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: __HousingAuthority of the City of Cocoa_____ PHA Code: **FL019** PHA Type: ☐ Small ☐ High Performing ☒ Standard ☒ HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): **07/2011**
2.0	**Inventory** (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: ____327_____ Number of HCV units: 149
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:
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: **None**

(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.

The public can receive a copy of the 5-Year and Annual Plan at our Management Office located at 828 Stone Street, Cocoa, FL 32922

PHA Plan Elements
1. Eligibility, Selection and Admission Polices, including Deconcentration and Wait List Procedure.
Eligibility [Reference HUD Approved ACOP Chapter 3]

To be eligible for the public housing program:

- The applicant family must:

Qualify as a family as defined by HUD and the PHA. Have income at or below HUD-specified income limits.

Qualify on the basis of citizenship or the eligible immigrant status of family members. Provide social security number information for family members as required.

Consent to the PHA's collection and use of family information as provided for in PHA-provided consent forms.

- The PHA must determine that the current or past behavior of household members does not include activities that are prohibited by HUD or the PHA.

Admission Polices [Reference HUD Approved ACOP Chapter 3]
The plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income.
Selection [Reference HUD Approved ACOP Chapter 4)
When an applicant or resident family requests a copy of the PHA's tenant selection policies, the PHA will provide copies to them free of charge.

Deconcentration - No Deconcentration Admission in 2010

Wait List Procedure [Reference HUD Approved ACOP Chapter 4[

- The waiting list will contain the following information for each applicant listed:

1. Name and social security number of head of household
2. Unit size required (number of family members)
3. Accessibility requirement, if any
4. Date and time of application or application number
5. Household type (family, elderly, disabled)
6. Admission preference, if any

- The PHA will maintain one single community-wide waiting list for its developments.

- The PHA will not adopt site-based waiting lists.

Section 8 Plan Elements
1. Eligibility, Selection and Admission Polices, including Deconcentration and Wait List Procedure.
Eligibility [Reference HUD Approved Administrative Plan for Section 8 Chapter 3)

To be eligible for the HCV program:

- The applicant family must:
  Qualify as a family as defined by HUD and the PHA.
  Have income at or below HUD-specified income limits.
  Qualify on the basis of citizenship or the eligible immigrant status of family members.
  Provide social security number information for family members as required.
  Consent to the PHA's collection and use of family information as provided for in PHA provided consent forms.

  HACC will deny any applicants who is a student or discontinue assistance to any student who is under 24 years of age unless they are married, are a veteran, has a dependent child, is not otherwise individually eligible or if the parents of the student are ineligible based on their individual or joint income.

- The PHA must determine that the current or past behavior of household members does not include activities that are prohibited by HUD or the PHA.

Admission Policies [Reference HUD Approved Administration Plan for Section 8, Chapter 3]
The plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median are income.

Selection [Reference HUD Approved Administration Plan for Section 8, Chapter 4]

ORDER OF SELECTION

Local Preferences

First Preference: These applicants will be selected first and ranked in the following order:
(1) Families with at least one adult who is employed. (This ranking is extended equally to elderly families or a family whose head or spouse is receiving income based on their inability to work).

Second Preference: These applicants will be selected after the First Preference applicants and ranked in the following order:

(2) Families that have been determined to be victims of domestic violence.
Within each preference category above, applicants will be selected by date and time of application.

Final Verification Of Preferences

Preference information on applicants will be updated as applicants are selected from the waiting lists. At that time, the HA will mail a preference verification letter to the applicants last known address, requesting verification of the family's preference claim and mail third party verification as applicant.

Preference Denial

If the HA denies a preference, the HA will notify the applicant in writing of the reasons why the preference was denied and offer the applicant an opportunity for an informal meeting/a review. If the preference denial is upheld as a result of the meeting or the applicant does not request a meeting, the applicant will be placed on the waiting list without benefit of the preference. Applicants may exercise other rights id they believe they have been discriminated against. If the applicant falsifies documents or makes a false statement in order to qualify for any preference, they will be removed from the waiting list.

Deconcentration - No deconcentration admissions for 2011

Wait List Procedure [Reference HUD Approved Administrative Plan for Section 8, Chapter 4]

- The waiting list will contain the following information for each applicant listed:
  1. Name and social security number of head of household and family members
  2. Unit size required (number of family members)
  3. Accessibility requirements, if any
  4. Date and time of application or applicant number
  5. Household type (family, elderly/disabled)
  6. Admission preference, if any
- The PHA will maintain one single community-wide waiting list for its developments.
- The PHA will not adopt site-based waiting list.

2. Financial Resources

HACC Financial Resources
Planned Sources and Uses

Sources	Planned $	Planned Uses
l. Federal Giants (FY 2011 grants)		
a) Public Housing Operating Fund	**$1,269,224**	
b) Public Housing Capital Fund	**$582,824**	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant Based Asst.	**$692,159**	
f) Public Housing Drag Elimination Program (including any Technical Assistance tunes ■		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
RHF Grant	**128,314**	
2. Prior Year Federal Grants (unobligated funds only) (li t below)		
3. Public Housing Dwelling Rental Income	**$525,149**	**PH OPERATIONS**
4. Other income (list below)		
Excess Utilities	**$1,457**	**PH OPERATIONS**
Other Operations Income	**$23,061**	**PH OPERATIONS**
Interest	**$69**	**OTHER**
5. Non-federal sources (list below)		
Total Resources	**$3,222,257**	

3. **Rent Determination [HUD Approved Administrative Plan for Section 8 Chapter 6]**

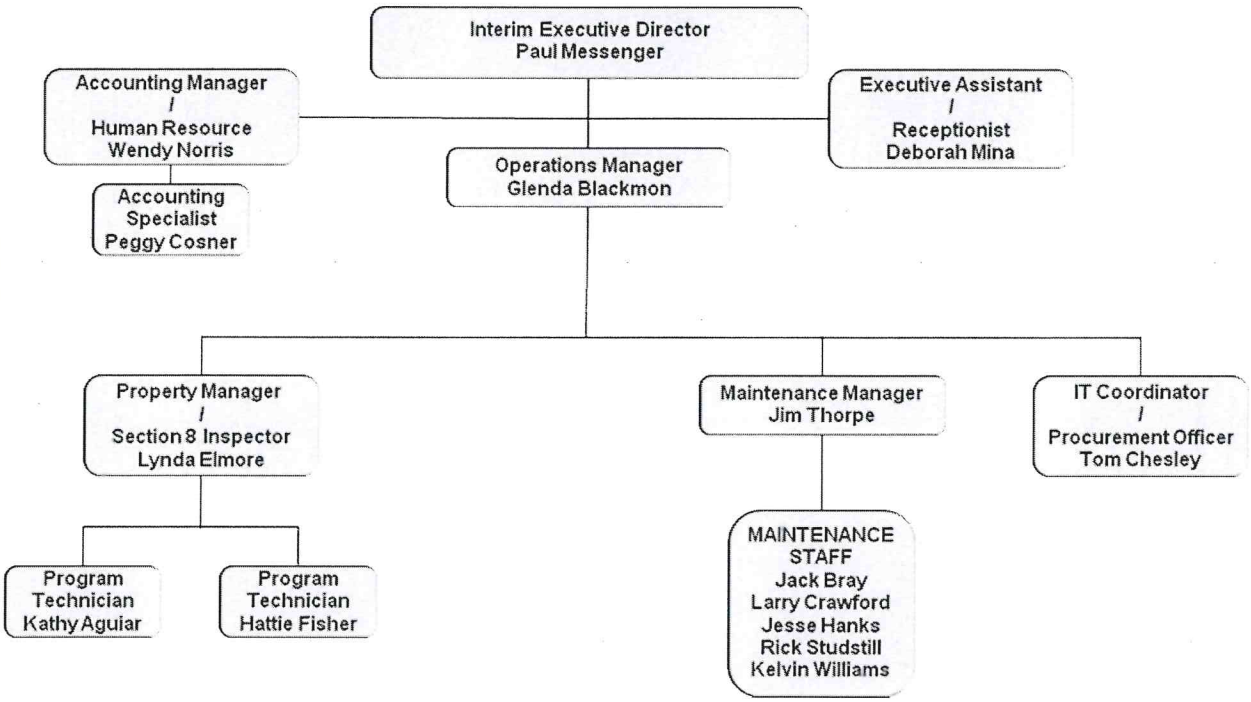
A family's income determines eligibility for assistance and is also used to calculate the family's rent payment. The PHA will use the policies and methods described in the HCV plan in chapter 6 to ensure that only eligible families receive assistance and that no family pays more or less than its obligation under the regulations.

4. **Operation and Management**

Public Housing Maintenance and Management
Admission & Continued Occupancy Policy
Maintenance Charge List
After Hours Emergency Service Call Policy
Pest Control Policy

Section 8 Management
Section 8 Administrative Plan

HOUSING AUTHORITY OF THE CITY OF COCOA
ORGANIZATIONAL CHART



5. Grievance Procedure [Reference HUD Approved ACOP Chapter 4]
Any evidence to be considered by the hearing officer must be presented at the time of the hearing. There are four categories of evidence.

