

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: _____ Berks County Housing Authority PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 04/2010 PHA Code: PA 071					
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 209 Number of HCV units: <u>682</u>					
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> 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
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.					
<b>5.1</b>	<b>Mission.</b> To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination					
<b>5.2</b>	<b>Goals and Objectives.</b> <ol style="list-style-type: none"> <li>1. Improve PHAS score</li> <li>2. Improve SEMAP score</li> <li>3. Increase customer satisfaction</li> <li>4. Renovate &amp; modernize public housing units</li> <li>5. Conduct outreach efforts to potential Voucher landlords</li> <li>6. Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments</li> <li>7. Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability.</li> <li>8. BCHA will prohibit the eviction of, and removal of assistance from, certain persons living in public or Section 8-assisted housing if the asserted grounds for such action is an instance of domestic violence, dating violence, sexual assault, or stalking, as those terms are defined in Section 3 of the United States Housing Act of 1937 as amended by VAWA (42 U.S.C. 13925).</li> </ol>					
<b>6.0</b>	<b>PHA Plan Update</b> <p>(a) BCHA has updated their ACOP plan for: Social security number documentation, payment of security deposits, verification of social security numbers, timing of verification, frequency of obtaining verification, utility allowances, paying rent, missed appointments, flat rents, interim examinations, interim re-examinations, special re-examinations, categories of transfers, transfer requests, inspections, and procedures prior to a hearing.</p> <p>(b) A copy of our 5-Year Plan &amp; Annual Plan is available for public inspections at each of our projects as well as our Central Office.</p>					
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Not Applicable.</i>					
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.					
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.					
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.					
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.					

9.0	<p><b>Housing Needs.</b> BCHA maintains waiting lists for its Public Housing as well as its Voucher program. The waiting lists are updated periodically as well as analyzed for Race, Bedroom size, disabilities, family /elderly, characteristics.</p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b></p> <ol style="list-style-type: none"> <li>1. Employ effective maintenance &amp; management policies to minimize the number of public housing units off-line</li> <li>2. Reduce turnover time for vacated public housing units</li> <li>3. Reduce time to renovate public housing units <ol style="list-style-type: none"> <li>1. Increase Section 8 Voucher lease up rates by marketing the programs to owners, particularly those outside of areas of minority and poverty concentration</li> </ol> </li> </ol>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <ol style="list-style-type: none"> <li>(a) Progress in Meeting Mission and Goals. BCHA has developed a 5 year Financial workout plan to provide the agency with a formal plan to meet its goals as well as its missions</li> <li>(b) Significant Amendment and Substantial Deviation/Modification. The BCHA has established the following definition for “substantial deviation or modification:” Changes other than those specified below will be undertaken by the Housing Authority at the direction of the Board of Commissioners and /or Executive Director. <ol style="list-style-type: none"> <li>2. Changes to rent or organization of the waiting list</li> <li>3. Any change in the Capital Fund Program Annual Statement that is not in accordance with the Department of Housing and Urban Development fungibility regulations.</li> <li>4. Any changes with regards to demolition, disposition, designation, homeownership programs or conversion activities</li> </ol> </li> </ol>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ol style="list-style-type: none"> <li>(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)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(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.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ol>

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 there under at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

## Instructions form HUD-50075

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

### 1.0 PHA Information

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

### 2.0 Inventory

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

### 3.0 Submission Type

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

### 4.0 PHA Consortia

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

### 5.0 Five-Year Plan

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

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

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

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

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

#### PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: [http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](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.

**Capital Fund Program—Five-Year Action Plan**

<b>Part I: Summary</b>						
PHA Name/Number Berks County Housing Authority - PA071		Locality (City/County & State) Reading/Berks/Pennsylvania			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
	PA 71-1 Rittenhouse & Warwick Apts				50,600	
	PA 71-2 Brooke Estates				60,000	
	PA 71 - 5					
	PA 71-8 Northvale Hill Apts					
	PA 71-9 Chestnut Court					
	PA 71-11 Richard B. Delp		102,000	50,300		
	PA 71-12 Laurel Court				20,000	
	PA 71 - 14 Cacoosing Mdws		6,600			
B.	Physical Improvements Subtotal	Annual Statement	108,600	50,300	130,600	
C.	Management Improvements		10,000	10,000	10,000	
D.	PHA-Wide Non-dwelling Structures and Equipment		72,860	65,000		
E.	Administration		32,940	36,700	36,400	
F.	Other		13,000	18,000	15,000	
G.	Operations		92,000	187,000	172,000	285,289
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds		329,400	367,000	364,000	285,289
L.	Total Non-CFP Funds					
M.	Grand Total					



