracking tenant data, rent collections and maintenance items as well as allowing us to be more efficient & productive with our reporting methods to HUD. We also have worked to improve the quality of life for the tenants by continually looking for innovating ways to promote participation in family self sufficiency and outreach programs. We have revised our Occupancy Plan to be more comprehensive and precise beginning with the application process all the way through tenancy. This will enable us to meet the needs of our tenants as well as the needs of the housing authority. We are in our second year with our Risk Control Policy and it has heightened risk awareness amongst our staff. We have instituted an Emergency Action Plan to enhance the Cohoes Housing Authority's ability to effectively respond to both disaster and non-disaster emergencies. For Security Improvements, we have added additional Security Camera's throughout our sites and consistently publish important fire, crime and safety information in our monthly newsletters. The beautification process has been continuous at all of our sites. In addition, we now have an Energy Performance Contract in effect. New energy efficient light bulbs have been installed at our main office and the Dr. Jay McDonald Towers. This project was partially funded through the Albany County Weatherization Assistance Program. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" <ul style="list-style-type: none">- Significant Amendment - The CHA will not require a full public hearing nor HUD review unless there is a proposed change in housing units either decreasing or increasing. In addition there will not be a substantial change in the CFP unless a new budget line item is included that changes to reflect 50% of the total CFP budget. Changes to the plan will be approved by the Board and all tenants will be notified via the newsletter.- Substantial Deviation - The CHA will require a full public hearing and HUD review if there are any changes in housing units either increasing or decreasing. All other changes will be deemed not substantial to the Five Year Plan.

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

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

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	Grant Type and Number Capital Fund Program Grant No.: NY06P22501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:
PHA Name: Cohoes Housing Authority		

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account			<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	46,286.00					
3	1408 Management Improvements	34,800.00					
4	1410 Administration (may not exceed 10% of line 21)	53,795.00					
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	22,389.00					
8	1440 Site Acquisition						
9	1450 Site Improvement	94,680.00					
10	1460 Dwelling Structures	196,000.00					
11	1465.1 Dwelling Equipment—Nonexpendable	15,000.00					
12	1470 Non-dwelling Structures	44,500.00					
13	1475 Non-dwelling Equipment	30,500.00					
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.

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: Cohoes Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY06P02250110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <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)	537,950.00	
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		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director <i>[Signature]</i>		Date 06/23/2010	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.

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2010				
PHA Name: Cohoes Housing Authority		Capital Fund Program Grant No: NY06P022501-110						
		CFPP (Yes/ No):						
		Replacement Housing Factor Grant No:						
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	
Saratoga Sites NY22-001	Operations Security Improvements Software Upgrades Computer Hard drive Upgrades Energy Audit Advertising	1406 1408 1408 1408 1408 1410		11,571.50 2,000.00 1,000.00 1,000.00 2,000.00 113.00				
	Salaries	1410		7760.75				
	Benefits	1410		5575.00				
	A&E	1430	8%	5086.00				
	Site Improvements Playground/basketball court Replace foundation borders	1450 1450 1450		15,000.00 5,000.00 5,000.00				
	Refinish interior stairs	1460	70	5,000.00				
	New VAT Floors	1460	70	7,000.00				
	Sand hardwood floors	1460	70	5,000.00				
	New Boilers	1460		18,000.00				
	Plumbing Improvements	1460		6,000.00				
	Electrical Improvements	1460		5,000.00				
	Prime/Storm doors	1460		6,000.00				
	Maintenance shop repair	1470		2,000.00				
	Comm and laundry room improvements	1470		2,000.00				
	Maintenance Equipment	1475		3,000.00				
	Office equipment	1475		2,000.00				
	Subtotal			122,097.25				

Roulier Heights NY22-01A	Operations Security Improvements Software Upgrades Computer Hard drive Upgrades Energy Audit Advertising	1406 1408 1408 1408 1408 1410		11,571.50 2,000.00 1,000.00 1,000.00 2,000.00 113.00					
	Salaries Benefits	1410 1410		7760.25 5575.00					
	A&E	1430	8%	6517.00					
	Site Improvements Playground/basketball court Replace foundation borders	1450 1450 1450		15,000.00 5,000.00 5,000.00					
	Refinish interior stairs New VAT Floors Sand hardwood floors New Boilers	1460 1460 1460 1460		5,000.00 7,000.00 5,000.00 10,000.00					
	Plumbing Improvements Electrical Improvements Prime/Storm doors	1460 1460 1460		6,000.00 5,000.00 24,000.00					
	Maintenance shop repair Comm. and laundry room improvements	1470 1470		2,000.00 2,000.00					
	Maintenance Equipment Office equipment	1475 1475		3,000.00 2,000.00					
	Subtotal			133,537.25					
Manor Sites NY22-002	Operations Law Enforcement Security Improvements Software Upgrades Computer Hard drive Upgrades Energy Audit Advertising Salaries Benefits A&E Site Improvements Parking lot replacement	1406 1408 1408 1408 1408 1408 1410 1410 1410 1430 1450 1450		11,571.50 2,000.00 2,000.00 6,000.00 400.00 2,000.00 113.00 7,760.75 5,575.00 6,037.00 25,680.00 9,000.00					

