PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011

1.0 PHA Information

PHA Name: _Freeport Housing Aurhority_____ PHA Code: _NY023_____

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

PHA Fiscal Year Beginning: (MM/YYYY): 01/2010

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

Number of PH units: 350 Number of HCV units: 211

3.0 Submission Type

☒ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:

Promote adequate and affordable housing as well as to provide our residents with a suitable living environment free from discrimination while maintaining and upgrading existing housing facilities: dwelling units, common areas, exteriors, site and systems.

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.

6.0 PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:
(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.

(a) None

(b)Administrative Office
3 Buffalo Ave
Freeport, NY 11520

Also available at the location listed above:

1. Eligibility, Selection and Admission Policies, including Deconcentration and Wait List Procedures.
2. Financial Resources
3. Rent Determinations
4. Operation and Management Procedures
5. Grievance Procedures
6. Designated Housing for Elderly and Disable Families
   (None are planned for the upcoming year)
7. Community Service and Self-Sufficiency
8. Safety and Crime Prevention
9. Pet Policy
10. Civil Rights Certifications
11. Fiscal Year Audit
12. Asset Management Plans
13. Violence Against Women Act (VAWA)

7.0 **Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.** *Include statements related to these programs as applicable.*

None

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 **t**he *Capital Fund Program Annual Statement/Performance and Evaluation Report*, form HUD-50075.1, for each current and open CFP grant and CFFP financing.

Attachment NY023a01 – FY2010 Annual Statement
Attachment NY023c01 – FY2009 Progress and Evaluation Report
Attachment NY023d01 – FY2008 Progress and Evaluation Report
Attachment NY023e01 – FY2007 Progress and Evaluation Report
Attachment NY023f01 - FY 2009 ARRA Grant

8.2 **Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan*, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.

Attachment NY023b01

8.3 **Capital Fund Financing Program (CFFP).**
☐ Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.

9.0 **Housing Needs**. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

*U.S. Census data: the Comprehensive Housing Affordability Strategy (CHAS) dataset

Housing Needs of Families in the Jurisdiction by Family Type

Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	**Size**	Loca-tion
Income <= 30% of AMI	2,108	5	5	5	5	5	5
Income >30% but <=50% of AMI	1,788	5	5	4	4	4	4
Income >50% but <80% of AMI	1,683	5	5	4	4	4	4
Elderly	721	5	5	4	5	4	4
Families with Disabilities	2,431	5	5	4	5	4	4
Black NH	4,136	5	5	4	4	4	4
Hispanic	3,152	5	5	4	4	4	4
White-NonHispa.	5,804	5	5	4	4	4	4
Asian NH	96	5	5	4	4	4	4
Pacific Island. NH	0	5	5	4	4	4	4
Native Amer. NH	18	5	5	4	4	4	4

9.1 **Strategy for Addressing Housing Needs**. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.**

The Freeport Housing Authority maintains a 99% occupancy rate. This high occupancy rate ensures that as many families as possible are being served. The ten year strategic plan being devised will take into account the needs of the families in the jurisdiction.

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. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" **A. Substantial Deviation from the 5-year Plan:** • Any change to the Mission Statement; • 50% deletion from or addition to the goals and objectives as a whole; and • 50% or more decrease in the quantifiable measure of any individual goal or objective. **B. Significant Amendment or Modification to the Annual Plan:** • Any increase or decrease over 50% in the funds projected in the Financial Resource Statement; • Any change in the policy or procedure that requires a regulatory 30-day posting: • Any submission to HUD that requires a separate notification to residents, such as Homeownership programs; and • Any change inconsistent with the local, approved Consolidated Plan.

11.0	**Required Submission for HUD Field Office Review**. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

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 off ice 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 Replacement 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:	**Grant Type and Number**		**FFY of Grant:**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	**NY36P02350110** Replacement Housing Factor Grant No:	**2010**
	Date of CFFP:		**FFY of Grant Approval: 2010**

Type of Grant

■ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** **Revised Annual Statement (revision no:)**

