

5.2	<p>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.</p> <p>A. <u>GOALS & OBJECTIVES FOR FISCAL YEARS 2010 – 2014:</u></p> <p>GOAL: IMPROVE THE QUALITY OF ASSISTED HOUSING</p> <p>Objectives:</p> <p>Improve public housing management: (PHAS score – most recent score was 92). Achieve score of 94 or better by Fiscal year ending 9/30/2014</p> <p>Renovate or modernize public housing units – The Housing Authority will continue to modernize its developments using available CFP funds.</p> <p>GOAL: PROVIDE AN IMPROVED LIVING ENVIRONMENT</p> <p>Objectives:</p> <p>Implement public housing security improvements</p> <p>GOAL: ENSURE EQUAL OPPORTUNITY AND AFFIRMATIVELY FURTHER FAIR HOUSING</p> <p>Objectives:</p> <p>Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability</p> <p>GOAL: CONTINUE COMPLIANCE WITH PROVISIONS OF THE VIOLENCE AGAINST WOMEN ACT (VAWA)</p> <p>Objectives:</p> <p>Continue to fully comply with the Violence Against Women Act (VAWA). Continue to work with others to prevent offenses covered by VAWA to the degree we can. Details are in Attachment C.</p>
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5.2	<p>B. <u>PROGRESS ON GOALS & OBJECTIVES FOR FISCAL YEARS 2005 – 2009:</u></p> <p>The following table reflects the progress we have made in achieving our goals and objectives established for Fiscal Years 2005 – 2009:</p> <table border="1" data-bbox="277 338 1526 569"> <tr> <td colspan="2">Goal One: Improve the quality of assisted housing.</td> </tr> <tr> <td>Objective</td> <td>Progress</td> </tr> <tr> <td>Continue to renovate units using available CFP funds</td> <td>All 5-Year CFP Projects have been completed.</td> </tr> <tr> <td>Maintain high performer status under PHAS</td> <td>Scoring of 90-100% has been maintained consistently.</td> </tr> </table> <table border="1" data-bbox="277 617 1526 768"> <tr> <td colspan="2">Goal Two: Provide an improved living environment.</td> </tr> <tr> <td>Objective</td> <td>Progress</td> </tr> <tr> <td>Continue to implement upgrades to security system</td> <td>New camera systems have been installed to make a total of 17 recording views throughout the facility.</td> </tr> </table> <table border="1" data-bbox="277 821 1526 995"> <tr> <td colspan="2">Goal Three: Promote self-sufficiency and asset development of assisted households.</td> </tr> <tr> <td>Objective</td> <td>Progress</td> </tr> <tr> <td>Provide or attract supportive services to increase independence for the elderly or families with disabilities. Continue to provide and expand upon the provision of on-site supportive services</td> <td>Town Health nurse has a facility on-site. Meals on wheels site in Community Room is fully operational.</td> </tr> </table>	Goal One: Improve the quality of assisted housing.		Objective	Progress	Continue to renovate units using available CFP funds	All 5-Year CFP Projects have been completed.	Maintain high performer status under PHAS	Scoring of 90-100% has been maintained consistently.	Goal Two: Provide an improved living environment.		Objective	Progress	Continue to implement upgrades to security system	New camera systems have been installed to make a total of 17 recording views throughout the facility.	Goal Three: Promote self-sufficiency and asset development of assisted households.		Objective	Progress	Provide or attract supportive services to increase independence for the elderly or families with disabilities. Continue to provide and expand upon the provision of on-site supportive services	Town Health nurse has a facility on-site. Meals on wheels site in Community Room is fully operational.
Goal One: Improve the quality of assisted housing.																					
Objective	Progress																				
Continue to renovate units using available CFP funds	All 5-Year CFP Projects have been completed.																				
Maintain high performer status under PHAS	Scoring of 90-100% has been maintained consistently.																				
Goal Two: Provide an improved living environment.																					
Objective	Progress																				
Continue to implement upgrades to security system	New camera systems have been installed to make a total of 17 recording views throughout the facility.																				
Goal Three: Promote self-sufficiency and asset development of assisted households.																					
Objective	Progress																				
Provide or attract supportive services to increase independence for the elderly or families with disabilities. Continue to provide and expand upon the provision of on-site supportive services	Town Health nurse has a facility on-site. Meals on wheels site in Community Room is fully operational.																				
6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p><i>This section not Applicable for small PHAs</i></p>																				
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p><i>This section not Applicable for small PHAs</i></p>																				
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>																				
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p><i>See page 4</i></p>																				
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p><i>See page 4</i></p>																				
8.3	<p>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.</p> <p><i>Not Applicable for Town of Wilna Housing Authority</i></p>																				