<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2010	Work Statement for Year 2011 FFY 2011			Work Statement for Year: 2012 FFY 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
<b>See Annual Statement</b>	PA 71-11 – Replace Windows & Space Heaters	150	60,000	HA Wide – Replace Furnishings/ Décor of Common Areas	6 areas	60,000
	PA 71-11 – Install Sleeves & A/C units	50	42,000	PA 71-11, Richard B. Delp – Replace Siding	120 sq ft	50,300
	HA-WIDE – Operations		92,000	HA-WIDE Scaffolding System	3 sections	5,000
	HA-WIDE – Management Improvements – Administer FSS Program		10,000	HA-WIDE – Operations		187,000
	HA-WIDE – Administration – Salaries & Benefits for Staff administering CFP		32,940	HA-WIDE – Administration – Salaries & Benefits for Staff administering CFP		36,700
	HA-WIDE – A & E Fees		13,000	HA-WIDE – Management Improvements – Administer FSS Program		10,000
	HA-WIDE – Office Improvements		37,860	HA-WIDE – A & E Fees		18,000
				HA-WIDE – A & E Fees		18,000
	HA-WIDE – Replace Maintenance Sheds	2	15,000			
	HA-WIDE – Replace Mowing Equipment	2	20,000			

**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**

	PA 71-14 – Replace sign & re do Landscaping around sign	1	6,600			
	Subtotal of Estimated Cost		\$329,400			\$367,000

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2010	Work Statement for Year 2013 FFY 2013			Work Statement for Year: 2014 FFY 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
<b>See Annual Statement</b>	PA 71-2, Brooke Estates – Replace Bifold Doors	80	20,000			
	PA 71-1, Rittenhouse & Warwick Apts – Roof Replacement	120 squares	50,600			
	PA 71-12, Laurel Court Apts – Replace Windows	48	20,000			
	PA 71-2, Brooke Estates – Outdoor Lighting	6 poles	40,000			
	HA-WIDE – Operations		172,000			285,289
	HA-WIDE – Administration – Salaries & Benefits for Staff administering CFP		36,400			
	HA-WIDE – Management Improvements – Administer FSS Program		10,000			
	HA-WIDE – A & E Fees		15,000			



<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Trina A. Martin  
Public Housing Revitalization Specialist  
U.S. Department of Housing & Urban Development  
100 Penn Square East  
Philadelphia, PA 19107

May 26, 2010

Ms. Martin;

Regarding item 11.0 pt f (Resident Advisory Board comments) there were no comments or challenges by the attendees.

An update of this item will be done.

Sincerely,

Tanya Nelson  
Executive Director

**Part I: Summary**

PHA Name: Berks County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26SP071501-09	FFY of Grant 2009
	Date of CFFP: _____	FFY of Grant Approval: _____

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: 1 )  
 Performance and Evaluation Report for Period Ending: 9/30/2009       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sub>3</sub>			\$ -	\$ -
3	1408 Management Improvements			\$ -	
4	1410 Administration (may not exceed 10% of line 21)	\$ 34,265.00	\$ 34,265.00	\$ 34,265.00	\$ 19,372.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ -			
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures	\$ 308,380.00	\$ 308,380.00	\$ 308,380.00	\$ 247,900.85
11	1465.1 Dwelling Equipment - Non-expendable				
12	1470 Non-dwelling Structures	\$ -			
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid by Via System of Direct				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum lines 2 - 19)	\$ 342,645.00	\$ 342,645.00	\$ 342,645.00	\$ 267,272.85
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	\$ 60,000.00			
25	Amount of line 20 Related to Energy Conservation Measures				

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



**Part I: Summary**

<b>PHA Name:</b> Berks County Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26SP071501-09 Date of CFFP: _____	<b>FFY of Grant</b> <b>2009</b> <b>FFY of Grant Approval:</b> _____
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**Type of Grant**

Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no: 1 )