☐ **Performance and Evaluation Report for period Ending** **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 21) [3]	$103,313.00	$0.00	$0.00	$0.00
3	1408 Management Improvements	$0.00	$0.00	$0.00	$0.00
4	1410 Administration (may not exceed 10% of line 21)	$51,600.00	$0.00	$0.00	$0.00
5	1411 Audit	$0.00	$0.00	$0.00	$0.00
6	1415 Liquidated damages	$0.00	$0.00	$0.00	$0.00
7	1430 Fees and Costs	$73,000.00	$0.00	$0.00	$0.00
8	1440 Site Acquisition	$0.00	$0.00	$0.00	$0.00
9	1450 Site Improvements	$0.00	$0.00	$0.00	$0.00
10	1460 Dwelling Structures	$291,409.00	$0.00	$0.00	$0.00
11	1465.1 Dwelling Equipment - Nonexpandable	$18,000.00	$0.00	$0.00	$0.00
12	1470 Nondwelling Structures	$0.00	$0.00	$0.00	$0.00
13	1475 Nondwelling Equipment	$10,000.00	$0.00	$0.00	$0.00
14	1485 Demolition	$0.00	$0.00	$0.00	$0.00
15	1492 Moving to Work Demonstration	$0.00	$0.00	$0.00	$0.00
16	1495.1 Relocation Costs	$0.00	$0.00	$0.00	$0.00
17	1499 Development Activities [4]	$0.00	$0.00	$0.00	$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	$0.00	$0.00	$0.00	$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$0.00	$0.00	$0.00	$0.00
19	1502 Contingency (May not to exceed 8% of line 20)	$0.00	$0.00	$0.00	$0.00
20	Amount of Annual Grant (Sum of lines 2 - 19)	**$547,322.00**	**$0.00**	**$0.00**	**$0.00**
21	Amount of line 20 Related to LBP Activities	$0.00	$0.00	$0.00	$0.00
22	Amount of line 20 Related to Section 504 Compliance	$0.00	$0.00	$0.00	$0.00
23	Amount of line 20 Related to Security - Soft Costs	$0.00	$0.00	$0.00	$0.00
24	Amount of line 20 Related to Security - Hard Costs	$0.00	$0.00	$0.00	$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	$0.00	$0.00	$0.00	$0.00

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

Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Replacement 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:	**Grant Type and Number**		**FFY of Grant:**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	Replacement Housing Factor Grant No:	**2010**
	Date of CFFP:		**FFY of Grant Approval:** **2010**

Type of Grant

- ■ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
- ☐ **Performance and Evaluation Report for period Ending:** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost 1	
		Original	Revised 2	Obligated	Expended
Signature of Executive Director & Date: 10/14/2009		Signature of public Housing Director/Office of Native American Programs Administrator & Date:			

Part II: Supporting Pages

PHA Name: **FREEPORT HOUSING AUTHORITY**		**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP:		**NY36P02350110** CFFP (Yes/No):		**Federal FFY 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)	Fund Expended (2)	
PHA-Wide	**Operations**	**1406**		$103,313.00				
	Total 1406			**$103,313.00**				
PHA-Wide	**Administration**	**1410**						
	Printing and Advertisements			$1,900.00				
	Staff Salaries			$49,700.00				
	Total 1410			**$51,600.00**				
PHA-Wide	**Fees and Costs**	**1430**						
	A/E Services			$25,000.00				
	Management Consultant			$48,000.00				
	Total 1430			**$73,000.00**				
	Dwelling Structures	**1460**						
NY23-1	Apartment Painting			$38,000.00				
NY23-1	New Windows (Cont. CFP 2009)			$253,409.00				
	Total 1460			**$291,409.00**				
	Subtotal			**$519,322.00**				

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number**	**Federal FFY Grant :**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No: **NY36P02350110**	**2010**
	Date of CFFP: CFFP (Yes/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)	Fund Expended (2)	
	Dwelling Equipment	**1465**						
PHA-Wide	Stoves			$9,000.00				
	Refrigerators			$9,000.00				
	Total 1465			**$18,000.00**				
	Non-Dwelling Equipment	**1475**						
PHA-Wide	Tools and Equipment			$10,000.00				
	Total 1475			**$10,000.00**				
	Total Capital Funds for 2010			**$547,322.00**				

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36P02350110**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)
1406	9/14/2012		9/14/2014		
1410	9/14/2012		9/14/2014		
1430	9/14/2012		9/14/2014		
1460	9/14/2012		9/14/2014		
1465	9/14/2012		9/14/2014		
1475	9/14/2012		9/14/2014		

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.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36P02350110**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)

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

Capital Fund Program Five-Year Action Plan

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/Number **Freeport HA, NY0023** | Locality (City/County & State) Freeport, Nassau, NY | ■ Original | ☐ Revision No. 1

A.	Development Number and Name **Freeport Housing Authority NY023**	Year 1 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	NY023-0001	Annual	0.00	301,409.00	0.00	312,409.00
	NY023-0002/3	Statement	80,000.00	0.00	251,409.00	0.00
	NY023-0005		238,409.00	0.00	50,000.00	0.00
	Total Physical Improvements:		**$318,409.00**	**$301,409.00**	**$301,409.00**	**$312,409.00**
C.	Management Improvements		0.00	0.00	0.00	0.00
D.	PHA-Wide Non-Dwelling Structures and Equipment		0.00	0.00	0.00	0.00
E.	Administration		51,600.00	51,600.00	51,600.00	51,600.00
F.	Other		74,000.00	91,000.00	91,000.00	80,000.00
G.	Operations		103,313.00	103,313.00	103,313.00	103,313.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds		547,322.00	547,322.00	547,322.00	547,322.00
L.	Total Non-CFP Funds					
M.	Grand Total		**547,322.00**	**547,322.00**	**547,322.00**	**547,322.00**