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><i>This section not Applicable for small PHAs</i></p>
9.1	<p>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.</p> <p><i>This section not Applicable for small PHAs</i></p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p style="text-align: center;">Progress on the Housing Authority’s goals was already included in Section 5.2</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p style="text-align: center;">Substantial Deviation from the 5-Year Plan</p> <p style="text-align: center;">A substantial deviation from the 5-year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.</p> <p style="text-align: center;">Significant Amendment or Modification to the Annual Plan</p> <p style="text-align: center;">Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.</p>
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> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p style="text-align: center;">See Attachment A</p> <p>(g) Challenged Elements – See Attachment B</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

OTHER ATTACHMENTS

Attachment C – Violence Against Women Act (VAWA) Statement

Attachment D – Capital Fund Program Annual Statement – FY 2010

Attachment E – FY 2009 Capital Fund Program Performance & Evaluation Report

Attachment F – FY 2009 (ARRA Funds) Capital Fund Program Performance & Evaluation Report – **Final Report**

Attachment G – Capital Fund Program Five-Year Action Plan

Attachment A

Town of Wilna Housing Authority

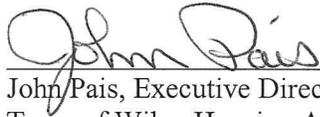
**Five-Year Plan
Fiscal Years 10/01/2010 – 10/01/2014**

Comments of the Resident Advisory Board

The Town of Wilna Housing Authority met with the Resident Advisory Board (RAB) on June 3, 2010.

Elements of the PHA Plan Template and the Capital Fund Program grants were discussed.

The RAB members agreed with the overall Plan as presented and no suggestions or changes were offered by them.

A handwritten signature in cursive script that reads "John Pais". The signature is written in black ink and is positioned above a horizontal line.

John Pais, Executive Director
Town of Wilna Housing Authority
June 15, 2010

Attachment B

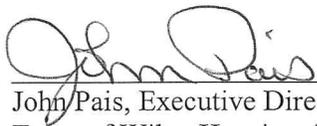
Town of Wilna Housing Authority

Five-Year Plan

Fiscal Years 10/01/2010 – 10/01/2014

Challenged Elements

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

A handwritten signature in black ink, appearing to read "John Pais", is written over a horizontal line.

John Pais, Executive Director
Town of Wilna Housing Authority
June 15, 2010

Attachment C

Town of Wilna Housing Authority

Five-Year Plan

Fiscal Years 10/01/2010 – 10/01/2014

Violence Against Women Act Report

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

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

Through cooperation with the local domestic violence agency and Carthage Police Department, any cases of violence as described are referred for assistance. The local domestic violence agency is Jefferson County Victims Assistance Center, located in Watertown, 15 miles from Wilna.

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

The above listed agency's program staff is aware of our housing program and makes client referrals to our office. Apparently eligible clients are placed on our waiting list.

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

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

The same methods as described herein are used, making referrals to the Jefferson County Victims Assistance Program for counseling and support services, and attempting to enforce orders of protection with the cooperation of Police Department personnel.

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

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

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

The Admissions & Continued Occupancy Policy (ACOP) and the Public Housing Dwelling Lease have been updated to include screening and termination language related to the Violence Against Women Act

Part I: Summary

PHA Name:	Grant Type and Number	Capital Fund Program Grant No:	NY 06 P058 501-10	Replacement Housing Factor Grant No:	0	FY of Grant:	2010
Town of Wilna Housing Authority		Date of CFFP:	No			FY of Grant Approval:	2010

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
				Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³			36,589.00			
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs			8,000.00			
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures			82,000.00			
11	1465.1 Dwelling Equipment - Nonexpendable			22,000.00			
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						
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 line 2 - 19)			148,589.00		0.00	0.00
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						

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 Units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Summary

PHA Name: Town of Wilna Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY 06 P058 501-10 Date of CFFP: No	Replacement Housing Factor Grant No: 0	FFY of Grant: 2010
			FFY of Grant Approval: 2010

Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
Line Summary by Development Account							
Signature of Executive Director <i>John M. Davis</i>		Date <i>4/1/2010</i>	Signature of Public Housing Director				

Part II: Supporting Pages

PHA Name: Town of Wilna Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:		NY 06 P058 501-10 0	CFPP (Yes/No): 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	Funds Obligated ²	Funds Expended ²	Status of Work
	1406 Operations	1406		Original	Revised ¹		
	Public Housing Operations		LS	36,589			
	Subtotal 1406			36,589			
	1430 Fees & Costs	1430					
	A & E Fees		LS	8,000			
	Subtotal 1430			8,000			
	1460 Dwelling Structures	1460					
	Replace air unit and duct furnace		1	13,000			
	Install automatic dampers in furnace room		1	3,000			
	Replace hydronic heaters in basement		2	6,000			
	Install HDCCP shower units		5	15,000			
	Interior painting and flooring		LS	25,000			
	Upgrade entry call system		2	20,000			
	Subtotal 1460			82,000			
	1465.1 Dwelling Equipment	1465.1					
	Replace apartment stoves		65	22,000			
	Subtotal 1465.1			22,000			
	TOTAL GRANT			148,589			