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

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 II: Supporting Pages

PHA Name: Cohoes Housing Authority

Grant Type and Number
 Capital Fund Program Grant No: NY06P022501-10
 CFPP (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	
Manor Sites	Window Replacement	1460		40,000.00				
NY22-002	Kitchen Cabinet replacement	1460		6,000.00				
	Electrical improvements	1460		4,000.00				
	Plumbing improvements	1460		4,000.00				
	Prime/storm doors	1460		24,000.00				
	Maintenance shop repair	1470		3,000.00				
	Improve water heat lines	1470		15,000.00				
	Handicap door accessibility	1470		3,500.00				
	Maintenance equipment	1475		6,500.00				
	Tenant office Equipment	1475		6,000.00				
	Subtotal			190,137.25				
McDonald Towers	Operations	1406		11,571.50				
	Security Improvements	1408		2,000.00				
	Software Upgrades	1408		6,000.00				
	Computer Hard drive Upgrades	1408		400.00				
	Energy Audit	1408		2,000.00				
	Advertising	1410		113.00				
	Salaries	1410		7,760.75				
	Benefits	1410		5,575.00				
	A&E	1430		4,757.00				
	Site Improvements	1450		5,000.00				

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number Cohoes Housing Authority		Cohoes, NY			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	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	149,800.00	140,000.00	30,000.00	54,000.00
C.	Management Improvements		32,250.00	127,500.00	27,500.00	51,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		20,500.00	23,000.00	23,000.00	27,000.00
E.	Administration					
F.	Other		402,600.00	105,300.00	178,500.00	133,000.00
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		605,150.00	260,550.00	381,500.00	265,000.00
L.	Total Non-CFP Funds					
M.	Grand Total					

Part I: Summary (Continuation)