Capital Fund Program Five-Year Action Plan

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/Number **Freeport HA, NY023** | Locality (City/County & State) Freeport, Nassau, NY | ■ Original | ☐ Revision No. 1

A.	Development Number and Name **Freeport Housing Authority NY023**	Year 1 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.		Annual				
		Statement				
	Total Physical Improvements:					
C.	Management Improvements					
D.	PHA-Wide Non-Dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total					

Capital Fund Program Five-Year Action Plan

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 - Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 2011 FFY			Work Statement for Year 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	**1406 Operations**		$103,313.00	**1406 Operations**		$103,313.00
Annual						
Statement	**1410 Administration**			**1410 Administration**		
	Staff Salaries		$49,700.00	Staff Salaries		$49,700.00
	Printing and Advertising		$1,900.00	Printing and Advertising		$1,900.00
	1430 Fees & Costs			**1430 Fees & Costs**		
	A/E Fees		$20,000.00	A/E Fees		$25,000.00
	Modernization Consultant Fee		$48,000.00	Modernization Consultant Fee		$48,000.00
	1450 Site Improvements			**1460 Dwelling Structures**		
	NY023-3 Repave Parking Lot		$45,000.00	NY023-1 Replace Apt & Corridors VCT		$301,409.00
	1460 Dwelling Structures					
	NY023-5 Elevator Upgrade		$114,000.00	**1465 Dwelling Equipment**		
	NY023-5 Upgrade Fire Alarm System		$124,409.00	Stoves		$9,000.00
	NY023-2/3 Apartment Painting		$35,000.00	Refrigerators		$9,000.00
	Subtotal of Estimated Cost		$ See Page 4	Subtotal of Estimated Cost		$ See Pg 4

Capital Fund Program Five-Year Action Plan

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 - Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 2011 FFY			Work Statement for Year 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Continued from page 3			Continued from page 3		
Annual	**1475 Non-Dwelling Equipment**					
Statement	Equipment		$3,000.00			
	Computers		$3,000.00			
	Total of Estimated Cost		$547,322.00	Total of Estimated Cost		$547,322.00

Capital Fund Program Five-Year Action Plan

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 - Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 2013 FFY			Work Statement for Year 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	**1406 Operations**		$103,313.00	**1406 Operations**		$103,313.00
Annual						
Statement	**1410 Administration**			**1410 Administration**		
	Staff Salaries		$49,700.00	Staff Salaries		$49,700.00
	Printing and Advertising		$1,900.00	Printing and Advertising		$1,900.00
	1430 Fees & Costs			**1430 Fees & Costs**		
	A/E Fees		$25,000.00	A/E Fees		$20,000.00
	Modernization Consultant Fee		$48,000.00	Modernization Consultant Fee		$48,000.00
	1460 Dwelling Structures			**1460 Dwelling Structures**		
	NY023-3 Kitchen Cabinets		$251,409.00	NY023-1 Upgrade Lighting		$122,409.00
	NY023-5 Conversion to Gas Fire Burners			NY023-1 Bathroom Upgrade		$190,000.00
	& Removal of Oil Tank		$50,000.00			
	1465 Dwelling Equipment			**1465 Dwelling Equipment**		
	Stoves		$9,000.00	Stoves		$6,000.00
	Refrigerators		$9,000.00	Refrigerators		$6,000.00
	Subtotal of Estimated Cost		$ See Pg 6	Subtotal of Estimated Cost		$ See Pg 6

Capital Fund Program Five-Year Action Plan

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 - Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 2013 FFY			Work Statement for Year 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Continued from page 5			Continued from page 5		
Annual						
Statement						
	Total of Estimated Cost		$547,322.00	Total of Estimated Cost		$547,322.00

Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Replacement 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:	**Grant Type and Number**	**NY36P02350109**	**FFY of Grant:**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	Replacement Housing Factor Grant No:	**2009**
	Date of CFFP:		**FFY of Grant Approval:**
			2009

Type of Grant

☑ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** **Revised Annual Statement (revision no:)**