Performance and Evaluation Report for Period Ending: 9/30/09     
  Final Performance and Evaluation Report

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



**Part II: Supporting Pages**

PHA Name: BERKS COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: PA26SP071501-09 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
71-1 Rittenhouse & Warwick	Replace existing oil cooling & heating with more energy efficient gas system	1460	2 systems	103,828.00	103,828.00	103,828.00	103,828.00	completed
71-8 Northvale Hill Apts	Replace existing gas cooling & heating with more energy efficient gas system	1460	1 system	-		-		moved to 2009
71-9 Chestnut CT	Replace existing gas cooling & heating with more energy efficient gas system	1460	1 system	-		-		moved to 2009
71-12 Laurel CT	Replace existing gas cooling & heating with more energy efficient gas system	1460	1 system	45,013.00	45,013.00			fungeed w/ cfp 2009
HA WIDE	Security System with cameras inside & out	1460	4 systems					moved to 2009
71-1,8,9,12	Upgrade Fire Alarm System	1460	5 systems	44,890.00	44,890.00	41,338.00	41,482.00	95% complete
71-9 Chestnut CT	Replace Windows	1460	35	14,000.00	14,000.00	14,000.00	14,000.00	completed
71-12 Laurel CT	Replace Windows	1460	36	14,400.00	14,400.00	14,400.00	14,400.00	completed
71-14	Replace Windows	1460	250	86,249.00	86,249.00	86,249.00	74,190.85	95% complete
HA WIDE	Administration - salaries & benefits - staff working on ARRA 2009 Grant	1410	4 employ.	34,265.00	34,265.00	34,265.00	19,372.00	95% complete
				342,645.00	342,645.00	294,080.00	267,272.85	

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: BERKS COUNTY HOUSING AUTHORITY						Federal FFY of Grant: 2009	
Development Number Name/PHA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sub>1</sub>
	Original	Revised	Actual	Original	Revised	Actual	
PA 71-1	3/31/2010			12/31/2010			
PA 71-8	3/31/2010			12/31/2010			
PA 71-9	3/31/2010			12/31/2010			
PA 71-12	3/31/2010			12/31/2010			
PA 71-14	3/31/2010			12/31/2010			
HA WIDE	3/31/2010			12/31/2010			

<sub>1</sub> 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: Berks County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P071-50107	FFY of Grant 2007
	Date of CFFP: _____	FFY of Grant Approval: _____

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: 2 )  
 Performance and Evaluation Report for Period Ending: 9/30/2009       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sub>1</sub>	
		Original	Revised <sub>2</sub>	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sub>3</sub>	\$ 25,000.00	\$ 68,594.33	\$ 68,594.33	\$ 68,594.33
3	1408 Management Improvements	\$ 51,000.00	\$ 30,832.00	\$ 30,832.00	\$ 22,826.54
4	1410 Administration (may not exceed 10% of line 21)	\$ 26,845.00	\$ 26,845.00	\$ 26,845.00	\$ 26,845.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 13,000.00	\$ 13,000.00	\$ 13,000.00	\$ 13,000.00
8	1440 Site Acquisition				
9	1450 Site Improvements	\$ 21,000.00	\$ 21,000.00	\$ 21,000.00	\$ 21,000.00
10	1460 Dwelling Structures	\$ 115,600.00	\$ 82,173.67	\$ 80,173.67	\$ 80,173.67
11	1465.1 Dwelling Equipment - Non-expendable				
12	1470 Non-dwelling Structures	\$ 5,000.00	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
13	1475 Non-dwelling Equipment	\$ 11,000.00	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sub>4</sub>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid by Via System of Direct				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum lines 2 - 19)	\$ 268,445.00	\$ 268,445.00	\$ 266,445.00	\$ 258,439.54
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	\$ 2,832.00	\$ 2,832.00	\$ -	
24	Amount of line 20 related to Security -Hard Costs	\$ 46,244.92	\$ 46,244.92	\$ 46,244.92	\$ 28,148.92
25	Amount of line 20 Related to Energy Conservation Measures				

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



**Part I: Summary**

<b>PHA Name:</b> Berks County Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26PO71-50107 Date of CFFP: _____	<b>FFY of Grant</b> 2007 <b>FFY of Grant Approval:</b> _____
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**Type of Grant**

Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no: 2 )