Cohoes Housing Authority		Cohoes, NY				
		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:				
A.	Development Number and Name	Work Statement for Year 1 FFY_2009	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
		Annual Statement				
	NY22-001/01A		497,250.00	110,500.00	174,000.00	175,000.00
	NY22-0022		67,000.00	74,750.00	32,500.00	16,000.00
	NY22-3		40,900.00	75,300.00	35,000.00	74,000.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year 2011 FFY _____			Work Statement for Year: 2012 FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
Sec. Annual Statement	NY22-001/01A -stoves		5,000.00	NY22-001/01A stoves		9,000.00
	Refrig. replace		4,000.00	Landscape/sidewalks		3,000.00
	Boilers w/pumps		70,000.00	Wrought iron rails		5,000.00
	Landscape/sidewalks		8,000.00	Sand hardwood floors		3,000.00
	Windows replace		220,000.00	Replace kitchn. cabinets		5,000.00
	Paint/repair clothes pole,rope		2,500.00	Relocation Apartment painting		5,000.00 5,000.00
	Sanding hardwood flr.		3,000.00	Clothes line rope		2,500.00
	Asbestos removal		6,000.00	Outdoor conc. Porches		30,000.00
	Replace VAT flr. kitchn		6,000.00	Elec. Outlets		3,000.00
	Storm drains		75,000.00	Wheelchair ramp		1,000.00
	Consultant		2,500.00	Plumb line kitch. & bath		2,000.00
	Install inter. lighting		2,000.00	Repave park lot		5,000.00
	Outdoor conc. porches		15,000.00	Rpr. Outdoor mortar joint		4,000.00
	Reset basketball posts		5,500.00	Replace smoke detectors		6,000.00
	Plumb line kitch. & bath		3,000.00	Rpr. Conc. Foundations		3,000.00
	Replace sewer line		15,000.00	Replace storm doors		2,000.00
	Replace storm doors		1,500.00	Roofs		3,000.00
	Tree pruning		4,000.00	Rpr. Aluminum facia		3,000.00
	Site improvements		5,000.00	Imp. Sec system		3,000.00
	CCTV		2,500.00	Boiler/DHW Cellular ventilation		5,000.00 3,000.00
SUBTOTAL	Subtotal		\$455,500	SUBTOTAL 001/01A		\$110,500.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year 2011 FFY _____			Work Statement for Year: 2012 FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
Sec. Annual Statement	Boiler/DHW		4,000.00	NY22-002- refrig replace		5,000.00
	Apartment painting		3,000.00	Street paving		3,000.00
	Computer softwr/train		2,000.00	Windows		2,000.00
	Employee training		2,500.00	Replace kitchn cabinets		2,000.00
	Travel		3,000.00	Replace VAT flrs kitchn		2,000.00
	A & E services		10,000.00	Storm doors		3,000.00
	New main equip		10,500.00	Fencing around meters		1,000.00
	Drug ed.		2,750.00	Repave parking lot		5,000.00
	Upgrade security		1,500.00	Replace storm doors		5,000.00
	Computers		2,500.00	Tree pruning		4,000.00
	TOTAL 001/01A		497,250			
	NY22-002 -stoves		3,000.00	Community Rm Furnit		3,500.00
	Furnace replacement		2,500.00	Replace laundry equip		1,500.00
	Landscaping/sidewalks		5,000.00	Site improvements		5,000.00
	Replace of heat lines		3,000.00	Replace concrete caps		2,000.00
	Paint porch supports		5,000.00	Serv. train youth/adults		2,000.00
	Tub liner/handicap apts		2,000.00	Replace concrete caps		2,000.00
	Kitchen fire extinguishers		5,000.00	Serv. train youth/adults		2,000.00
	CCTV		2,000.00	Upgrade sec @ admin		1500.00
	Replc bedrom clos doors		4,000.00	Maintenance equip		14,500.00
Inst. Intr. lighting		2,500.00	Hand/shop tools		2,000.00	
			Drug ed. Activities		2,750.00	
	Subtotal		\$34,000.00	SUBTOTAL		\$70,750.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year 2011 FFY _____			Work Statement for Year: 2012 FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
Sec. Annual Statement	Replace clothes line rope		1,000.00	NY22-003		
	Outdoor conc. Porches		1,500.00	Kitchen fire extinguishers		2,500.00
	Elec. Outlets		2,000.00	Refrig replacement		1,500.00
	Internet capabilities		1,500.00	Consolidate apts.		1,200.00
	Plumbline in ktchn./bath		4,000.00	Landscaping/sidewalks		5,000.00
	Rpr. extr. Mortar joints		3,500.00	Cover staircase landings		6,000.00
	Replace smoke detectors		2,000.00	Copier		1,500.00
	Tree pruning		4,000.00	Replace kitcn. cabinets		3,000.00
	Storage buildings		3,500.00	Instl. intr. lighting		1,600.00
	Replace locksets		4,000.00	Elec. Outlets		2,500.00
	Additional firewalls		4,000.00	Rpr. conc. Foundations		3,500.00
	Apartment painting		2,000.00	Tree pruning		3,000.00
	TOTAL 002		67,900.00			
	NY22-003- stoves		1,500.00	Replace laundry equip		2,500.00
	Refrig. Replace		3,000.00	Acessibi handicap senior		3,000.00
	Solar power		5,000.00	Imp. sec. systems		4,500.00
	Landscaping/sidewalks		4,500.00	Acessibi handicap senior		3,500.00
	Replace heat lines		5,000.00	Site improvements		4,000.00
	Replace windows		1,500.00	More attractive hallway		2,000.00
	Replace elevator motors		2,500.00	Commun. Room imp.		2,500.00
Replace bedroom doors		1,500.00	Apt. door bells		3,000.00	
Instl. intr. lighting		1,600.00	Medicine Cabinets		4,000.00	
Elec. Outlets		2,500.00	CCTV		5,000.00	
Master antenna system		2,500.00	Geothermal		10,000.00	
Plumb line kithn & bath		1,000.00				
Repave parking lots		1,800.00				
Rpr. extr. Mortar joints		2,500.00				
Replace smoke detectors		2,000.00				
Consultant		2,500.00	SUBTOTAL		75,300.00	

	TOTAL 003	\$40,900.00	Subtotal of Estimated cost: NY22-3 O=24,300 M=1,500 P=24,000 ND=5,000	\$76,800.00
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Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY	Work Statement for Year 2013 FFY _____		Work Statement for Year: 2014 FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	NY22-001/01A		NY22-001/01A-	
Annual	-Boiler replacement w/pumps	9,000.00	Stove replacement	7,000.00
Statement	Landscaping/walkways	2,000.00	Refrigerator replacement	2,000.00
	Replacement of heating lines	15,000.00	Landscaping and sidewalks	5,000.00
	Sanding of hardwood floors	2,000.00	Repair to floors and wall of bathrooms	18,000.00
	Replacement of radios	5,000.00	Replacement of bathroom doors	9,000.00
	Replacement of VAT floors in kitchens	40,000.00	Installation of interior replacement lighting	6,000.00
	Replacement of bedroom doors	6,000.00	Improved electrical outlets	5,000.00
	Improved electrical outlets	15,000.00	Improved plumbing lines in kitchens and bathrooms	5,000.00
	Internet capabilities	3,000.00	Replace carbon monoxide detectors	6,000.00
	Improved plumbing lines in kitchen and bath	4,000.00	Replace smoke detectors	12,000.00
	Repave parking lot	4,000.00	Repair concrete foundations	5,000.00
	Repair exterior mortar joints to buildings	4,000.00	Additional sump pumps	4,000.00
	Replace storm doors	3,000.00	Complete tree pruning	6,000.00
	Complete tree pruning	2,000.00	Improve security system	5,000.00
	Replace defective concrete porches	9,000.00	Apartment painting	5,000.00
	Caulk all windows and doors	2,000.00	Computer software/training	12,500.00
	Alarm system for C/R and garage	3,000.00	Employee training	10,000.00
	Clean exterior buildings	2,000.00	Travel	4,500.00
	Travel	4,500.00	A & E services	12,500.00
	A & E services	10,000.00	Consultant	4,000.00
	Subtotal	\$144,500	SUBTOTAL	\$143,500