Oral evidence: The testimony of witnesses

Documentary evidence: A writing which is relevant to the case, for example, a letter to the PHA. Writings include all forms of recorded Communication or representation, including letters, emails, pictures, sounds, videotapes or symbols or combinations thereof.

Demonstrative evidence: Evidence created specifically for the hearing and presented as an illustrative aid to assist the hearing officer, such As a model, a chart or other diagram.

Real Evidence: A tangible item relating directly to the case.

Hearsay Evidence is evidence of a statement that was made other than by a witness while testifying at the hearing and that is offered to prove The truth of the matter. Even though evidence, including hearsay, is generally admissible, hearsay evidence alone cannot be used as the sole Basis for the hearing officer's decision.

If the PHA fails to comply with the discovery requirements (providing the tenant with the opportunity to examine the PHA documents prior To the grievance hearing), the hearing officer will refuse to admit such evidence.

Other than the failure of the PHA to comply with discovery requirements, the hearing officer has the authority to overrule any objections to evidence.

Grievance Procedure - HCV Program [HUD Approved Administrative Plan for Section 8 Chapter 16]

The PHA will only offer participants the opportunity for an informal hearing when required to by the regulations.

A request for an informal hearing must be made in writing and delivered to the PHA either in person or by first class mail, by the close of the business day, no later than 10 business days from the date of the PHA's ineligible notice or notice of other adverse action. Participants will be advised of their hearing rights at orientation and ineligible notices will advise participants of their rights in bold print. If the request is not made within ten (10) business days the participant will not be given an informal review. An exception will be made if the participant can document "good cause" for failing to request the review within the deadline, or if it is needed as a reasonable accommodation for a person with disabilities. Good cause is defined as an unavoidable conflict which seriously affects the health, safety or welfare of the family.

Upon receipt of the request for informal hearing, the Property Manager will coordinate a preliminary meeting in person or by telephone with the participant within ten (10) business days to determine 1) if the matter was requested within the ten (10) day deadline and is an issue that qualifies for an

informal hearing; 2) If the matter can be resolved without an informal hearing; 3) If an impasse is reached, the Property Manager must request the administrative office to schedule an informal hearing within 10 business days of the informal meeting in person or by telephone.

6. Designated Housing for Elderly and Disabled Families

(1) No Designated housing for elderly and disabled families

7. Community Service and Self-Sufficiency [Reference HUD Approved ACOP Chapter 11 and ROSS Grant]

(1) The PHA will aggressively market Self Sufficiency Programs through outreach in the community, both verbal and written. The public housing rent determination policies, public housing admissions policies, and preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA.

(2) Adopt appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies. Inform residents of new policy on admission and reexamination. Actively notifying residents of new policy at times in addition to admission and reexamination. Establish or pursue a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services. Establish a protocol for exchange of information with all appropriate TANF agencies.

8. Safety and Crime Prevention

i. Describe the need for measures to ensure the safety of public housing residents

- High incidence of violent and/or drug related crime in some or all of the PHA's developments
- High incidence of violent and/or drug related crime the areas surrounding or adjacent to the PHA's development
- Residents are fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent or drug- related crime
- Perceived and/or observed gang related activity
- Increased incidence of weapon reports and weapon related acts of violence

ii Crime Prevention activities conducted or to be conducted by the PHA

- Activities targeted to youth, adults and seniors
- Collaborative efforts with local Faith Based and Community Organizations, neighborhood watch groups, civic organizations, Law Enforcement and/or other County, State or Federal entities
- Encourage resident participation in the planning, implementation and evaluation of crime prevention activities, awareness/educational campaigns and programs

iii Coordination between PHA and the police

- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g. designated community and neighborhood
- Officers to patrol in and around public housing
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents

Partnership agreement through Project Safe Neighborhood - Department of Justice for provision of above-baseline law enforcement services

9. Pets [Reference HUD Approved ACOP Chapter 10] - HCV does not have Pet Policy

Pets must be registered with the PHA before they are brought onto the premises.

Registration includes documentation signed by a licensed veterinarian or state/local authority that the pet has received all inoculations required by state or local law, and that the pet has no communicable disease(s) and is pest-free. This registration must be renewed annually and will be coordinated with the annual reexamination date.

Pets will not be approved to reside in a unit until completion of the registration requirements.

Common household pel means a domesticated animal, such as a dog, cat, or bird that is traditionally recognized as a companion animal and is kept in the home for pleasure rather than commercial purposes.

For an animal to be excluded from the pet policy and be considered an assistance animal, there must be a person with disabilities in the household, and the family must request and the PHA approve a reasonable accommodation in accordance with the policies contained in Chapter 2 in the PHA ACOP.

Residents must care for assistance animals in a manner that complies with state and local laws, including anti-cruelty laws.

Residents must ensure that assistance animals do not pose a direct threat to the health or safety of others, or cause substantial physical damage to the development, dwelling unit, or property of other residents.

When a resident's care or handling of an assistance animal violates these policies, the PHA will consider whether the violation could be reduced or eliminated by a reasonable accommodation. If the PHA determines that no such accommodation can be made, the PHA may withdraw the approval of a particular assistance animal.

10. Civil Rights Certifications

Civil rights certifications are included in the PHA Plan Certification of Compliance with the PHA Plans and Related Regulations (form HUD-50077).

11. Fiscal Year Audit

Preparation for the year of 2009 & 2010 Financial Audit is under way, and both year audits will start simultaneously by our new auditor Yeager Boyd, CPAs and Associates, LLP. The audit was started as of yet to be completed.

12. Asset Management

The Housing Authority of the City of Cocoa is not required to track by AMP. The Agency has designated capital funds to rehabilitate and modernize specific units as stated in capital funding documents.

13. Violence Against Women (VAWA)

In accordance with the Violence Against Women Act (VAWA), Cocoa Housing Authority (PHA) will not deny admission to any applicant on the basis that the applicant or a member of the applicant's immediate household is or has been a victim of domestic violence, dating violence, or stalking if the applicant is otherwise qualified. PHA will request applicant's who allege they are victims to certify via a HUD approved certification form that they are a victim of domestic violence and that an incident or incidents are bona fide incidents of such actual or threatened abuse. The certification form must be received by PHA within 14 days of receipt and must include the name of the perpetrator. PHA shall ensure the information received regarding victims of domestic violence will be maintained in confidential files, will not be entered into a shared database, will not be provided to any other entity unless the victim requests and consents; or unless otherwise required for use in eviction proceedings or required by law.

Landlords participating in the Section 8 HCV program should not terminate the lease of an individual or family solely because of domestic violence. VAWA states that criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of tenant's household, guest, or other person under tenant's control shall not be cause for termination of tenancy or assistance if tenant or immediate member of tenant's family is a victim of that violence or stalking.

A landlord may terminate a tenant who engages in criminal acts of violence against family members or others.

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.*

PHA does not have a Hope VI Program.
(a). There is no demolition or disposition for PHA for FY 2011
(b). There is no conversion of public housing activities for PHA for FY 2011
(c). There is no homeownership administered for FY 2011
(d). No project-based vouchers are requested for FY 2011

8.0 **Capital Improvements.** Please complete Parts 8.1 through 8.3, as applicable.

8.1 **Capital Fund Program Annual Statement/Performance and Evaluation Report.** As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing.

8.2 **Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *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.

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. The source of information the PHA used to conduct this analysis was gathered from the consolidated plan of the Jurisdiction 2005 -2010 and the U. S. Census data: the Comprehensive Housing Affordability Strategy (CHAS) dataset.

Housing Needs of Families in the Jurisdiction by Family Type

Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location
Income <= 30% of AMI	292	5	5	4	5	5	4
Income >30% but <=50% of AMI	312	4	4	3	4	4	3
Income >50% but <80% of AMI	989	0	3	2	3	2	2
Elderly	463	5	5	4	5	3	4
Families with Disabilities	728	5	4	4	3	2	4
Caucasian	1450	3	4	3	3	5	4
African American/Non-Hispanic	1245	5	5	4	3	5	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.** **Need: Shortage of affordable housing for all eligible populations** • Employ effective maintenance and management policies to minimize the number of public housing units off-line • Reduce turnover time for vacated public housing units • Reduce time to renovate public housing units • Seek replacement of public housing units lost to the inventory through mixed finance development • Maintain or increase Section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction • Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required • Maintain or increase Section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration • Maintain or increase Section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program • Apply for additional Section 8 units should they become available • Leverage affordable housing resources in the community through the creation of mixed - finance housing **Need: Specific Family Types: Families at or below 30% of median** • Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing • Employ admissions preferences aimed at families with economic hardships • Adopt rent policies to support and encourage work **Need: Specific Family Types: Families at or below 50% of median** • Employ admissions preferences aimed at families who are working **Need: Specific Family Types: The Elderly** • Seek designation of public housing for the elderly • Apply for special-purpose vouchers targeted to the elderly, should they become available • Expand the opportunities for community social service partners to provide their activities to the HACC elderly properties. **Need: Specific Family Types: Families with Disabilities** • Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing • Apply for special-purpose vouchers targeted to families with disabilities, should they become available • Affirmatively market to local non-profit agencies that assist families with disabilities **Strategy for Addressing Housing Needs. (Continued)** **Need: Specific Family Types: Races or ethnicities with disproportionate housing needs** • Affirmatively market to races/ethnicities shown to have disproportionate housing needs • Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units • Market the section 8 program
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. The PHA is meeting its goals by providing decent, safe, and sanitary housing for persons of extremely low income through moderate income levels (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