Performance and Evaluation Report for Period Ending: 9/30/2009     
  Final Performance and Evaluation Report

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



**Part II: Supporting Pages**

PHA Name: BERKS COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: PA26P071-50107 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Rittenhouse & Warwick PA71-1	Air Conditioning in Hallways	1460	4 Hallways	32,000.00	27,068.67	27,068.67	27,068.67	bid awarded (merged w 06)
Northvale Hill Apts.	Air Conditioning in Hallways	1460	2 Hallways	25,000.00	28,105.00	28,105.00	28,105.00	bid awarded
Chestnut Court	Air Conditioning in Hallways	1460	2 Hallways	25,000.00	25,000.00	25,000.00	25,000.00	bid awarded
Brooke Estates PA71-2	Replace Mechanical Room/Entrance Doors	1460	(approx) 40	53,768.00	2,000.00	2,000.00	-	changed with 2006 CFP Bidding Stage
Richard B. Delp Townhouses PA 71-11	Office Improvements -window/elec inst to conv closet toan office and security (Cameras-inside)	1470	combined w/cam installation	1,000.00	1,000.00	1,000.00	1,000.00	work complete-final payment to follow
Richard B. Delp Townhouses PA 71-11	Office Improvements -window/elec inst to conv closet toan office and security (Cameras-inside)	1470	combined w/cam installation	4,000.00			-	
	Security (cameras-inside)	1475	4	7,000.00	6,148.92	6,148.92	6,148.92	complete
HA Wide	Security Improvements -security cameras	1450	8	21,000.00	21,000.00	21,000.00	21,000.00	complete
HA Wide	Computer Hardware	1475	12 cpu(s)	4,000.00	18,851.08	18,851.08	18,851.08	complete
HA Wide	Computer Software	1408		22,832.00	22,832.00	22,832.00	14,826.54	brought forward from 2006
HA Wide	Inc system soft maint							
HA Wide	Operations	1406		25,000.00	68,594.33	68,594.33	68,594.33	
HA Wide	FSS Coordinator	1408		8,000.00	8,000.00	8,000.00	8,000.00	
HA Wide	Administration- employee salaries and benefits	1410		26,845.00	26,845.00	26,845.00	26,845.00	
HA Wide	A & E Fees	1430		13,000.00	13,000.00	13,000.00	13,000.00	
				268,445.00	268,445.00	268,445.00	258,439.54	

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: BERKS COUNTY HOUSING AUTHORITY						Federal FFY of Grant: 2007	
Development Number Name/PHA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
Rittenhouse & Warwick Apts. PA71-1	Jun-09			9/30/2010			
Brooke Estates PA71-2	Jun-09			9/30/2010			
8	Jun-09			9/30/2010			
Chestnut Court Apts. PA71- 9	Jun-09			9/30/2010			
Richard B. Delp Townhouses PA71-11	Jun-09			9/30/2010			
HA Wide-Security	Jun-09			9/30/2010			
HA Wide-Operations	Jun-09			9/30/2010			
HA Wide-FSS Coordinator	Jun-09			9/30/2010			
HA Wide-Administration	Jun-09			9/30/2010			
HA Wide-Fees & Costs	Jun-09			9/30/2010			
HA Wide-Computer hardware	Jun-09			9/30/2010			
HA Wide- Computer Software	Jun-09			9/30/2010			

<sup>1</sup> 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: Berks County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P071-50108	FFY of Grant 2008
	Date of CFFP: _____	FFY of Grant Approval: 2008