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year 2013 FFY _____		Work Statement for Year:2014 FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	Consultant	2,500.00	Upgrade security at admin office	3,000.00
	Maintenance equipment	19,500.00	Maintenance equipment	21,000.00
	Replace hand and shop tools comply with code	2,500.00	Replace hand and shop tools comply with code	3,000.00
	Law enforce CHA support of Drug ed activities	5,000.00	Law enforce CHA support of Drug ed activities	4,500.00
	TOTAL 001/01A	174,000.00	TOTAL 001/01A	175,000.00
	NY22-002- Parking lot	2,000.00	NY22-002- Replace sewer lines	3,000.00
	Landscaping and sidewalks	2,500.00	Computer system	4,000.00
	Replace windows	2,500.00	Repave parking lot	6,000.00
	Replacement of kitchen cabinets	2,500.00	Apartment painting	3,000.00
	Replacement of bedroom doors	3,000.00	TOTAL 002	16,000.00
	Improved electrical outlets	2,500.00	NY22-003- Landscaping and sidewalks	5,000.00
	Improved plumbing lines in kitchen and bathroom	5,000.00	Comm Rm furniture	500.00
	Installation of exterior replacement lighting	6,000.00	Asbestos removal	1,500.00
	Repair exterior mortar joints to buildings	1,000.00	Community room improvement	3,000.00
	Replace smoke detectors	3,000.00	Outside spicket	6,000.00
	Replace tubs	2,500.00	Work on master antenna system	5,000.00
	SUBTOTAL 002	32,500.00	Electric upgrade	25,000.00
	NY22-003 Replace roof fans	5,000.00	Comm rm equipment	2,000.00
	Landscaping and sidewalks	5,000.00	Replace smoke detectors	5,000.00
	Replacement of heating lines	5,000.00	Improve security system for seniors	3,000.00
	Stove top fire extinguishers	3,000.00	Enlarge laundry room	10,000.00
	Improved plumbing lines in kitchen and bathroom	20,000.00	New Apartment lighting	3,000.00
	Improved electrical outlets	3,000.00	Alarm system for maintenance garage	2,000.00
	Replace laundry room doors	3,000.00	Stain gazebo	3,000.00
	Improve handicapped accessibility for seniors	4,000.00	TOTAL 003	74,000.00
	Improve security system for seniors	3,000.00		
	Replace interior doors	3,000.00		
	Apartment painting	2,000.00		
SUBTOTAL 003	\$35,000.00			

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Cohoes Housing Authority

Grant Type and Number
Capital Fund Program Grant No: NY06P02250107
Replacement Housing Factor Grant No:

Federal FY of Grant:
2007

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 3/31/10 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	105,510.00	100,231.00	100,231.00	100,231.00
3	1408 Management Improvements	28,723.00	30,633.00	25,478.29	25,478.29
4	1410 Administration	52,755.00	49,906.29	49,906.29	49,906.29
5	1411 Audit	00.00	00.00	00.00	00.00
6	1415 Liquidated Damages	00.00	00.00	00.00	00.00
7	1430 Fees and Costs	22,420.00	22,420.00	22,420.00	22,420.00
8	1440 Site Acquisition	00.00	00.00	00.00	00.00
9	1450 Site Improvement	27,000.00	27,320.20	37,320.00	27,000.00
10	1460 Dwelling Structures	221,000.00	175,272.16	175,272.16	175,272.16
11	1465.1 Dwelling Equipment—None expendable	11,200.00	11,200.00	11,200.00	11,200.00
12	1470 Nondwelling Structures	16,246.00	46,332.24	46,332.24	46,332.24
13	1475 Nondwelling Equipment	42,699.00	37,844.11	37,844.11	37,844.11
14	1485 Demolition	00.00	00.00	00.00	00.00
15	1492 Moving to Work Demonstration	00.00	00.00	00.00	00.00
16	1499 Development Activities	00.00	00.00	00.00	00.00
17	1501 Collateralization or Debt Service	00.00	00.00	00.00	00.00
18	1502 Contingency	00.00	00.00	00.00	00.00
20	Amount of Annual Grant: (sum of lines 2 – 20)	527,553.00	501,159.00	496,004.29	494,151.44
21	Amount of line 21 Related to LBP Activities				