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. See Attachments: (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)

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

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

Part I: Summary

PHA Name: Housing Authority of the City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950107** Date of CFFP: _____ Replacement Housing Factor Grant No:	**FFY of Grant: 2007** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no:** #5) 03.30.11
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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	-0-	-0-		
2	1406 Operations (may not exceed 20% of line 21) [3]	$116,018.00	$116,018.00	$116,018.00	$116,018.00
3	1408 Management Improvements	$ 22,140.83	$ 22,140.83	$22,140.83	$22,140.83
4	1410 Administration (may not exceed 10% of line 21)	$ 15,673.00	$ 15,673.00	$15,673.00	$15,673.00
5	1411 Audit	$ 10,000.00	$ 10,000.00	$10,000.00	$10,000.00
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	$57,916.90	$56,256.90	$56,256.90	$56,256.90
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	-0-	-0-	-0-	-0-
10	1460 Dwelling Structures	$238,300.14	$150,721.90	$150,721.90	$150,721.90
11	1465.1 Dwelling Equipment—Nonexpendable	$ 14,600.00	$ 103,838.24	$103,838.24	$14,600.00
12	1470 Non-dwelling Structures	-0-	-0-	-0-	-0-
13	1475 Non-dwelling Equipment	-0-	-0-	-0-	-0-
14	1485 Demolition	$54,229.13	$54,229.13	$54,229.13	$54,229.13
15	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
16	1495.1 Relocation Costs	-0-	-0-	-0-	-0-
17	1499 Development Activities [4]	$51,213.00	$51,213.00	$51,213.00	$51,213.00
18a	1501 Collateralization or Debt Service paid by the PHA	-0-	-0-	-0-	-0-
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	-0-	-0-	-0-	-0-
19	1502 Contingency (may not exceed 8% of line 20)	-0-	-0-	-0-	-0-
20	Amount of Annual Grant: (sum of lines 2 – 19)	**$580,091.00**	**$580,091.00**	**$580,091.00**	**$490,852.76**
21	Amount of line 20 Related to LBP Activities	$25,000.00	$25,000.00	$25,000.00	$25,000.00
22	Amount of line 20 Related to Section 504 Activities	-0-	-0-	-0-	-0-
23	Amount of line 20 Related to Security – Soft Costs	$100,000.00	$100,000.00	$100,000.00	$100,000.00
24	Amount of line 20 Related to Security – Hard Costs	-0-	-0-	-0-	-0-
25	Amount of line 20 Related to Energy Conservation Measures	$100,000.00	$100,000.00	$100,000.00	$100,000.00

[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 Financing Program

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

Part I: Summary

PHA Name: Housing Authority of the City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950107** Replacement Housing Factor Grant No: Date of CFFP: _____	**FFY of Grant: 2007** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 5) 03.30.11**
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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		Date
Paul H Messenger Interim		4 April 2011			

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950107** Replacement Housing Factor Grant No:	CFFP (Yes/No):	**Federal FFY of 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**	**Funds Expended 2**	
1. FL 19-3 Peachtree Manor	Complete Roof Replacement	1460	8 Bldgs	$133,758.50	$133,758.50	$133,758.50	$133,758.50	Complete
FL 19-2 Barlow Homes	Mini Modernization Vacancy	1460	1	$14,039.36	$0	$0	$0	Cancelled
FL 19-5 Moore & Pineda	Replace kitchen cabinets, countertops, sinks	1460	14	$90,502.28	$16,963.40	$16,963.40	$16,963.40	Complete
	Sub Total			**$238,300.14**	**$150,721.90**	**$150,721.90**	**$150,721.90**	
2. FL 19-3 Peachtree Manor	Refrigerators	1465.1	20	$7,500.00	$7,500.00	$7,500.00	$7,500.00	Complete
FL 19-5 Moore & Pineda	Refrigerators	1465.1	19	$7,100.00	$7,100.00	$7,100.00	$7,100.00	Complete
FL 19-3 Peachtree Manor	Refrigerators	1465.1	22	$0	$9,680.00	$9.680.00	$0	In progress
	Stoves	1465.1	22	$0	$9,680.00	$9,680.00	$0	In progress
	Water Heaters	1465.1	22	$0	$3,938.00	$3,938.00	$0	In Progress
	A/C Handler	1465.1	22	$0	$10,120.00	$10,120.00	$0	In Progress
	A/C Condensers	1465.1	22	$0	$55,820.24	$55,820.24	$0	In Progress
	Sub Total			**$14,600.00**	**$103,838.24**	**$103,838.24**	**$14,600.00**	

[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: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950107** Replacement Housing Factor Grant No:	CFFP (Yes/No):	**Federal FFY of 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**	**Funds Expended 2**	
3. PHA Wide	Management Improvements							
	Pro-Rated Salary of Grant Writer w/Benefits	1408		$12,053.00	$12,053.00	$12,053.00	$12,053.00	Complete
	Salary & Benefits (Special Projects, Development Admin, Development Cost Acct)	1408		$10,087.83	$10,087.83	$10,087.83	$10,087.83	Complete
	Sub Total			**$22,140.83**	**$22,140.83**	**$22,140.83**	**$22,140.83**	
4. PHA Wide	Administration Pro-rated salary of Technical Services Coordinator w/benefits	1410		$15,673.00	$15,673.00	$15,673.00	$15,673.00	Complete
	Sub Total			**$15,673.00**	**$15,673.00**	**$15,673.00**	**$15,673.00**	
5. PHA Wide	Fees & Costs Advertising, Painting, Testing & Other	1430		$1,500.00	$683.10	$683.10	$683.10	Complete
	A&E Services (FL19-3 & 19-5AE) LBP/ACM Consultant	1430		$10,050.00	$9,206.90	$9,206.90	$9,206.90	Complete
	Architects Fees	1430		$46,366.90	$46,366.90	$46,366.90	$46,366.90	Complete
	Sub Total			**$57,916.90**	**$56,256.90**	**$56,256.90**	**$56,256.90**	
6. PHA Wide	Operations	1406		$116,018.00	$116,018.00	$116,018.00	$116,018.00	Complete
	Sub Total			**$116,018.00**	**$116,018.00**	**$116,018.00**	**$116,018.00**	
7. PHA Wide	Development Activity Legal Fees	1499		$51,213.00	$51,213.00	$51,213.00	$51,213.00	Complete
	Sub Total			**$51,213.00**	**$51,213.00**	**$51,213.00**	**$51,213.00**	

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950107** Replacement Housing Factor Grant No:	CFFP (Yes/No):	**Federal FFY of 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**	**Funds Expended 2**	
8. PHA Wide	Audit Costs	1411		$10,000.00	$10,000.00	$10,000.00	$10,000.00	Complete
	Sub Total			**$10,000.00**	**$10,000.00**	**$10,000.00**	**$10,000.00**	
9. FL 19-2 Peter Young FL 19-4 Brockington Homes	Demolition Remove concrete pathways, sidewalks, driveways, and building pads to complete prior demo per City of Cocoa Code Enforcement	1485 1485		$10,329.37 $43,899.76	$10,329.37 $43,899.76	$10,329.37 $43,899.76	$10,329.37 $43,899.76	Complete Complete
	Sub Total			**$54,229.13**	**$54,229.13**	**$54,229.13**	**$54,229.13**	
	Grand Total			**$580,091.00**	**$580,091.00**	**$580,091.00**	**$490,852.76**	

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

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

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

Part I: Summary

PHA Name: Housing Authority of the City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950108** Replacement Housing Factor Grant No: Date of CFFP: _____	**FFY of Grant: 2008** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no:** #2) 03/31/11
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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	-0-	-0-	-0-	-0-
2	1406 Operations (may not exceed 20% of line 21) [3]	$116,044.00	$116,044.00	$116,044.00	$116,044.00
3	1408 Management Improvements	$16,044.00	$9,228.00	$9,228.00	$9,228.00
4	1410 Administration (may not exceed 10% of line 21)	$58,022.00	$58,022.00	$58,022.00	$58,022.00
5	1411 Audit	$27,295.00	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	$6,000.00	$20,000.00	$20,000.00	-0-
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	-0-	-0-	-0-	-0-
10	1460 Dwelling Structures	$180,000.00	$265,437.46	$265,437.46	$20,783.13
11	1465.1 Dwelling Equipment—Nonexpendable	$63,618.00	$12,400.00	$12,400.00	$4,400.00
12	1470 Non-dwelling Structures	$60,000.00	$50,955.85	$50,955.85	$50,955.85
13	1475 Non-dwelling Equipment	$49,000.00	$43,935.69	$43,935.69	$43,935.69
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
16	1495.1 Relocation Costs	$4,200.00	$4,200.00	$4,200.00	-0-
17	1499 Development Activities [4]	-0-	-0-	-0-	-0-
18a	1501 Collateralization or Debt Service paid by the PHA	-0-	-0-	-0-	-0-
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	-0-	-0-	-0-	-0-
19	1502 Contingency (may not exceed 8% of line 20)	-0-	-0-	-0-	-0-
20	Amount of Annual Grant: (sum of lines 2 – 19)	**$580,223.00**	**$580,223.00**	**$580,223.00**	**$303,368.67**
21	Amount of line 20 Related to LBP Activities	$25,000.00	$25,000.00		
22	Amount of line 20 Related to Section 504 Activities	-0-	-0-		
23	Amount of line 20 Related to Security – Soft Costs	$100,000.00	$100,000.00		
24	Amount of line 20 Related to Security – Hard Costs	-0-	-0-		
25	Amount of line 20 Related to Energy Conservation Measures	$100,000.00	$100,000.00		