☐ **Performance and Evaluation Report for period Ending** **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 21) [3]	$109,464.00	$0.00	$0.00	$0.00
3	1408 Management Improvements	$15,000.00	$0.00	$0.00	$0.00
4	1410 Administration (may not exceed 10% of line 21)	$51,656.00	$0.00	$0.00	$0.00
5	1411 Audit	$0.00	$0.00	$0.00	$0.00
6	1415 Liquidated damages	$0.00	$0.00	$0.00	$0.00
7	1430 Fees and Costs	$68,000.00	$0.00	$0.00	$0.00
8	1440 Site Acquisition	$0.00	$0.00	$0.00	$0.00
9	1450 Site Improvements	$0.00	$0.00	$0.00	$0.00
10	1460 Dwelling Structures	$283,202.00	$0.00	$0.00	$0.00
11	1465.1 Dwelling Equipment - Nonexpandable	$10,000.00	$0.00	$0.00	$0.00
12	1470 Nondwelling Structures	$0.00	$0.00	$0.00	$0.00
13	1475 Nondwelling Equipment	$10,000.00	$0.00	$0.00	$0.00
14	1485 Demolition	$0.00	$0.00	$0.00	$0.00
15	1492 Moving to Work Demonstration	$0.00	$0.00	$0.00	$0.00
16	1495.1 Relocation Costs	$0.00	$0.00	$0.00	$0.00
17	1499 Development Activities [4]	$0.00	$0.00	$0.00	$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	$0.00	$0.00	$0.00	$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$0.00	$0.00	$0.00	$0.00
19	1502 Contingency (May not to exceed 8% of line 20)	$0.00	$0.00	$0.00	$0.00
20	Amount of Annual Grant (Sum of lines 2 - 19)	**$547,322.00**	**$0.00**	**$0.00**	**$0.00**
21	Amount of line 20 Related to LBP Activities	$0.00	$0.00	$0.00	$0.00
22	Amount of line 20 Related to Section 504 Compliance	$0.00	$0.00	$0.00	$0.00
23	Amount of line 20 Related to Security - Soft Costs	$0.00	$0.00	$0.00	$0.00
24	Amount of line 20 Related to Security - Hard Costs	$0.00	$0.00	$0.00	$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	$0.00	$0.00	$0.00	$0.00

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

Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Replacement 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:	Grant Type and Number		FFY of Grant:
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	NY36P02350109 Replacement Housing Factor Grant No:	2009
	Date of CFFP:		FFY of Grant Approval: 2009

Type of Grant

- ■ Original Annual Statement
- ☐ Reserved for Disasters/Emergencies
- ☐ Revised Annual Statement (revision no:)
- ☐ Performance and Evaluation Report for period Ending:
- ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost 1	
		Original	Revised 2	Obligated	Expended

Signature of Executive Director & Date:	Signature of public Housing Director/Office of Native American Programs Administrator & Date:
[signature] 10/14/2009	

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: FREEPORT HOUSING AUTHORITY		**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP:		**NY36P02350109** CFFP (Yes/No):		**Federal FFY 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)	Fund Expended (2)	
PHA-Wide	**Operations**	**1406**		$109,464.00				
	Total 1406			**$109,464.00**				
PHA-Wide	**Management Improvements**	**1408**						
	Computer Software			$15,000.00				
	Total 1408			**$15,000.00**				
PHA-Wide	**Administration**	**1410**						
	Printing and Advertisements			$1,900.00				
	Staff Salaries			$49,756.00				
	Total 1410			**$51,656.00**				
PHA-Wide	**Fees and Costs**	**1430**						
	A/E Services			$20,000.00				
	Management Consultant			$48,000.00				
	Total 1430			**$68,000.00**				
	Dwelling Structures	**1460**						
NY23-5	Painting			$20,000.00				
NY23-1	New Windows			$263,202.00				
	Total 1460			**$283,202.00**				
	Subtotal			**$527,322.00**				

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

Part II: Supporting Pages

PHA Name: FREEPORT HOUSING AUTHORITY		**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP:			NY36P02350109 CFFP (Yes/No):	**Federal FFY 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)	Fund Expended (2)	
	Dwelling Equipment	**1465**						
PHA-Wide	Stoves			$5,000.00				
	Refrigerators			$5,000.00				
	Total 1465			**$10,000.00**				
	Non-Dwelling Equipment	**1475**						
PHA-Wide	Computer (hardware)			$5,000.00				
	Tools			$5,000.00				
	Total 1475			**$10,000.00**				
	Total Capital Funds for 2009			**$547,322.00**				

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36P02350109**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)
1406	9/14/2011		9/14/2013		
1408	9/14/2011		9/14/2013		
1410	9/14/2011		9/14/2013		
1430	9/14/2011		9/14/2013		
1460	9/14/2011		9/14/2013		
1465	9/14/2011		9/14/2013		
1475	9/14/2011		9/14/2013		

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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36P02350109**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)

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

Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Replacement 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:	**Grant Type and Number**		**FFY of Grant:**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	**NY36P02350108** Replacement Housing Factor Grant No:	**2008**
	Date of CFFP:		**FFY of Grant Approval: 2008**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** **Revised Annual Statement (revision no:)**