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: **Cohoes Housing Authority**

Grant Type and Number
Capital Fund Program Grant No: **NY06P02250107**
Replacement Housing Factor Grant No:

Federal FY of Grant:
2007

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 3/31/10 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Original	Revised	Obligated	Total Actual Cost
		Total Estimated Cost			
22	Amount of line 21 Related to Section 504 compliance	2,500			
23	Amount of line 21 Related to Security – Soft Costs	13,772.00			
24	Amount of Line 21 Related to Security – Hard Costs	250.00			
25	Amount of line 21 Related to Energy Conservation Measures	229,346.00.			

Signature of Executive Director: *Charles R. Stivell* Date: 6/22/2010 Signature of Public Housing Director Date:

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		Grant Type and Number		FFY of Grant: 2008	
PHA Name: Cohoes Housing Authority		Capital Fund Program Grant No: NY06P22501-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:23 10/23/2009) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	108,470.00	108,470	108,470	108,470
3	1408 Management Improvements	28,723.00	34,346.20	13,149.17	5,977.73
4	1410 Administration (may not exceed 10% of line 21)	54,235.00	54,115.54	54,115.54	50,828.74
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	18,260.00	20,531.88	20,531.88	20,234.08
8	1440 Site Acquisition				
9	1450 Site Improvement	24,000.00	80,532.19	80,532.19	60,413.19
10	1460 Dwelling Structures	46,000.00	60,984.06	20,754.06	16,413.19
11	1465.1 Dwelling Equipment—Nonexpendable	15,200.00	22,303.70	16,317.55	12,522.01
12	1470 Non-dwelling Structures	218,500.00	125,882.03	107,206.53	71,492.53
13	1475 Non-dwelling Equipment	9,700.00	34,875.15	29,875.15	18,875.15
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.

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: Cohoes Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY06P022501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval:
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Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending: _____
 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 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)	19,263.00	310.25	00	00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	542,351.00	542,351.00	450,952.07	291,769.03
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	22,723.00			
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	16,200.00			
Signature of Executive Director		Date		Signature of Public Housing Director	
CAOJA		5/23/10			

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 II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2008			
PHA Name: Cohoes Housing Authority		Capital Fund Program Grant No: NY06P022501-08					
		CFFP (Yes/No):					
		Replacement Housing Factor Grant No:					
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	
Saratoga Sites	Operations	1406		21,694.00	21,694.00		
	Security	1408		4,544.60	57.89	21,694.00	
	Resident Employment	1408		500.00	00.00	57.89	
	Computer Software			00.00	00.00	00.00	
NY 22-1	Advertising	1410		100.00			
	Salaries	1410		5,038.00			
	Benefits	1410		3,440.00			
	A & E	1430		520.00			
	Sidewalks/playground	1450		5,000.00			
	Maintenance equipment	1475		6,500.00			
	Playground upgrades	1470		1,500.00			
	Subtotal			26,643.00			
Roulier Heights	Security	1408		4,318.00			
NY22-01A	Advertising	1410		95.00			
	Salaries	1410		1,249.00			
	Benefits	1410		860.00			
	A & E	1430	8%	7,920.00			
	Site improvements	1450	500sq.ft.	5,000.00			
	Prime doors	1460	94	56,400.00			
	Storm doors	1460	94	37,600.00			
	Maintenance equipment	1475	5	6,500.00			
	Subtotal			119,942.00			

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

² To be completed for the Performance and Evaluation Report.

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 II: Supporting Pages

PHA Name: Cohoes Housing Authority

Grant Type and Number

Capital Fund Program Grant No: NY06P022501-09

Federal FFY of Grant: 2009

CFFP (Yes/ No):

Replacement Housing Factor Grant No:

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	
Manor Sites	Security	1408		6,770.00				
NY22-002	Advertising	1410		155.00				
	Salaries	1410		22,365.00				
	Benefits	1410		16,014.00				
	A & E	1430	8%	15,200.00				
	Site improvements	1450	400sq.ft.	4,000.00				
	Pressure wash buildings	1460	13	12,000.00				
	Prime doors	1460	174	104,400.00				
	Storm doors	1460	174	69,600.00				
	Maintenance equipment	1475		6,500.00				
	Subtotal			257,258.00				
McDonald Towers NY22-3	Security	1408		6,817.00				
	Advertising	1410		150.00				
	Salaries	1410		2,834.00				
	Benefits	1410		1,955.00				
	A & E	1430		8,560.00				
	Site improvements	1450	13	2,000.00				
	Replace apartment VCT	1460		39,000.00				
	Paint boiler room & shop	1470		15,000.00				
	Emergency generator	1465.1		50,000.00				
	Asbestos removal	1470		12,192.00				
	Subtotal			138,508.00				