[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 Financing Program

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

Part I: Summary		
PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950108** Date of CFFP: _____ Replacement Housing Factor Grant No:	**FFY of Grant: 2008** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no:** #2) 03/31/11
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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 Paul H Messenger Interim		**Date** 4 April 2011	Signature of Public Housing Director		**Date**

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950108** Replacement Housing Factor Grant No:	CFFP (Yes/No):	**Federal FFY of 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**	**Funds Expended 2**	
1. FL 19-2 Peter Young	Demo – Remove concrete pathways, sidewalks, driveways and building pads to complete prior demo per City of Cocoa Code Enforcement	1460	1	$19,183.13	$19,183.13	$19,183.13	$19,183.13	Complete
FL 19-3 Peachtree Manor	Major Modification Replace bathroom fixtures, sinks, tubs, replace stoves, furnaces, hot water heaters, wall repair, wall repair, framing, shelving, floor & wall tile, electrical, drywall as needed	1460	5	$130,816.87	$246,254.33	$246,254.33	$1,600.00	In Progress
FL19-1 Barlow Homes	Mini Modernization Replace kitchen cabinets, floor & wall tile, sinks, bathtubs	1460	3	$15,000.00	$0	$0	$0	Cancelled
FL 19-5 Moore & Pineda		1460	3	$15,000.00	$0	$0	$0	Cancelled
	Sub Total			**$180,000.00**	**$265,437.46**	**$265,437.46**	**$20,783.13**	
2. FL 19-3 Peachtree Manor	Dwelling Equipment: Refrigerator & Stove replacement	1465.1	9	$2,190.00	$4,000.00	$4,000.00	$0	In Progress
FL 19-5 Moore & Pineda		1465.1	9	$1,428.00	$4,000.00	$4,000.00	$0	In Progress
		1465.1	10	$60,000.00	$4,400.00	$4,400.00	$4,400.00	Complete
	Sub Total			**$63,618.00**	**$12,400.00**	**$12,400.00**	**$4,400.00**	
3. PHA WIDE	Non Dwelling Equipment: Replacement Computers Servers for new software system	1475		$49,000.00	$43,935.69	$43,935.69	$43,935.69	Complete
	Sub Total			**$49,000.00**	**$43,935.69**	**$43,935.69**	**$43,935.69**	

[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: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950108** Replacement Housing Factor Grant No:	CFFP (Yes/No):	**Federal FFY of 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**	**Funds Expended 2**	
4. PHA Wide	Relocation Costs	1495.1		$4,200.00	$4,200.00	$4,200.00	$0	Not started
	Sub Total			**$4,200.00**	**$4,200.00**	**$4,200.00**	**$0**	
5. PHA Wide	Management Improvements: Resident Employment and Capacity	1408		$8,022.00	$4,614.00	$4,614.00	$4,614.00	Complete
	Economic Self Sufficiency	1408		$8,022.00	$4,614.00	$4,614.00	$4,614.00	Complete
	Sub Total			**$16,044.00**	**$9,228.00**	**$9,228.00**	**$9,228.00**	
6. PHA Wide	Administration: Pro-Rated Salary of Technical Services Coordinator w/benefits	1410		$21,600.00	$21,600.00	$21,600.00	$21,600.00	Complete
	Administrative costs to include PILOT fees & property insurance	1410		$36,422.00	$36,422.00	$36,422.00	$36,422.00	Complete
	Sub Total			**$58,022.00**	**$58,022.00**	**$58,022.00**	**$58,022.00**	
7. PHA Wide	Fees & Costs: A&E Services (FL19-3 & FL 19-5)	1430		$6,000.00	$20,000.00	$20,000.00	$0	In Progress
	Sub Total			**$6,000.00**	**$20,000.00**	**$20,000.00**	**$0**	
8. PHA Wide	Operations	1406		$116,044.00	$116,044.00	$116,044.00	$116,044.00	Complete
	Sub Total			**$116,044.00**	**$116,044.00**	**$116,044.00**	**$116,044.00**	
9. PHA Wide	Audit Fees	1411		$27,295.00	$0	$0	$0	Cancelled
	Sub Total			**$27,295.00**	**$0**	**$0**	**$0**	
10. PHA Wide	Rehab Cocoa Admin Offices Work will include carpentry, HVAC, Fire Alarm, Painting, landscaping & furnishings	1470		$60,000.00	$50,955.85	$50,955.85	$50,955.85	Complete
	Sub Total			**$60,000.00**	**$50,955.85**	**$50,955.85**	**$50,955.85**	
	Grand Total			**$580,223.00**	**$580,223.00**	**$580.223.00**	**$303,368.67**	

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

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

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

Part I: Summary

PHA Name: Housing Authority of the City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950109** Replacement Housing Factor Grant No: Date of CFFP: _____	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1)** 03/31/11
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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	-0-	-0-		
2	1406 Operations (may not exceed 20% of line 21) [3]	$73,684.00	$73,684.00	$73,684.00	$73,684.00
3	1408 Management Improvements	$57,872.00	$24,635.22	$24,635.22	$14,635.22
4	1410 Administration (may not exceed 10% of line 21)	$54,644.00	$54,644.00	$54,644.00	$54,644.00
5	1411 Audit	$27,295.00	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	$30,000.00	$30,000.00	$30,000.00	-0-
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	$20,000.00	-0-	-0-	-0-
10	1460 Dwelling Structures	$198,952.00	$355,853.68	$355,853.68	-0-
11	1465.1 Dwelling Equipment—Nonexpendable	$12,000.00	$3,630.10	$3,630.10	$3,630.10
12	1470 Non-dwelling Structures	-0-	-0-	-0-	-0-
13	1475 Non-dwelling Equipment	$8,000.00	-0-	-0-	-0-
14	1485 Demolition	$50,000.00	-0-	-0-	-0-
15	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
16	1495.1 Relocation Costs	$4,000.00	$4,000.00	$4,000.00	-0-
17	1499 Development Activities [4]	$10,000.00	-0-	-0-	-0-
18a	1501 Collateralization or Debt Service paid by the PHA	-0-	-0-	-0-	-0-
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	-0-	-0-	-0-	-0-
19	1502 Contingency (may not exceed 8% of line 20)	-0-	-0-	-0-	-0-
20	Amount of Annual Grant: (sum of lines 2 – 19)	$546,447.00	$546,447.00	$546,447.00	$146,593.32
21	Amount of line 20 Related to LBP Activities	0	0		
22	Amount of line 20 Related to Section 504 Activities	0	0		
23	Amount of line 20 Related to Security – Soft Costs	0	0		
24	Amount of line 20 Related to Security – Hard Costs	$20,000.00	$20,000.00		
25	Amount of line 20 Related to Energy Conservation Measures	$40,000.00	$40,000.00	$4,694.00	$4,694.00

[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 Financing Program

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

Part I: Summary

PHA Name: Housing Authority of the City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950109** Replacement Housing Factor Grant No: Date of CFFP: _____	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1)** 03/31/11
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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		Date
Paul H Messenger Interim		4 April 2011			

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950109** CFFP (Yes/No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	**Revised 1**	**Funds Obligated 2**	**Funds Expended 2**	
1 FL019-3 Peachtree Manor	Major Modification Plumbing – Fixtures, sinks, tubs. block wall repair, framing, shelving, Upgrade Electrical Panels, Replace Gas Hot Heaters with Electric, Replace Stoves, Replace Furnaces, Replace kitchen cabinets, replace floor & wall tile, drywall, and relocate gas piping. Electrical – GFI repair/installation, light switch & outlet installation, HVAC. Relocation of heater switches, installed new heaters, and water heaters.	1460	22	$198,952.00	$355,853.68	$355,853.68	$0	In Progress
	Sub Total			**$198,952.00**	**$355,853.68**	**$355,853.68**	**$0**	
2. FL 19-2 Peter Young	Site Improvement: Backfill, level and seed	1450	1	$10,000.00	$0	$0	$0	Cancelled
FL 19-4 Brockington Homes	Backfill, level and seed	1450	1	$10,000.00	$0	$0	$0	Cancelled
	Sub Total			**$20,000.00**	**$0**	**$0**	**$0**	
3. FL19-1	Barlow Homes	1465.1	3	$1,137.00	$1,089.03	$1,089.03	$1,089.03	Complete
FL19-3	Peachtree Manor	1465.1	5	$1,895.00	$1,815.05	$1,815.05	$1,815.05	Complete
FL19-5A	Pineda Homes	1465.1	10	$3,790.00	$726.02	$726.02	$726.02	Complete
FL19-5B	Moore Homes	1465.1	14	$5,178.00	$0	$0	$0	Cancelled
	Dwelling equipment (refrigerator and stove replacement)							
	Sub Total			**$12,000.00**	**$3,630.10**	**$3,630.10**	**$3,630.10**	
4. FL19-2 FL19-4	Complete Demolition of Peter Young and Brockington Homes	1485		$50,000.00	$0	$0	$0	Cancelled
	Sub Total			**$50,000.00**	**$0**	**$0**	**$0**	