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: 1 )  
 Performance and Evaluation Report for Period Ending: 09/30/2009       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total Non-CFP Funds		-	-	-
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$ 72,000.00	\$ 102,370.00	102,370.00	102,370.00
3	1408 Management Improvements	\$ 8,400.00	\$ 8,400.00	8,400.00	8,400.00
4	1410 Administration (may not exceed 10% of line 21)	\$ 27,069.00	\$ 27,069.00	27,069.00	27,069.00
5	1411 Audit			-	-
6	1430 Fees and Costs - Loan			-	-
7	1430 Fees and Costs	\$ 16,600.00	\$ 13,800.00	13,800.00	9,882.00
8	1440 Site Acquisition			-	-
9	1450 Site Improvements			-	-
10	1460 Dwelling Structures	\$ 146,625.00	\$ 119,055.00	61,127.00	61,127.00
11	1465.1 Dwelling Equipment - Non-expendable			-	-
12	1470 Non-dwelling Structures	\$ -	\$ -	-	-
13	1475 Non-dwelling Equipment			-	-
14	1485 Demolition			-	-
15	1492 Moving to Work Demonstration			-	-
16	1495.1 Relocation Costs			-	-
17	1499 Development Activities <sup>4</sup>			-	-
18a	1501 Collateralization or Debt Service paid by the PHA			-	-
18ba	9000 Collateralization or Debt Service paid by Via System of Direct				
19	1502 Contingency (may not exceed 8% of line 20)	\$ -	\$ -		
20	Amount of Annual Grant: (sum lines 2 - 19)	\$ 270,694.00	\$ 270,694.00	\$ 212,766.00	\$ 208,848.00
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	\$ 61,127.00	\$ 61,127.00	\$ 61,127.00	
25	Amount of line 20 Related to Energy Conservation Measures				\$ -

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



**Part I: Summary**

<b>PHA Name:</b> Berks County Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26P071-50108 Date of CFFP: _____	<b>FFY of Grant</b> 2008 <b>FFY of Grant Approval:</b> 2008
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**Type of Grant**

Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no: 1 )

Performance and Evaluation Report for Period Ending: 09/30/2009     
  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sub>1</sub>	
		Original	Revised <sub>2</sub>	Obligated	Expended
	<b>Signature of Executive Director</b> _____ <b>Date</b> _____	<b>Signature of Public Housing Director</b> _____ <b>Date</b> _____			



**Part III: Implementation Schedule for Capital Fund Financing Program**

PHA Name: Berks County Housing Authority							Federal FFY of Grant: 2008
Development Number Name/PHA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
Rittenhouse & Warwick Apts. - PA 71-1	6/1/2010			6/30/2012			
Brooke Estates PA 71-2	6/1/2010			6/30/2012			
Northvale Hill Apts. PA 71-8	6/1/2010			6/30/2012			
Chestnut Court Apts. PA 71-9	6/1/2010			6/30/2012			
Richard B. Delp Townhouses PA 71-11	6/1/2010						
Laurel Court Apts. PA 71-12	6/1/2010			6/30/2012			
HA-wide - Security Improvements	6/1/2010			6/30/2012			
HA-wide - Operations	6/1/2010			6/30/2012			
HA-wide - FSS Coordinator	6/1/2010			6/30/2012			
HA-wide - Administration	6/1/2010			6/30/2012			
HA-wide - Fees & Costs	6/1/2010			6/30/2012			

<sup>1</sup> 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: Berks County Housing Authority	<b>Grant Type and Number</b>	FFY of Grant 2009 FFY of Grant Approval:
	Capital Fund Program Grant No: PA26P071501-09 Date of CFFP: _____	

**Type of Grant**

- Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 9/30/2009     
  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sub>1</sub>	
		Original	Revised <sub>2</sub>	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sub>3</sub>	\$ 164,389.00		\$ 164,389.00	\$ 164,389.00
3	1408 Management Improvements	\$ 8,400.00		\$ 8,400.00	
4	1410 Administration (may not exceed 10% of line 21)	\$ 27,500.00		\$ 27,500.00	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ -			
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures	\$ 75,000.00		\$ 51,205.25	\$ 23,771.25
11	1465.1 Dwelling Equipment - Non-expendable				
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 <sub>4</sub>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid by Via System of Direct				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum lines 2 - 19)	\$ 275,289.00	\$ -	\$ 251,494.25	\$ 188,160.25
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				

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



**Part I: Summary**

<b>PHA Name:</b> Berks County Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26P071501-09 Date of CFFP: _____	<b>FFY of Grant</b> <b>2009</b> <b>FFY of Grant Approval:</b> _____
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**Type of Grant**

Original Annual Statement                     
  Reserve for Disasters/Emergencies                     
  Revised Annual Statement (revision no:     )

Performance and Evaluation Report for Period Ending: 9/30/09                     
  Final Performance and Evaluation Report