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

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: Cohoes Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY06P22501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2010	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Original	Total Estimated Cost		Obligated	Total Actual Cost 1	
					Revised ²	Final		Expended	Unexpended
1	Total non-CFP Funds								
2	1406 Operations (may not exceed 20% of line 21) ³								
3	1408 Management Improvements			22,724.00	1065.60				
4	1410 Administration (may not exceed 10% of line 21)			54,235.00	54,208.00		53,755.00	10,834.16	
5	1411 Audit								
6	1415 Liquidated Damages								
7	1430 Fees and Costs			32,200.00	32,200.00		5,600.00	4,480.00	
8	1440 Site Acquisition								
9	1450 Site Improvement			16,000.00	94,190.00		88,288.82	4,053.32	
10	1460 Dwelling Structures			319,000.00	217,759.42		13,486.00	13,486.00	
11	1465.1 Dwelling Equipment—Nonexpendable			50,000.00	50,000.00		00.00	00.00	
12	1470 Non-dwelling Structures			28,692.00	71,991.58		46,051.45	29,645.49	
13	1475 Non-dwelling Equipment			19,500.00	20,635.40		8,661.67	8661.67	
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.

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: Cohoes Housing Authority	Grant Type and Number Capital Fund Program Grant No: NYY06P022501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:
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Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
18a	1501 Collateralization or Debt Service paid by the PHA	Original	Expended
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)	542,351.00	71,160.64
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	22,724.00	
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures	268,000.00	
Signature of Executive Director 		Date 6/22/2010	Signature of Public Housing Director

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 II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2009		Status of Work	
PHA Name: Cohoes Housing Authority		Capital Fund Program Grant No: NY06P022501-09					
		CFFP (Yes/No):					
		Replacement Housing Factor Grant No:					
Development Number Name/PHA-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
Saratoga Sites	Security	1408		4,545.00	00	00	00
NY 22-1	Advertising	1410		100.00	100.00	00,000	00.00
	Salaries	1410		5,038.00	5038.00	5038.00	1733.47
	Benefits	1410		3,440.00	3440.00	3440.00	00.00
	A & E	1430		520.00	520.00	00.00	00.00
	Sidewalks/playground	1450		5,000.00	5000.00	652.50	585.00
	Maintenance equipment	1475		6,500.00	5933.65	223.13	223.13
	Community space equipment	1475		00.00	566.35	566.35	566.35
	Playground upgrades	1470		1500.00	545.54	545.54	545.54
	Prime/Storm doors	1460	11	00	2931.00	2931.00	2931.00
	Subtotal			26,643.00	24,074.54	12,850.98	6,038.95
Roulier Heights	Security	1408		4,318.00	00.00	00.00	00.00
NY22-01A	Advertising	1410		95.00	95.00	00.00	00.00
	Salaries	1410		1,249.00	1249.00	1249.00	433.36
	Benefits	1410		860.00	860.00	860.00	00.00
	A & E	1430	8%	7,920.00	7920.00	00.00	00.00
	Site improvements	1450	500sq.ft.	5,000.00	2,500.00	1,910.50	00.00
	Prime doors	1460	94	56,400.00	56,400.00	00.00	00.00
	Storm doors	1460	94	37,600.00	34,669.00	1475.00	1475.00
	Maintenance equipment	1475	5	6,500.00	3,963.01	223.13	223.13
	Community Space equipment	1475.2		00.00	627.71	627.71	627.71
	Subtotal			119,942.00	109,831.13	7,892.75	4,306.61

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

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

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

Part II: Supporting Pages

PHA Name: Cohoes Housing Authority

Grant Type and Number
 Capital Fund Program Grant No.: NY06P022501-09
 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	
Manor Sites	Security	1408		6,770.00	1065.60	00.00	00.00	
NY22-002	Advertising	1410		135.00	135.00	00.00	00.00	
	Salaries	1410		22,365.00	22,365.00	22,365.00	7,692.25	
	Benefits	1410		16,014.00	16,014.00	16,014.00	00.00	
	A & E	1430	8%	15,200.00	15,200.00	5,600.00	4,480.00	
	Site improvements	1450	400sq.ft.	4,000.00	84,690.00	84,690.00	2,500.00	
	Pressure wash buildings	1460	13	12,000.00	12,000.00	00.00	00.00	
	Prime doors	1460	174	104,400.00	26,210.00	00.00	00.00	
	Storm doors	1460	174	69,600.00	69,600.00	4,085.00	4,085.00	
	Maintenance shop addition	1460	00	00	15,054.46	15,054.46	5,047.50	
	Improve Water & heat lines	1470	00	00	23,299.58	23,299.58	23,050.58	
	Maintenance equipment	1475		6,500.00	6,276.87	3,753.54	3,753.54	
	Subtotal			82,984.00	199,744.01	174,420.08	50,167.37	
McDonald Towers NY22-3	Security	1408		6,817.00	00.00	00.00	00.00	
	Advertising	1410		150.00	150.00	00.00	00.00	
	Salaries	1410		2,834.00	2,834.00	2,834.00	975.08	
	Benefits	1410		1,955.00	1,955.00	1,955.00	00.00	
	A & E	1430		8,560.00	8,560.00	00.00	00.00	
	Site improvements	1450		2,000.00	2,000.00	1,035.82	968.32	
	Replace apartment VCT	1460		39,000.00	10,954.42	00.00	00.00	
	Step thru for tub	1460	13	00.00	3,000.00	3,000.00	3,000.00	