[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: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950109** Replacement Housing Factor Grant No:	CFFP (Yes/No):	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	**Revised** [1]	**Funds Obligated** [2]	**Funds Expended** [2]	
5. FL19-3	Relocation Costs	1495.1		$4,000.00	$4,000.00	$4,000.00	$0	In Progress
	Sub Total			**$4,000.00**	**$4,000.00**	**$4,000.00**	**$0**	
6. PHA Wide	Re-developmental Professional Services Legal Fees	1499		$10,000.00	$0	$0	$0	Cancelled
	Sub Total			**$10,000.00**	**$0**	**$0**	**$0**	
7. PHA Wide	Management Improvements:							
	Staff Training to Obtain efficient PHAS Scores	1408		$3,500.00	$10,644.48	$10,644.48	$644.48	In Progress
	Resident Employment and Capacity Building	1408		$4,000.00	$4,000.00	$4,000.00	$4,000.00	Completed
	Economic Self Sufficiency	1408		$2,000.00	$9,990.74	$9,990.74	$9,990.74	Completed
	Computer Software Training	1408		$39,646.00	$0	$0	$0	Cancelled
	Software Upgrade	1408		$8,726.00	$0	$0	$0	Cancelled
	Sub Total			**$57,872.00**	**$24,635.22**	**$24,635.22**	**$14,635.22**	
8. PHA Wide	Non-Dwelling Equipment (Computer Hardware)	1475		$8,000.00	$0	$0	$0	Cancelled
	Sub Total			**$8,000.00**	**$0**	**$0**	**$0**	
9. PHA Wide	Prorated Salary of Technical Services Coordinator w/ benefits	1410		$16,500.00	$16,500.00	$16,500.00	$16,500.00	Complete
	Administrative Costs including PILOT fees, property insurance	1410		$38,144.00	$38,144.00	$38,144.00	$38,144.00	Complete
	Sub Total			**$54,644.00**	**$54,644.00**	**$54,644.00**	**$54,644.00**	

[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: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14P01950109** Replacement Housing Factor Grant No:	CFFP (Yes/No):	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	**Revised 1**	**Funds Obligated 2**	**Funds Expended 2**	
10. PHA Wide	Fees & Costs: Advertising, Painting, testing & Other Costs related to Contracts – Architect Fees	1430		$15,000.00	$30,000.00	$30,000.00	$0	In Progress
	Re-developmental Professional Support (Architects, Environmental, Financial, Tax Credit Support)	1430		$15,000.00	$0	$0	$0	Cancelled
	Sub Total			**$30,000.00**	**$30,000.00**	**$30,000.00**	**$0**	
11. PHA Wide	Operations	1406		$73,684.00	$73,684.00	$73,684.00	$73,684.00	Complete
	Sub Total			**$73,684.00**	**$73,684.00**	**$73,684.00**	**$73,684.00**	
12. Audit Fees	Audit Fees	1411		$27,295.00	$0	$0	$0	Cancelled
	Sub Total			**$27,295.00**	**$0**	**$0**	**$0**	
	Grand Total			**$546,447.00**	**$546,447.00**	**$546,447.00**	**$146,593.32**	

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

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

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

Part I: Summary

PHA Name: Housing Authority of the City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: **FL14P019501-10** Date of CFFP: _____ Replacement Housing Factor Grant No:	**FFY of Grant: 2010** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1)** 03/31/11
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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	-0-	-0-		
2	1406 Operations (may not exceed 20% of line 21) [3]	$73,681.00	-0-		
3	1408 Management Improvements	$116,564.00	$27,000.00		
4	1410 Administration (may not exceed 10% of line 21)	$58,282.00	$58,282.00	$58,282.00	$58,282.00
5	1411 Audit	$27,295.00	-0-		
6	1415 Liquidated Damages	-0-	-0-		
7	1430 Fees and Costs	$30,000.00	$30,000.00		
8	1440 Site Acquisition	-0-	-0-		
9	1450 Site Improvement	-0-	-0-		
10	1460 Dwelling Structures	$242,102.00	$443,542.00		
11	1465.1 Dwelling Equipment—Nonexpendable	$12,000.00	$12,000.00		
12	1470 Non-dwelling Structures	-0-	-0-		
13	1475 Non-dwelling Equipment	$8,000.00	$8,000.00		
14	1485 Demolition	-0-	-0-		
15	1492 Moving to Work Demonstration	-0-	-0-		
16	1495.1 Relocation Costs	$4,900.00	$4,000.00		
17	1499 Development Activities [4]	$10,000.00	-0-		
18a	1501 Collateralization or Debt Service paid by the PHA	-0-	-0-		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	-0-	-0-		
19	1502 Contingency (may not exceed 8% of line 20)	-0-	-0-		
20	Amount of Annual Grant: (sum of lines 2 – 19)	$582,824.00	$582,824.00	$58,282.00	$58,282.00
21	Amount of line 20 Related to LBP Activities	-0-	-0-		
22	Amount of line 20 Related to Section 504 Activities	-0-	-0-		
23	Amount of line 20 Related to Security – Soft Costs	-0-	-0-		
24	Amount of line 20 Related to Security – Hard Costs	$20,000.00	$20,000.00		
25	Amount of line 20 Related to Energy Conservation Measures	$40,000.00	$40,000.00		

[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 Financing Program

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

Part I: Summary			
PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL14P019501-10** Date of CFFP: _____	Replacement Housing Factor Grant No:	**FFY of Grant: 2010** **FFY of Grant Approval:**

Type of Grant
☐**Original Annual Statement** ☐**Reserve for Disasters/Emergencies** ☒**Revised Annual Statement (revision no:1)** 03/31/11
☒**Performance and Evaluation Report for Period Ending: 12/31/10** ☐**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 Paul H Messenger interim		**Date** 4/April 2011	Signature of Public Housing Director		**Date**

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL14P019501-10** Replacement Housing Factor Grant No:	CFFP (Yes/No):	**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	**Revised [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
1. Peachtree Manor FL19-3	Major Modification Plumbing – Clean outs, fixtures, sinks, tubs. Structural – Block wall repair, framing, shelving, upgrade Electrical Panels, Replace Gas Hot Heaters with Electric, Replace Stoves, Replace Furnaces, replace floor & wall tile, drywall, and relocate gas piping. Electrical – GFI repair/installation, light switch & outlet installation, HVAC. Relocation of heater switches, installed new heaters, and water heaters.	1460	18	$242,102.00	$443,542.00			Not started
	Sub Total			**$242,102.00**	**$443,542.00**			
2. Barlow Homes Peachtree Manor Pineda Homes Moore Homes	Dwelling equipment (refrigerator and stove replacement)	1465.1 1465.1 1465.1 1465.1	3 5 10 14	$1,137.00 $1,895.00 $3,790.00 $5,178.00	$1,137.00 $1,895.00 $3,790.00 $5,178.00			Not Started
	Sub Total			**$12,000.00**	**$12,000.00**			

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

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL14P019501-10** Replacement Housing Factor Grant No:	CFFP (Yes/No):	**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	**Revised 1**	**Funds Obligated 2**	**Funds Expended 2**	
3. Peachtree Manor FL19-3	Relocation Costs	1495.1		$4,900.00	$4,000.00			Not started
	Sub Total			**$4,900.00**	**$4,000.00**			
4. PHA Wide	**Management Improvements**			$116,564.00				
	a. Staff Training to Obtain efficient PHAS Scores	1408			$4,000.00			Not started
	b. Employability and Vocational Training	1408			$5,000.00			
	c. Child Care Services	1408			$4,000.00			
	d. Youth Initiatives	1408			$12,000.00			
	e. Activities Material	1408			$2,000.00			
	Sub Total			**$116,564.00**	**$27,000.00**			
5. PHA Wide	Administration: Pro-rated Salary of Technical Services Coordinator	1410		$16,500.00	$16,500.00	$16,500.00	$16,500.00	Completed
	Administrative Costs including PILOT & property insurance	1410		$41,782.00	$41,782.00	$41,782.00	$41,782.00	Completed
	Sub Total			**$58,282.00**	**$58,282.00**	**$58,282.00**	**$58,282.00**	