■ **Performance and Evaluation Report for period Ending 6/30/2009** **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 21) [3]	$103,313.00	$103,313.00	$53,313.00	$53,313.00
3	1408 Management Improvements	$50,000.00	$50,000.00	$50,000.00	$25,000.00
4	1410 Administration (may not exceed 10% of line 21)	$51,656.00	$1,900.00	$0.00	$0.00
5	1411 Audit	$0.00	$0.00	$0.00	$0.00
6	1415 Liquidated damages	$0.00	$0.00	$0.00	$0.00
7	1430 Fees and Costs	$68,000.00	$68,000.00	$48,000.00	$0.00
8	1440 Site Acquisition	$0.00	$0.00	$0.00	$0.00
9	1450 Site Improvements	$0.00	$0.00	$0.00	$0.00
10	1460 Dwelling Structures	$222,597.00	$242,053.70	$50,184.50	$42,134.50
11	1465.1 Dwelling Equipment - Nonexpandable	$10,000.00	$10,000.00	$0.00	$0.00
12	1470 Nondwelling Structures	$0.00	$0.00	$0.00	$0.00
13	1475 Nondwelling Equipment	$11,000.00	$41,299.30	$41,299.30	$41,299.30
14	1485 Demolition	$0.00	$0.00	$0.00	$0.00
15	1492 Moving to Work Demonstration	$0.00	$0.00	$0.00	$0.00
16	1495.1 Relocation Costs	$0.00	$0.00	$0.00	$0.00
17	1499 Development Activities [4]	$0.00	$0.00	$0.00	$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	$0.00	$0.00	$0.00	$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$0.00	$0.00	$0.00	$0.00
19	1502 Contingency (May not to exceed 8% of line 20)	$0.00	$0.00	$0.00	$0.00
20	Amount of Annual Grant (Sum of lines 2 - 19)	**$516,566.00**	**$516,566.00**	**$242,796.80**	**$161,746.80**
21	Amount of line 20 Related to LBP Activities	$0.00	$0.00	$0.00	$0.00
22	Amount of line 20 Related to Section 504 Compliance	$0.00	$0.00	$0.00	$0.00
23	Amount of line 20 Related to Security - Soft Costs	$0.00	$0.00	$0.00	$0.00
24	Amount of line 20 Related to Security - Hard Costs	$0.00	$0.00	$0.00	$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	$0.00	$0.00	$0.00	$0.00

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

Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Replacement 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:	**Grant Type and Number**		**FFY of Grant:**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	**NY36P02350108** Replacement Housing Factor Grant No:	**2008**
	Date of CFFP:		**FFY of Grant Approval: 2008**

Type of Grant

- ☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
- ■ **Performance and Evaluation Report for period Ending: 6/30/2009** ☐ **Final Performance and Evaluation Report**

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost** [1]	
		Original	**Revised** [2]	**Obligated**	**Expended**
Signature of Executive Director & Date: Edward St. Jean 10/14/2009		Signature of public Housing Director/Office of Native American Programs Administrator & Date:			

Part II: Supporting Pages

PHA Name: FREEPORT HOUSING AUTHORITY		**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP:		NY36P02350108 CFFP (Yes/No):		**Federal FFY Grant :** 2008		
Development Number/Name PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised (1)	Funds Obligated (2)	Fund Expended (2)	
PHA-Wide	**Operations**	**1406**		$103,313.00	$103,313.00	$53,313.00	$53,313.00	52% Completed
	Total 1406			**$103,313.00**	**$103,313.00**	**$53,313.00**	**$53,313.00**	
PHA-Wide	**Management Improvements**	**1408**						
	Staff Time			$50,000.00	$50,000.00	$50,000.00	$25,000.00	50% Completed
	Total 1408			**$50,000.00**	**$50,000.00**	**$50,000.00**	**$25,000.00**	
PHA-Wide	**Administration**	**1410**						
	Printing and Advertisements			$1,900.00	$1,900.00	$0.00	$0.00	No Activity
	Staff Salaries			$49,756.00	$0.00	$0.00	$0.00	No Activity
	Total 1410			**$51,656.00**	**$1,900.00**	**$0.00**	**$0.00**	
PHA-Wide	**Fees and Costs**	**1430**						
	A/E Services			$20,000.00	$20,000.00	$0.00	$0.00	No Activity
	Management Consultant			$48,000.00	$48,000.00	$48,000.00	$0.00	No Activity
	Total 1430			**$68,000.00**	**$68,000.00**	**$48,000.00**	**$0.00**	
	Subtotal			**$272,969.00**	**$223,213.00**	**$151,313.00**	**$78,313.00**	