Paint boiler room & shop	1470		15,000.00	15,000.00	00.00	00.00
Emergency generator	1465.1		50,000.00	50,000.00	00.00	00.00
Asbestos removal	1470		12,192.00	12,192.00	250.00	00.00
Improve plumbing and water lines	1470		5,900.00	5,900.00	5,900.00	00.00
Subtotal			138,508.00	112,617.32	16,594.13	6,562.71

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

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

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

Part III: Implementation Schedule for Capital Fund Financing Program
PHA Name: Cohoes Housing Authority

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NY22-1	07/17/2011		07/17/2013		
NY22-2	07/17/2011		07/17/2013		
NY22-3	07/17/2011		07/17/2013		

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Cohoes Housing Authority

Grant Type and Number
Capital Fund Program Grant No: NY06S0225019
Replacement Housing Factor Grant No:

Federal FY of Grant:
Stimulus 2009

Line No.	Summary by Development Account	Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000	32,900.00	32,900.00	25,020.00
8	1440 Site Acquisition				
9	1450 Site Improvement	163,009	37,900	37,900.00	36,800.00
10	1460 Dwelling Structures	426,000	534,909.00	534,909.00	458,326.74
11	1465.1 Dwelling Equipment—Nonexpendable	47,500	00	00	00
12	1470 Nondwelling Structures		80,800.00	80,800.00	80,800.00
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	686,509	686,509	686,509	600,946.74

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: **Cohoes Housing Authority**

Grant Type and Number
 Capital Fund Program Grant No: **NY06SS0225019**
 Replacement Housing Factor Grant No:

Federal FY of Grant:
Stimulus 2009

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	45,000			
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Signature of Executive Director: *Charles V. Strickell*

Date: 6/22/2010

Signature of Public Housing Director:

Date:

+

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Cohoes Housing Authority

Program/Activity Receiving Federal Grant Funding

2010 Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency 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.)

Roulier Heights, Cohoes, Albany County, NY 12047

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

Charles Patricelli

Title

Executive Director

Signature

X



Date

6/14/10

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Cohoes Housing Authority

Program/Activity Receiving Federal Grant Funding

2010 Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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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.)

Saratoga Sites, Cohoes, Albany County, NY 12047

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

Charles Patricelli

Title

Executive Director

Signature

Charles Patricelli

Date

6/16/10

X

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Cohoes Housing Authority

Program/Activity Receiving Federal Grant Funding

2010 Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

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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;

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(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 Federal agency 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.)

Manor Sites, Cohoes, Albany County, NY 12047

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

Charles Patricelli

Title

Executive Director

Signature

Charles Patricelli

Date

4/14/10

X

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Cohoes Housing Authority

Program/Activity Receiving Federal Grant Funding

2010 Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

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(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;

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(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.)

Dr. Jay McDonald Towers, Cohoes, Albany County, NY 12047

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

Charles Patricelli

Title

Executive Director

Signature

Date

9/14/10

X

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Cohoes Housing Authority

Program/Activity Receiving Federal Grant Funding

2010 Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Charles Patricelli

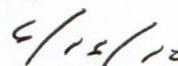
Title

Executive Director

Signature



Date (mm/dd/yyyy)



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

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

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

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

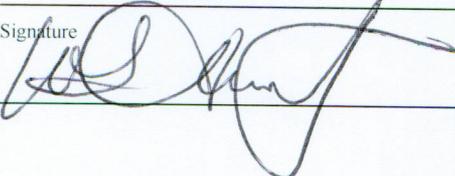
Cohoes Housing Authority
PHA Name

NY022
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2015

Annual PHA Plan for Fiscal Years 2010 - 2011

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

Name of Authorized Official	Title
<u>Wil Hebert</u>	<u>Chairperson of the Board of Commissioners</u>
Signature	Date
	<u>6/15/10</u>

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:

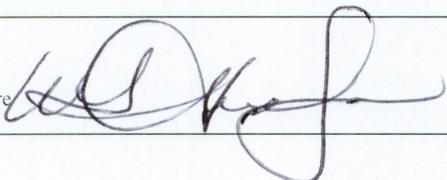
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further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