[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: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL14P019501-10** Replacement Housing Factor Grant No:	CFFP (Yes/No):	**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	**Revised 1**	**Funds Obligated 2**	**Funds Expended 2**	
6. PHA Wide	Audit Fees	1411		$27,295.00	$0			Cancelled
				$27,295.00	**$0**			
7. PHA Wide	Fees & Costs Advertising, Architect Fees related to projects	1430		$30,000.00	$30,000.00			Not started
	Sub Total			**$30,000.00**	**$30,000.00**			
8. PHA Wide	Operations	1406		$73,681.00	$0			Cancelled
	Sub Total			**$73,681.00**	**$0**			
9. PHA Wide	Non-Dwelling Equipment Computer Hardware	1475		$8,000.00	$8,000.00			Not Started
	Sub Total			**$8,000.00**	**$8,000.00**			
10. PHA Wide	Development Activity	1499		$10,000.00	$0			Cancelled
	Sub Total			**$10,000.00**	**$0**			
	Grand Total			**$582,824.00**	**$582,824.00**	**$58,282.00**	**$58,282.00**	

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

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

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

Part I: Summary

PHA Name: Housing Authority of the City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: **FL14P019501-11** Replacement Housing Factor Grant No: Date of CFFP: _____	**FFY of Grant: 2011** **FFY of Grant Approval:**

Type of Grant
☒ **Original Annual Statement 03.29.11** ☐ **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 [1]	
		Original	Revised [2]	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations (may not exceed 20% of line 21) [3]	0			
3	1408 Management Improvements	$27,000			
4	1410 Administration (may not exceed 10% of line 21)	0			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	$30,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	$501,824			
11	1465.1 Dwelling Equipment—Nonexpendable	$12,000			
12	1470 Non-dwelling Structures	0			
13	1475 Non-dwelling Equipment	$8,000			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration	0			
16	1495.1 Relocation Costs	$4,000			
17	1499 Development Activities [4]	0			
18a	1501 Collateralization or Debt Service paid by the PHA	0			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0			
19	1502 Contingency (may not exceed 8% of line 20)	0			
20	Amount of Annual Grant: (sum of lines 2 – 19)	$582,824			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Activities	0			
23	Amount of line 20 Related to Security – Soft Costs	0			
24	Amount of line 20 Related to Security – Hard Costs	$20,000			
25	Amount of line 20 Related to Energy Conservation Measures	$40,000			

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

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

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

Part I: Summary

PHA Name: Housing Authority of the City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: **FL14P019501-11** Replacement Housing Factor Grant No: Date of CFFP: _____	**FFY of Grant: 2011** **FFY of Grant Approval:**

Type of Grant
☒ **Original Annual Statement 03.29.11** ☐ **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 1	
		Original	Revised 2	Obligated	Expended

Signature of Executive Director	Date	Signature of Public Housing Director	Date
Paul H Mosenger	4 April 2011		

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL14P019501-11** CFFP (Yes/No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2011**

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]	
1. Peachtree Manor FL19-3	Major Modification Plumbing – Clean outs, fixtures, sinks, tubs. Structural – Block wall repair, framing, shelving, upgrade Electrical Panels, Replace Gas Hot Heaters with Electric, Replace Stoves, Replace Furnaces, replace floor & wall tile, drywall, and relocate gas piping. Electrical – GFI repair/installation, light switch & outlet installation, HVAC. Relocation of heater switches, installed new heaters, and water heaters.	1460	18	$211,824				
Moore Homes FL19-5B	Bathroom Remodel	1460	23	$230,000				
Pineda Homes FL19-5A	Install A/C Units	1460	40	$60,000				
	Sub Total			**$501,824**				
2. Barlow Homes Peachtree Manor Pineda Homes Moore Homes	Dwelling equipment (refrigerator and stove replacement)	1465.1 1465.1 1465.1 1465.1	3 5 10 14	$1,137 $1,895 $3,790 $5,178				
	Sub Total			**$12,000**				

[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: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL14P019501-11** Replacement Housing Factor Grant No:	CFFP (Yes/No):	**Federal FFY of Grant: 2011**

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]	
3. Peachtree Manor FL19-3	Relocation Costs	1495.1		$4,000				
	Sub Total			**$4,000**				
4. PHA Wide	**Management Improvements**							
	a. Staff Training to Obtain efficient PHAS Scores	1408		$4,000				
	b. Employability and Vocational Training	1408		$5,000				
	c. Child Care Services	1408		$4,000				
	d. Youth Initiatives	1408		$12,000				
	e. Activities Material	1408		$2,000				
	Sub Total			**$27,000**				
5. PHA Wide	Non-Dwelling Equipment Computer Hardware	1475		**$8,000**				
	Sub Total			**$8,000**				
6. PHA Wide	Fees & Costs Architect Fees related to mods	1430		**$30,000**				
	Sub Total			**$30,000**				
	Grand Total			**$582,824**				

[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.

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 **Housing Authority of the City of Cocoa**			Locality (City/County & State)		☒**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
		Annual Statement				
B.	Physical Improvements Subtotal		$501,824	$501,824	$501,824	$501,824
C.	Management Improvements		$27,000	$27,000	$27,000	$27,000
D.	PHA-Wide Non-dwelling Structures and Equipment		$8,000	$8,000	$8,000	$8,000
E.	Administration		$0	$0	$0	$0
F.	Other		$46,000	$46,000	$46,000	$46,000
G.	Operations		$0	$0	$0	$0
H.	Demolition		$0	$0	$0	$0
I.	Development		$0	$0	$0	$0
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		$582,824	$582,824	$582,824	$582,824
L.	Total Non-CFP Funds					
M.	Grand Total	**$582,824**	**$582,824**	**$582,824**	**$582,824**	**$582,824**

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year FFY 2012			Work Statement for Year: FFY 2013		
	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	FL019000007 - Pineda Homes			FL019000007 - Moore Homes		
Annual						
Statement	Remodel Bathrooms	40 Units	$501,824	Remodel Bathrooms	40 Units	$501,824
	Subtotal of Estimated Cost		$501,824	Subtotal of Estimated Cost		$501,824

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 II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year FFY 2014			Work Statement for Year: FFY 2015		
	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	FL019000007 - Peachtree Manor			FL019000007 - Barlow Homes		
Annual						
Statement	Replace Windows	40 Units	$501,824	Install New Roofs	37 Units	$501,824
	Subtotal of Estimated Cost		$501,824	Subtotal of Estimated Cost		$501,824

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 III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year FFY 2012		Work Statement for Year FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	FL019000007		FL019000007	
Annual	Staff Training To Obtain Efficient PHA's Score.	$4,000	Staff Training To Obtain Efficient PHA's Score.	$4,000
Statement				
	Employability and Vocational Training	$5,000	Employability and Vocational Training	$5,000
	Child Care Services	$4,000	Child Care Services	$4,000
	Youth Initiatives	$12,000	Youth Initiatives	$12,000
	Activities Material	$2,000	Activities Material	$2,000
	Subtotal of Estimated Cost	$27,000	Subtotal of Estimated Cost	$27,000

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

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year FFY 2014		Work Statement for Year FFY 2015	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	FL019000007		FL019000007	
Annual	Staff Training To Obtain Efficient PHA's Score.	$4,000	Staff Training To Obtain Efficient PHA's Score.	$4,000
Statement				
	Employability and Vocational Training	$5,000	Employability and Vocational Training	$5,000
	Child Care Services	$4,000	Child Care Services	$4,000
	Youth Initiatives	$12,000	Youth Initiatives	$12,000
	Activities Material	$2,000	Activities Material	$2,000
	Subtotal of Estimated Cost	$27,000	Subtotal of Estimated Cost	$27,000

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

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

Part I: Summary

PHA Name: Housing Authority of the City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP: _____ Replacement Housing Factor Grant No: **FL14R01950106**	**FFY of Grant: 2006** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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	16,343.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]		16,343.00		
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	16,343.00	16,343.00		
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.

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

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

Part I: Summary

PHA Name: Housing Authority of the City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP: _____ Replacement Housing Factor Grant No: **FL14R01950106**	**FFY of Grant: 2006** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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 Paul H Messenger interim		Date 4 April 2011		Signature of Public Housing Director	Date

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No: **FL14R01950106**	**Federal FFY of Grant: 2006**

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]	
1. Fees and Costs	Magnolia Point	1430		$16,343.00	0	0	0	
	Sub Total			$16,343.00	0	0	0	
2. Development Activities	Magnolia Point	1499			$16,343.00	0	0	
	Sub Total			0	$16,343.00	0	0	
	Grand Total			**$16,343.00**	**$16,343.00**	0	0	

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

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

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

Part I: Summary

PHA Name: Housing Authority of the City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP: _____ Replacement Housing Factor Grant No: **FL14R01950107**	**FFY of Grant: 2007** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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	99,261.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]		99,261.00		
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	**99,261.00**	99,261.00		
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.

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

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

Part I: Summary

PHA Name: Housing Authority of the City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: **FL14R01950107** Date of CFFP: _____	**FFY of Grant: 2007** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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		Date
Paul H Messenger Interim		4 April 2011			

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No: **FL14R01950107**	**Federal FFY of 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]	**Funds Expended** [2]	
1. Fees and Costs	Magnolia Point	1430		$99,261.00	0	0	0	
	Sub Total			**$99,261.00**	**0**	**0**	**0**	
2. Development Activities	Magnolia Point	1499			$$99,261.00	**0**	**0**	
	Sub Total			**0**	**$99,261.00**	**0**	**0**	
	Grand Total			**$99,261.00**	**$99,261.00**	**0**	**0**	

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

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

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

Part I: Summary

PHA Name: Housing Authority of the City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP: _____ Replacement Housing Factor Grant No: **FL14R01950108**	**FFY of Grant: 2008** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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	127,607.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]		127,607.00		
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	127,607.00	127,607.00		
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.