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:
Town of Wilna Housing Authority

Federal FY of Grant:
2010

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	Actual Expenditure End Date	
					Part III is Not Applicable. Wilna Housing Authority is not participating in the Capital Fund Financing Program

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 I: Summary

PHA Name: **Town of Wilna Housing Authority**
 Grant Type and Number: NY 06 P058 50109
 Capital Fund Program Grant No.:
 Date of CFFP: No

Replacement Housing Factor Grant No.:
 0

FFY of Grant: 2009
 FFY of Grant Approval: 2009

Type of Grant: Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 3/31/2010 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		36,510.00		36,510.00		36,510.00
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs		5,000.00		5,000.00		5,000.00
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures		87,079.00		86,649.00		86,649.00
11	1465.1 Dwelling Equipment - Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment		20,000.00		18,703.40		0
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						
18a	1501 Collateralization or Debt Service paid by the PHA						
18a	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 line 2 - 19)		148,589.00	0.00	146,867.40		128,159.00
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						

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 Units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Summary

PHA Name:

Town of Wilna Housing Authority

Grant Type and Number

Capital Fund Program Grant No:

NY 06 P058 50109

Replacement Housing Factor Grant No:

0

FFY of Grant:

2009

FFY of Grant Approval:

2009

Type of Grant

Original Annual Statement

Reserve for Disasters/Emergencies

Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending:

3/31/2010

Final Performance and Evaluation Report

Line Summary by Development Account

Original

Total Estimated Cost

Revised ²

Obligated

Total Actual Cost ¹

Expended

Signature of Executive Director

John M. Davis

Date

4/1/2010

Signature of Public Housing Director

Part II: Supporting Pages

PHA Name: Town of Wilna Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	NY 06 P058 50109 0	CFPP (Yes/No): No	Federal FFY of Grant: 2009	Status of Work			
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	
	1406 Operations	1406						
	Public Housing Operations		LS	36,510		36,510.00	36,510.00	Complete
	Subtotal 1406			36,510		36,510.00	36,510.00	
	1430 Fees & Costs	1430						
	A & E Fees		LS	5,000		5,000.00	5,000.00	Complete
	Subtotal 1430			5,000		5,000.00	5,000.00	
	1460 Dwelling Structures	1460						
	Install new water meter		1	4,000		3,570.00	3,570.00	Complete
	Replace apartment baseboard heat elements		40	83,079		83,079.00	83,079.00	Complete
	Subtotal 1460			87,079		86,649.00	86,649.00	
	1475 Non-Dwelling Equipment	1475						
	Maintenance vehicle		1	20,000		18,703.40	0.00	In progress
	Subtotal 1475			20,000		18,703.40	0.00	
	TOTAL GRANT			148,589		146,862.40	128,159.00	

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 I: Summary

PHA Name:

Town of Wilna Housing Authority

Grant Type and Number

Capital Fund Program Grant No: NY 06 5058 50109

Date of CFFP: No

Replacement Housing Factor Grant No: 0

FFY of Grant: 2009 - S

FFY of Grant Approval: 2009

Type of Grant

Original Annual Statement

Reserve for Disasters/Emergencies

Revised Annual Statement (revision no: 1)

Performance and Evaluation Report for Period Ending:

Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,314.00	10,314.00	10,314.00	10,314.00
8	1440 Site Acquisition				
9	1450 Site Improvement	11,003.00	12,863.00	12,863.00	12,863.00
10	1460 Dwelling Structures	78,952.00	77,529.00	77,529.00	77,529.00
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	79,574.00	79,137.00	79,137.00	79,137.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18a	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 line 2 - 19)	179,843.00	179,843.00	179,843.00	179,843.00
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				

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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name:
Town of Wilna Housing Authority

Federal FFY of Grant:
2009 - S

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	Actual Expenditure End Date	
					Part III is Not Applicable. Wilna Housing Authority is not participating in the Capital Fund Financing Program

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
 Expires 4/30/2011

Part I: Summary						
PHA Name/Number Town of Wilna Housing Authority, NY058		Locality (City/County & State) Carthage, 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 2010	Work Statement for Year 2 FFY Grant: 2011 PHA FY: 10/01/2011 – 9/30/2012	Work Statement for Year 3 FFY Grant: 2012 PHA FY: 10/01/2012 – 9/30/2013	Work Statement for Year 4 FFY Grant: 2013 PHA FY: 10/01/2013 – 9/30/2014	Work Statement for Year 5 FFY Grant: 2014 PHA FY: 10/01/2014 – 9/30/2015
B.	Physical Improvements Subtotal	Annual Statement	104,000	106,000	106,000	110,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other		14,589	5,589	12,589	5,589
G.	Operations		30,000	37,000	30,000	33,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		148,589	148,589	148,589	148,589
L.	Total Non-CFP Funds					
M.	Grand Total		148,589	148,589	148,589	148,589