Cohoes Housing Authority

NY022

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	Wil Hebert	Title	Chairperson of the Board
Signature		Date	6/15/10

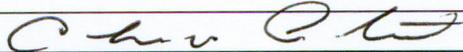
DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

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

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award 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: 21	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: US Department of Housing & Urban Development	7. Federal Program Name/Description: Capital Fund Program 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></u> Print Name: <u>Charles Patricelli</u> Title: <u>Executive Director</u> Telephone No.: <u>518-235-4500 ext. 117</u> Date: <u>5/14/10</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Cohoes Housing Authority

Administrative Building
100 Manor Sites
Cohoes, New York 12047

Telephone: (518) 235-4500
Fax (518) 235-0128

The Cohoes Housing Authority hereby informs you of your rights under the Violence Against Women Reauthorization Act of 2005.

The attached form is required to be completed, signed and submitted within 14 business days of the request, certifying that the individual is a victim of domestic violence, dating violence, or stalking and that the incident or incidences in question are bona fide incidences of such actual or threatened abuse. On the form the individual shall provide the name of the perpetrator, and in addition, you must provide the housing authority with a local police record or court record OR documentation signed and attested to by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attests under penalty of perjury to the professional's belief that the incident or incidents in question are bona fide incidents. The housing authority may also require a restraining order against the perpetrator. Any damages to the apartment will be the responsibility of the tenant of record.

The above is required to conform with prohibiting the eviction of, and removal of assistance from, certain persons living in public or Section 8 assisted housing if the asserted grounds for such action is an instance of domestic violence, dating violence, sexual assault, or stalking, as those terms are defined in Section 3 of the United States Housing Act of 1937 as amended by VAWA. This is to protect the victims of criminal domestic violence, and their immediate family, separate from the termination of tenancy to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family member or others.

All information provided to the housing authority or housing manager relating to the incident(s) shall be retained in confidence and must neither be entered into any shared database nor provided to a related entity, except to the extent that the disclosure is (i) requested or consented by the individual in writing (ii) required for use in an eviction proceeding or termination of assistance or, (iii) otherwise required by applicable law.

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING

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

OMB Approval No. 2577-0249

Exp. (11/30/2010)

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Purpose of Form: The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

Use of Form: A family member must complete and submit this certification, or the information that may be provided in lieu of the certification, within 14 business days of receiving the written request for this certification by the PHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification or the information that may be provided in lieu of the certification by the 14th business day or any extension of the date provided by the PHA, manager and owner, none of the protections afforded to victims of domestic violence, dating violence or stalking (collectively "domestic violence") under the Section 8 or public housing programs apply.

Note that a family member may provide, in lieu of this certification (or in addition to it):

- (1) A Federal, State, tribal, territorial, or local police or court record; or
- (2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE:

Date Written Request Received By Family Member: _____

Name of the Victim of Domestic Violence: _____

Name(s) of other family members listed on the lease _____

Name of the abuser: _____

Relationship to Victim: _____

Date the incident of domestic violence occurred: _____

Time: _____

Location of Incident: _____

Name of victim: _____

Description of Incident:

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information relating to program eligibility is a basis for termination of assistance or eviction.

Signature _____ Executed on (Date) _____

All information provided to a PHA, owner or manager relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence shall be retained in confidence by an owner and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.

Cohoes Housing Authority

Administrative Building
100 Manor Sites
Cohoes, New York 12047

Telephone: (518) 235-4500
Fax: (518) 235-0128

2010 PHA Plan

Public/Resident Advisory Board Meeting

On Tuesday, June 15, 2010, at the Roulier Heights Community Room, the Public Hearing and Resident Advisory Board Meeting was held for the 2010 PHA Plan. The meeting was called to order by Chairperson Wil Hebert at 5:36 PM.

Attendance:

Wil Hebert – Chairperson

Carol Ratigan – Vice-Chairperson

Martha Surprenant – Commissioner

Andrew Koval – Commissioner

Joseph Nadeau - Commissioner

Brian Kremer – Legal Counsel

Melanie Taylor - #9G Dr. Jay McDonald Towers

Colleen Mayo - #40 Manor Sites

Charles Patricelli – Executive Director

Frank Wojcik – MOD/Maint. Coordinator

Katherine Oliver – Office Administrator

Mr. Patricelli reviewed HUD's Rules and Regulations on various requirements of the 2010 PHA Plan. This year the housing authority focused on updating our current policies and adopting a new plan, which are:

- Occupancy Policy
- Dwelling Lease
- Emergency Action Plan

These plans are critical items and part of this year's plan

The PHA Plan, Capital Fund Grant and Five Year Plan were reviewed. Various suggestions and items listed in the plan were discussed.

The meeting was adjourned at 6:06 PM.