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

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

Part I: Summary

PHA Name: Housing Authority of the City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP: _____ Replacement Housing Factor Grant No: **FL14R01950108**	**FFY of Grant: 2008** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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	Date
Paul A Messenger interim	4 April 2011		

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No: **FL14R01950108**	**Federal FFY of 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]**	**Funds Expended [2]**	
1. Fees and Costs	Magnolia Point	1430		$127,607.00	0	0	0	
	Sub Total			$127,607.00	0	0	0	
2. Development Activities	Magnolia Point	1499			$127,607.00	0	0	
	Sub Total			0	$127,607.00	0	0	
	Grand Total			**$127,607.00**	**$127,607.00**	0	0	

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

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

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

Part I: Summary

PHA Name: Housing Authority of the City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP: _____ Replacement Housing Factor Grant No: **FL14R01950109**	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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	129,335.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]		129,335.00		
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	129,335.00	129,335.00		
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				

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

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

Part I: Summary		
PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: **FL14R01950109** Date of CFFP: _____	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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	**Date**
Paul H Meisenger Interim	4 April 2011		

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No: **FL14R01950109**	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	**Revised 1**	**Funds Obligated 2**	**Funds Expended 2**	
1. Fees and Costs	Magnolia Point	1430		$129,335.00	0	0	0	
	Sub Total			$129,335.00	0	0	0	
2. Development Activities	Magnolia Point	1499			$129,335.00	0	0	
	Sub Total			0	$129,335.00	0	0	
	Grand Total			**$129,335.00**	**$129,335.00**	0	0	

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

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

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

Part I: Summary

PHA Name: Housing Authority of the City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP: _____ Replacement Housing Factor Grant No: **FL14R01950110**	**FFY of Grant: 2010** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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	128,314.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]		128,314.00		
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	128,314.00	128,314.00		
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				

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

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

Part I: Summary

PHA Name: Housing Authority of the City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP: _____ Replacement Housing Factor Grant No: **FL14R01950110**	**FFY of Grant: 2010** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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: Paul H Messenger interim	Date: 4 April 2011		Signature of Public Housing Director	Date

Part II: Supporting Pages

PHA Name: **Housing Authority of the City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No: **FL14R01950110**	**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	**Revised 1**	**Funds Obligated 2**	**Funds Expended 2**	
1. Fees and Costs	Magnolia Point	1430		$128,314.00	0	0	0	
	Sub Total			$128,314.00	0	0	0	
2. Development Activities	Magnolia Point	1499			$128,314.00	0	0	
	Sub Total			0	$128,314.00	0	0	
	Grand Total			**$128,314.00**	**$128,314.00**	0	0	

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

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

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2012

Part I: Summary

PHA Name: Housing Authority of The City of Cocoa	**Grant Type and Number** Capital Fund Program Grant No: **FL 14S01950109** Date of CFFP: _____ Replacement Housing Factor Grant No:	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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	0	0	0	0
2	1406 Operations (may not exceed 20% of line 21) [3]	0	0	0	0
3	1408 Management Improvements	$ 98,372.00	0	$98,372.00	$96,790.90
4	1410 Administration (may not exceed 10% of line 21)	$ 57,000.00	0	$57,000.00	$42,977.90
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	$ 35,000.00	0	$35,000.00	$29,914.94
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	$ 705,601.00	0	$705,601.00	$705,601.00
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities [4]	0	0	0	0
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	$ 895,973.00	0	$895,973.00	$875,284.74
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0
24	Amount of line 20 Related to Security – Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0

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

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2012

Part I: Summary

PHA Name: **Housing Authority of The City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14S01950109** Date of CFFP: _____	Replacement Housing Factor Grant No:	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/10** ☐ **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		Date
Paul H Messenger Interim		4 April 2011			

Part II: Supporting Pages

PHA Name: **Housing Authority of The City of Cocoa**	**Grant Type and Number** Capital Fund Program Grant No: **FL 14S01950109** Replacement Housing Factor Grant No:	CFFP (Yes/No):	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	**Revised 1**	**Funds Obligated 2**	**Funds Expended 2**	
1. FL01900007	Peachtree Manor Roof replacement	1460	9 Buildings	$64,136.61		$64,136.61	$64,136.61	Complete
2. FL01900007	Pineda Homes Roof replacement	1460	12 Buildings	$85,515.48		$85,515.48	$85,515.48	Complete
3. FL01900007	Moore Homes Roof replacement	1460	38 Buildings	$263,672.91		$263,672.91	$263,672.91	Complete
4. FL01900007	Moore Homes Remaining Roofs	1460	11Buildings	$80,000.00		$80,000.00	$80,000.00	Complete
	Peachtree Manor	1460						
	a. Kitchen Cabinet Replacement	1460	40 Units	$80,000.00		$80,000.00	$80,000.00	Complete
	b. Exterior Painting	1460	22Buildings	$77,000.00		$77,000.00	$77,000.00	Complete
	c. Landscaping	1460	22Buildings	$55,276.00		$55,276.00	$55,276.00	Complete
	Sub Total			**$ 705,601.00**		**$ 705,601.00**	**$ 705,601.00**	
5. Management Improvements	Staff Training	1408		$39,646.00		$39,646.00	$39,646.00	Complete
	Software Upgrade	1408		$58,726.00		$58,726.00	$57,144.90	Complete
	Sub Total			**$98,372.00**		**$98,372.00**	**$96,790.90**	
6. Administration	Pro rate Salary of Contract Compliance Coordinator	1410		$25,000.00		$25,000.00	$25,000.00	Complete
	Salary and Benefits (COO, Development Admin, Development Cost Accountant)	1410		$32,000.00		$32,000.00	$17,977.90	Complete
	Sub Total			**$57,000.00**		**$57,000.00**	**$42,977.90**	
7. Fees and Costs	Professional Architect Support	1430		$35,000.00		$35,000.00	$29,914.94	Complete
	Sub Total			**$35,000.00**		**$35,000.00**	**$29,914.94**	
	Grand Total			**$895,973.00**		**$895,973.00**	**$875,284.74**	

[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.

PHA Board Resolution
Approving Operating Budget

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing -
Real Estate Assessment Center (PIH-REAC)

OMB No. 2577-0026
(exp.12/31/2012)

Public reporting burden for this collection of information is estimated to average **10 minutes 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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income public housing program and provides a summary of the proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the public housing agency (PHA) and the amounts are reasonable, and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

PHA Name: HOUSING AUTHORITY OF THE CITY OF COCOA PHA Code: FL019

PHA Fiscal Year Beginning: JULY 1, 2010 Board Resolution Number: 19-2010-04-03

Acting on behalf of the Board of Commissioners of the above-named PHA as its Chairperson, I make the following certifications and agreement to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

		DATE
X	Operating Budget approved by Board resolution on:	April 20, 2010
☐	Operating Budget submitted to HUD, if applicable, on:	
☐	Operating Budget revision approved by Board resolution on:	
☐	Operating Budget revision submitted to HUD, if applicable, on:	

I certify on behalf of the above-named PHA that:

1. All statutory and regulatory requirements have been met;
2. The PHA has sufficient operating reserves to meet the working capital needs of its developments;
3. Proposed budget expenditure are necessary in the efficient and economical operation of the housing for the purpose of serving low-income residents;
4. The budget indicates a source of funds adequate to cover all proposed expenditures;
5. The PHA will comply with the wage rate requirement under 24 CFR 968.110(c) and (f); and
6. The PHA will comply with the requirements for access to records and audits under 24 CFR 968.110(i).

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

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012.31, U.S.C. 3729 and 3802)

Print Board Chairperson's Name:	Signature:	Date:
Bruce Tate, Jr.		4/30/2010

HOUSING AUTHORITY OF CITY OF COCOA
SECTION 8 VOUCHER PROGRAM

BUDGET FOR FY 2011 (Jul - June)

Account Title	Proposed Budget
PREPAID ANNUAL CONTRIBUTIONS	692,159
ADMINISTRATION FEE	72,134
INTEREST INCOME	533
TOTAL INCOME	764,825
EXPENSES	
ADMINISTRATIVE EXPENSE	
ADMINISTRATIVE SALARIES	50,000
EMPLOYEE BENEFITS-ADMINISTRATION	15,000
PROFESSIONAL DEVELOPMENT/STAFF TRAINING/TRAVEL	2,000
LIABILITY INSURANCE	522
TOTAL ADMINISTRATIVE EXPENSE	67,522
GENERAL OPERATING EXPENSE	
OFFICE SUPPLIES	2,000
TELEPHONE	469
POSTAGE	1,659
TOTAL GENERAL OPERATING EXPENSE	4,128
HAP OCCUPIED UNITS	612,542
HAP UTILITY ALLOWANCES	8,586
SUBTOTAL HAP COSTS	621,128
TOTAL EXPENSE	692,778
PROJECTED NET INCOME(LOSS)	72,047
PROJECTED INCOME (LOSS) HAP LANDLORDS	***71,031***
PROJECTED INCOME (LOSS) HAP ADMINISTRATION	***1,016***
PROJECTED NET INCOME(LOSS)	***72,047***