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

Part II: Supporting Pages

PHA Name: FREEPORT HOUSING AUTHORITY		**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP:			NY36P02350108 CFFP (Yes/No):	**Federal FFY Grant :** 2008		
Development Number/Name PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised (1)	Funds Obligated (2)	Fund Expended (2)	
	Dwelling Structures	**1460**						
	Upgrade Security System (CCTV)			$110,000.00	$36,046.20	$5,670.00	$5,670.00	16% Completed
	Install Card Access System			$20,000.00	$11,950.00	$0.00	$0.00	No Activity
	New Windows			$92,597.00	$142,353.00	$0.00	$0.00	No Activity
	Boilers			$0.00	$11,377.00	$11,377.00	$11,377.00	100% Completed
	Concrete Repairs			$0.00	$18,950.00	$18,950.00	$18,950.00	100% Completed
	Painting			$0.00	$6,137.50	$6,137.50	$6,137.50	100% Completed
	Oil Tank Removal			$0.00	$8,050.00	$8,050.00	$0.00	No Activity
	Apartment Renovations			$0.00	$7,190.00	$0.00	$0.00	No Activity
	Total 1460			**$222,597.00**	**$242,053.70**	**$50,184.50**	**$42,134.50**	
	Dwelling Equipment	**1465**						
PHA-Wide	Stoves & Refrigerators			$10,000.00	$10,000.00	$0.00	$0.00	No Activity
	Total 1465			**$10,000.00**	**$10,000.00**	**$0.00**	**$0.00**	
	Non-Dwelling Equipment	**1475**						
PHA-Wide	Computer			$6,000.00	$0.00	$0.00	$0.00	No Activity
	Tools			$5,000.00	$0.00	$0.00	$0.00	No Activity
	Vehicles			$0.00	$41,299.30	$41,299.30	$41,299.30	100% Completed
	Total 1475			**$11,000.00**	**$41,299.30**	**$41,299.30**	**$41,299.30**	
	Total Capital Funds for 2008			**$516,566.00**	**$516,566.00**	**$242,796.80**	**$161,746.80**	

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36P02350108**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)
1406	6/12/2010		6/12/2012		
1408	6/12/2010		6/12/2012		
1410	6/12/2010		6/12/2012		
1430	6/12/2010		6/12/2012		
1460	6/12/2010		6/12/2012		
1465	6/12/2010		6/12/2012		
1475	6/12/2010		6/12/2012		

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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36P02350108**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)

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

Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Replacement 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:	**Grant Type and Number**		**FFY of Grant:**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	**NY36P02350107** Replacement Housing Factor Grant No:	**2007**
	Date of CFFP:		**FFY of Grant Approval: 2007**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** **Revised Annual Statement (revision no:)**

■ **Performance and Evaluation Report for period Ending 6/30/2009** **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 21) [3]	$105,525.00	$105,525.00	$105,525.00	$105,525.00
3	1408 Management Improvements	$0.00	$0.00	$0.00	$0.00
4	1410 Administration (may not exceed 10% of line 21)	$52,762.00	$50,862.00	$50,862.00	$50,862.00
5	1411 Audit	$0.00	$0.00	$0.00	$0.00
6	1415 Liquidated damages	$0.00	$0.00	$0.00	$0.00
7	1430 Fees and Costs	$68,000.00	$50,033.60	$50,033.60	$46,669.16
8	1440 Site Acquisition	$0.00	$0.00	$0.00	$0.00
9	1450 Site Improvements	$0.00	$0.00	$0.00	$0.00
10	1460 Dwelling Structures	$242,339.00	$276,089.67	$276,089.67	$276,089.67
11	1465.1 Dwelling Equipment - Nonexpandable	$18,000.00	$17,568.49	$17,568.49	$17,568.49
12	1470 Nondwelling Structures	$0.00	$0.00	$0.00	$0.00
13	1475 Nondwelling Equipment	$41,000.00	$27,547.24	$27,547.24	$27,547.24
14	1485 Demolition	$0.00	$0.00	$0.00	$0.00
15	1492 Moving to Work Demonstration	$0.00	$0.00	$0.00	$0.00
16	1495.1 Relocation Costs	$0.00	$0.00	$0.00	$0.00
17	1499 Development Activities [4]	$0.00	$0.00	$0.00	$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	$0.00	$0.00	$0.00	$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$0.00	$0.00	$0.00	$0.00
19	1502 Contingency (May not to exceed 8% of line 20)	$0.00	$0.00	$0.00	$0.00
20	Amount of Annual Grant (Sum of lines 2 - 19)	**$527,626.00**	**$527,626.00**	**$527,626.00**	**$524,261.56**
21	Amount of line 20 Related to LBP Activities	$0.00	$0.00	$0.00	$0.00
22	Amount of line 20 Related to Section 504 Compliance	$0.00	$0.00	$0.00	$0.00
23	Amount of line 20 Related to Security - Soft Costs	$0.00	$0.00	$0.00	$0.00
24	Amount of line 20 Related to Security - Hard Costs	$0.00	$0.00	$0.00	$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	$0.00	$0.00	$0.00	$0.00