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



**Part II: Supporting Pages**

PHA Name: BERKS COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: PA26P071501-09 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	Operations	1406		164,389.00		164,389.00	164,389.00	Not Started
HA WIDE	Contract For FSS to monitored and advise participants with their goals and compliance under the FSS Program	1408		8,400.00		8,400.00		Not Started
HA WIDE	Salaries & Benefits	1410		27,500.00		27,500.00		Not Started
HA WIDE	A&E Fees	1430		-				Not Started
HA WIDE	Computer Service Agreement for Tech Support	1408						Not Started
HA WIDE	Replace Domestic Water Heaters & Furnaces (Sites)	1460	3 units	45,000.00	47,686.00	47,686.00	20,252.00	Not Started
HA WIDE	Replace Domestic Water Heaters & Furnaces (Office)	1460	117 units	30,000.00	27,314.00	3,519.25	3,519.25	Not Started
				275,289.00		251,494.25	188,160.25	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report

**Part III: Implementation Schedule for Capital Fund Financing Program**

PHA Name: BERKS COUNTY HOUSING AUTHORITY						Federal FFY of Grant: 2009	
Development Number Name/PHA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sub>1</sub>
	Original	Revised	Actual	Original	Revised	Actual	
PA 71-1	6/01/2011			6/1/2013			
PA 71-8	6/01/2011			6/1/2013			
PA 71-9	6/01/2011			6/1/2013			
PA 71-12	6/01/2011			6/1/2013			
PA 71-14	6/01/2011			6/1/2013			
HA WIDE	6/01/2011			6/1/2013			

<sub>1</sub> 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: Berks County Housing Authority	<b>Grant Type and Number</b>	FFY of Grant 2010 FFY of Grant Approval: _____
	Capital Fund Program Grant No: PA26P071501-10 Date of CFFP: _____	

**Type of Grant**

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

**Performance and Evaluation Report for Period Ending:**                       **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sub>1</sub>	
		Original	Revised <sub>2</sub>	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sub>3</sub>	\$ 68,900.00			
3	1408 Management Improvements	\$ 12,000.00			
4	1410 Administration (may not exceed 10% of line 21)	\$ 30,500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 11,400.00			
8	1440 Site Acquisition				
9	1450 Site Improvements	\$ 18,000.00			
10	1460 Dwelling Structures	\$ 128,200.00			
11	1465.1 Dwelling Equipment - Non-expendable	\$ 36,000.00			
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 <sub>4</sub>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid by Via System of Direct				
19	1502 Contingency (may not exceed 8% of line 20)			\$ -	\$ -
20	Amount of Annual Grant: (sum lines 2 - 19)	\$ 305,000.00			
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		0		

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



**Part I: Summary**

<b>PHA Name:</b> Berks County Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26P071501-10 Date of CFFP: _____	<b>FFY of Grant</b> <b>2010</b> <b>FFY of Grant Approval:</b> _____
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**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 <sub>1</sub>	
		Original	Revised <sub>2</sub>	Obligated	Expended
<b>Signature of Executive Director</b> _____ <b>Date</b> _____		<b>Signature of Public Housing Director</b> _____		<b>Date</b> _____	



**Part II: Supporting Pages**

PHA Name: BERKS COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: PA26P071501-10 Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	Operations	1406		68,900.00				
HA WIDE	Contract For FSS to monitored and advise participants with their goals and compliance under the FSS Program	1408		10,000.00				
HA WIDE	Salaries & Benefits	1410		30,500.00				
HA WIDE	A&E Fees	1430		11,400.00				
HA WIDE	SITE IMPROVEMENTS- Tree removal and replacement	1450	estimate 19 trees	18,000.00				
71-8 AMP 001	New kitchen and bath cabinets/sinks, tile, & tub surroundings	1460	20	128,200.00				
71-8 & 71-9 AMP 001	Appliances: refrigerators & ranges	1465	20/16	36,000.00				
HA WIDE	software upgrade	1408		2,000.00				
				305,000.00		0.00	0.00	

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: BERKS COUNTY HOUSING AUTHORITY						Federal FFY of Grant: 2010	
Development Number Name/PHA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sub>1</sub>
	Original	Revised	Actual	Original	Revised	Actual	
PA 71-8	6/01/2011			6/1/2013			
PA 71-9	6/01/2011			6/1/2013			
PA 71-12	6/01/2011			6/1/2013			
HA WIDE	6/01/2011			6/1/2013			

<sub>1</sub> 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.