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

Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Replacement 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:	**Grant Type and Number**		**FFY of Grant:**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	**NY36P02350107** Replacement Housing Factor Grant No:	**2007**
	Date of CFFP:		**FFY of Grant Approval: 2007**

Type of Grant

- ☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
- ■ **Performance and Evaluation Report for period Ending: 6/30/2008** ☐ **Final Performance and Evaluation Report**

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost** [1]	
		Original	**Revised** [2]	**Obligated**	**Expended**
Signature of Executive Director & Date: Edward St. Jacques 10/14/2009		Signature of public Housing Director/Office of Native American Programs Administrator & Date:			

Part II: Supporting Pages

PHA Name: FREEPORT HOUSING AUTHORITY		**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP:		**NY36P02350107** CFFP (Yes/No):		**Federal FFY Grant :** 2007		
Development Number/Name PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised (1)	Funds Obligated (2)	Fund Expended (2)	
PHA-Wide	**Operations**	**1406**		$105,525.00	$105,525.00	$105,525.00	$105,525.00	100% Completed
	Total 1406			**$105,525.00**	**$105,525.00**	**$105,525.00**	**$105,525.00**	
PHA-Wide	**Administration**	**1410**						
	Printing and Advertisements			$1,900.00	$0.00	$0.00	$0.00	No Activity
	Staff Salaries			$50,862.00	$50,862.00	$50,862.00	$50,862.00	100% Completed
	Total 1410			**$52,762.00**	**$50,862.00**	**$50,862.00**	**$50,862.00**	
PHA-Wide	**Fees and Costs**	**1430**						
	A/E Services			$20,000.00	$6,354.16	$6,354.16	$6,354.16	100% Completed
	Management Consultant			$48,000.00	$39,864.44	$39,864.44	$36,500.00	92% Completed
	Asbestos Testing			$0.00	$3,815.00	$3,815.00	$3,815.00	100% Completed
	Total 1430			**$68,000.00**	**$50,033.60**	**$50,033.60**	**$46,669.16**	
	Dwelling Structures	**1460**						
North	Replace Roofing			$130,806.00	$194,290.67	$194,290.67	$194,290.67	100% Completed
	Window Replacement			$111,533.00	$0.00	$0.00	$0.00	No Activity
	Painting			$0.00	$11,640.00	$11,640.00	$11,640.00	100% Completed
NY23-1	Boiler			$0.00	$67,384.00	$67,384.00	$67,384.00	100% Completed
	Alarm System			$0.00	$2,775.00	$2,775.00	$2,775.00	100% Completed
	Total 1460			**$242,339.00**	**$276,089.67**	**$276,089.67**	**$276,089.67**	
	Subtotal Capital Funds for 2007			**$468,626.00**	**$482,510.27**	**$482,510.27**	**$479,145.83**	

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

2 To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages

PHA Name: FREEPORT HOUSING AUTHORITY		**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP:			NY36P02350107 CFFP (Yes/No):	**Federal FFY Grant :** 2007		
Development Number/Name PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised (1)	Funds Obligated (2)	Fund Expended (2)	
	Dwelling Equipment	**1465**						
PHA-Wide	Stoves & Refrigerators			$18,000.00	$17,568.49	$17,568.49	$17,568.49	100% Completed
	Total 1465			**$18,000.00**	**$17,568.49**	**$17,568.49**	**$17,568.49**	
	Non-Dwelling Equipment	**1475**						
PHA-Wide	Vehicles			$36,000.00	$15,736.80	$15,736.80	$15,736.80	100% Completed
	Tools			$5,000.00	$0.00	$0.00	$0.00	No Activity
	Computers			$0.00	$2,967.48	$2,967.48	$2,967.48	100% Completed
	Phone Equipment			$0.00	$4,970.00	$4,970.00	$4,970.00	100% Completed
	Community Room Equipment			$0.00	$3,872.96	$3,872.96	$3,872.96	100% Completed
	Total 1475			**$41,000.00**	**$27,547.24**	**$27,547.24**	**$27,547.24**	
	Total Capital Funds for 2007			**$527,626.00**	**$527,626.00**	**$527,626.00**	**$524,261.56**	

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

2 To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36P02350107**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)
1406	9/12/2009	4/30/2009	9/12/2011		
1410	9/12/2009	4/30/2009	9/12/2011		
1430	9/12/2009	4/30/2009	9/12/2011		
1460	9/12/2009	4/30/2009	9/12/2011		
1465	9/12/2009	4/30/2009	9/12/2011		
1475	9/12/2009	4/30/2009	9/12/2011		

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.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36P02350107**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)

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

Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Replacement 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:	**Grant Type and Number**		**FFY of Grant:**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	**NY36S02350109** Replacement Housing Factor Grant No:	**2009**
	Date of CFFP:		**FFY of Grant Approval: 2009**

Type of Grant

- ■ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** **Revised Annual Statement (revision no:)**
- ☐ **Performance and Evaluation Report for period Ending** **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 21) [3]	$0.00	$0.00	$0.00	$0.00
3	1408 Management Improvements	$0.00	$0.00	$0.00	$0.00
4	1410 Administration (may not exceed 10% of line 21)	$0.00	$0.00	$0.00	$0.00
5	1411 Audit	$0.00	$0.00	$0.00	$0.00
6	1415 Liquidated damages	$0.00	$0.00	$0.00	$0.00
7	1430 Fees and Costs	$54,440.00	$0.00	$0.00	$0.00
8	1440 Site Acquisition	$0.00	$0.00	$0.00	$0.00
9	1450 Site Improvements	$55,000.00	$0.00	$0.00	$0.00
10	1460 Dwelling Structures	$544,430.00	$0.00	$0.00	$0.00
11	1465.1 Dwelling Equipment - Nonexpandable	$0.00	$0.00	$0.00	$0.00
12	1470 Nondwelling Structures	$0.00	$0.00	$0.00	$0.00
13	1475 Nondwelling Equipment	$0.00	$0.00	$0.00	$0.00
14	1485 Demolition	$0.00	$0.00	$0.00	$0.00
15	1492 Moving to Work Demonstration	$0.00	$0.00	$0.00	$0.00
16	1495.1 Relocation Costs	$0.00	$0.00	$0.00	$0.00
17	1499 Development Activities [4]	$0.00	$0.00	$0.00	$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	$0.00	$0.00	$0.00	$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$0.00	$0.00	$0.00	$0.00
19	1502 Contingency (May not to exceed 8% of line 20)	$0.00	$0.00	$0.00	$0.00
20	Amount of Annual Grant (Sum of lines 2 - 19)	**$653,870.00**	**$0.00**	**$0.00**	**$0.00**
21	Amount of line 20 Related to LBP Activities	$0.00	$0.00	$0.00	$0.00
22	Amount of line 20 Related to Section 504 Compliance	$0.00	$0.00	$0.00	$0.00
23	Amount of line 20 Related to Security - Soft Costs	$0.00	$0.00	$0.00	$0.00
24	Amount of line 20 Related to Security - Hard Costs	$0.00	$0.00	$0.00	$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	$0.00	$0.00	$0.00	$0.00

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

Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Replacement 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:	**Grant Type and Number**		**FFY of Grant:**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	**NY36S02350109** Replacement Housing Factor Grant No:	**2009**
	Date of CFFP:		**FFY of Grant Approval: 2009**

Type of Grant

- ■ **Original Annual Statement**
- ☐ **Reserved for Disasters/Emergencies**
- ☐ **Revised Annual Statement (revision no:)**
- ☐ **Performance and Evaluation Report for period Ending:**
- ☐ **Final Performance and Evaluation Report**

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost** [1]	
		Original	**Revised** [2]	**Obligated**	**Expended**
Signature of Executive Director & Date: Edward R. Finnerty 10/14/2009		Signature of public Housing Director/Office of Native American Programs Administrator & Date:			

Part II: Supporting Pages

PHA Name: **FREEPORT HOUSING AUTHORITY**		**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP:		**NY36S02350109** CFFP (Yes/No):		**Federal FFY 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)	Fund Expended (2)	
PHA-Wide	**Fees and Costs**	**1430**						
	A/E Services			$54,440.00				
	Total 1430			**$54,440.00**				
	Site Improvements	**1450**						
NY23-2, 3	Replace drywells			$15,000.00				
	Repave parking lot			$20,000.00				
	Repair sidewalks & curbs			$20,000.00				
	Total 1450			**$55,000.00**				
	Dwelling Structures	**1460**						
NY23-1, 2, 3	Painting			$50,000.00				
NY23-5	Pipe Replacement			$180,000.00				
NY23-01	Windows			$314,430.00				
	Total 1460			**$544,430.00**				
	Total for ARRA Funds			**$653,870.00**				

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number**	**NY36S02350109 Federal FFY Grant :**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	CFFP (Yes/No): **2009**
	Date of CFFP:	

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)	Fund Expended (2)	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36S02350109**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36S02350109**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)

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