PHA/IHA Approval Name:

Title: Interim CEO

Signature: ***Date:*** 5/03/2010

Field Office Approval Name:

Title:

Signature: ***Date:***

HOUSING AUTHORITY CITY OF COCOA	
BUDGET FOR FY 2011 (Jul - June)	
Account Title	**Proposed Budget**
INCOME	
CONT EARNED OPERATING SUBSIDY	1,269,224
DWELLING RENTAL INCOME	525,149
EXCESS UTILITIES	1,457
INTEREST INCOME	69
OTHER INCOME	23,061
TOTAL INCOME	1,818,960
EXPENSES	
ADMINISTRATIVE EXPENSE	
ADMINISTRATIVE SALARIES	449,059
ADMINISTRATIVE BENEFITS	134,718
WORKERS COMP INSURANCE	11,204
LEGAL EXPENSE	10,000
PROFESSIONAL DEVELOPMENT/STAFF TRAINING/TRAVEL	15,000
AUDIT FEES	20,000
INSURANCE - PROPERTY	109,333
INSURANCE - LIABILITY	16,300
INSURANCE-FORGERY/EMPLOYEE DISHONESTY	150
INSURANCE - DIRECTORS & OFFICERS	4,000
INSURANCE - AUTO	4,200
INSURANCE - CONTENTS	333
ADMIN UTILITIES	6,500
PILOT	41,576
Total Administrative Expense	822,372
GENERAL OPERATING EXPENSE	
OFFICE SUPPLIES	12,000
COPIERS - ADMIN	12,000
TELEPHONE	12,000
MEMBERSHIP DUES ETC	1,700
POSTAGE	10,000
ADVERTISING & MARKETING	10,000
OTHER GENERAL EXPENSE	35,000
TOTAL GENERAL OPERATING EXPENSE	92,700
TENANT RELATED EXPENSES	
LEGAL FEES TENANTS	7,000
TENANT SERVICES	1,500
TOTAL TENANT RELATED EXPENSE	8,500
UTILITIES	
WATER	30,150
ELECTRICITY	29,400
GAS	22,300
SEWER	29,000
TOTAL UTILITIES	110,850
MAINTENANCE EXPENSES	
MAINTENANCE WAGES	204,241
MAINTENANCE BENEFITS	61,272
MAINTENANCE - WORKERS COMP	5,096
MAINTENANCE WAGES-OVERTIME	10,000
GARBAGE AND TRASH REMOVAL	48,409
MATERIALS	41,243
MATERIALS-TURNAROUND	14,414
MAINTENANCE CONTRACTS-HEAT & COOL	2,210
MAINTENANCE CONTRACTS-LANDSCAPING	25,000
MAINTENANCE CONTRACTS-EXTERMINATING	10,380
MAINTENANCE CONTRACTS-TURNAROUND	20,000
CONTRACTS/AGREEMENTS - GAS CARDS	9,918
CONTRACTS/AGREEMENTS - AUTO MAINTENANCE	6,996
CONTRACTS/AGREEMENTS - UNIFORM	1,296
CONTRACTS/AGREEMENTS - ALARM SERVICES (ADT)	6,500
CONTRACTS/AGREEMENTS - INSPECTIONS	3,540
TOTAL MAINTENANCE EXPENSES	470,515
TOTAL EXPENSE	1,504,938
PROJECTED INCOME (LOSS)	314,022
PHA/IHA Approval Name: PAUL H MESSENGER	
Title: INTERIM EXECUTIVE DIRECTOR	
Signature: Paul H Messenger	*Date:* 12/1/2010
Field Office Approval Name:	
Title:	
Signature:	*Date:*

The Housing Authority of the City of Cocoa

Criteria for Substantial Deviation and Significant Amendments
24 CFR Part 903.7 (r) (2)

Substantial Deviation from the Five-Year Plan:

A Substantial Deviation from the Five-Year Plan is an overall change in the direction of the Housing Authority (HA) pertaining to its goals and objectives. The HA will consider the following actions as a Substantial Deviation from the Five-Year Plan:

- The undertaking of new program activities that do not otherwise further the HA's stated mission or further the goals as set forth in the current Five-Year Plan.
- Insufficient budget authority from HUD necessitating the need to either alter, reduce, or terminate any specific program activity.
- New program activities required or adopted to reflect changes in HUD regulations, or as a result of a declared national or local emergency are exempted actions. In such cases, the administrative/programmatic changes implemented will not be considered as a Substantial Deviation from the Five-Year Plan.
- Other deviations: (None)

Significant Amendment or Modification to the Five-Year Plan and Annual Plan:

A Significant Amendment or Modification to the Annual Plan is a change in policy pertaining to the operation of the HA. The HA will consider the following actions as a Significant Amendment or Modification to the Five-Year Plan and Annual Plan:

- Significant changes to rent or admission policies, or organization of the waiting list.
- Addition of new work items (excludes emergency work) not included in the Capital Fund Program (CFP) 5-Year Action Plan or Annual Statement(s) exceeding a cumulative amount of $ 58K [1] under the current Fiscal Year, or changes in use of the replacement reserve under the CFP.
- Demolition and/or disposition activities, new or amended development plans, designation or conversion actions not currently identified in the Five-Year Plan or either the Annual Plan, or otherwise approved by HUD.
- New program activities required or adopted to reflect changes in HUD regulations, or as a result of a declared national or local emergency are exempted actions. In such cases, the administrative/programmatic changes implemented will not be considered as a Substantial Amendment or Modification to the Five-Year Plan and Annual Plan.
- Other amendments or modifications: (None)

[1] Average of 10% of the latest funded CFP grant.

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the___ 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 2011, hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

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

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

HOUSING AUTHORITY OF THE CITY OF COCOA
PHA Name

FL019
PHA Number/HA Code

_____ 5-Year PHA Plan for Fiscal Years 20____ - 20____

x Annual PHA Plan for Fiscal Years 20 11 - 20 12

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

Name of Authorized Official	Title
Bruce Tate, Jr.	CHAIRMAN
Signature	Date
	5/12/2011

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the City of Cocoa

Program/Activity Receiving Federal Grant Funding

Annual Plan Fiscal Year 2011 - Capital Fund Program

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

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

Name of Authorized Official	Title
Paul H. Messenger	Interim Executive Director
Signature: x Paul H. Messenger	Date: 9/5/2011

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

OMB Approval No. 2577-0157 (Exp. 3/31/2010)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of the City of Cocoa

Program/Activity Receiving Federal Grant Funding

Annual Plan Fiscal Year 2011 - Capital Fund Program

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

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

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

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

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

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

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

Name of Authorized Official	Title
Paul H. Messenger	Interim Executive Director
Signature: Paul H Messenger	Date (mm/dd/yyyy): 4/5/2011

Previous edition is obsolete

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:
- [ ] a. contract
- b. grant
- c. cooperative agreement
- d. loan
- e. loan guarantee
- f. loan insurance

2. Status of Federal Action:
- [ ] a. bid/offer/application
- b. initial award
- c. post-award

3. Report Type:
- [a] a. initial filing
- b. material change

For Material Change Only:
year _____ quarter _____
date of last report _____

4. Name and Address of Reporting Entity:
[x] **Prime** [ ] **Subawardee**
Tier _____, *if known*:

Congressional District, *if known*: 4c

5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:

N/A

Congressional District, *if known*:

6. Federal Department/Agency:

N/A

7. Federal Program Name/Description:

N/A

CFDA Number, *if applicable*: _____

8. Federal Action Number, *if known*:

N/A

9. Award Amount, *if known*:

$ N/A

10. a. Name and Address of Lobbying Registrant
(*if individual, last name, first name, MI*):

N/A

b. Individuals Performing Services (*including address if different from No. 10a*)
(*last name, first name, MI*):

N/A

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: Paul H. Messenger
Print Name: Paul H. Messenger
Title: Interim Executive Director
Telephone No.: 321-636-8535 Date: 4/05/11

Federal Use Only:

Authorized for Local Reproduction
Standard Form LLL (Rev. 7-97)

MAY 1 6 2011

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan

I, Ric Holt the City Manager certify that the Five Year and Annual PHA Plan of the Housing Authority of the City of Cocoa is consistent with the Consolidated Plan of City of Cocoa prepared pursuant to 24 CFR Part 91.

Ric Holt 5/13/11

Signed / Dated by Appropriate State or Local Official

HOUSING AUTHORITY OF THE CITY OF COCOA

2011 ANNUAL PLAN RAB COMMENT FORM

APR 22 2011

NAME Ruthie Green

ADDRESS 1219 "C" Street

X APPROVE AS SUBMITTED

_____ DISAPPROVE AS SUBMITTED

COMMENTS

Ruthie Green

Signature

Please return this form in the enclosed envelope to: Glenda Blackmon
828 Stone Street
Cocoa, FL 32922

HOUSING AUTHORITY OF THE CITY OF COCOA

APR 20 2011

2011 ANNUAL PLAN RAB COMMENT FORM

APR 20 2011

NAME Alice Busby

ADDRESS 602 Barbara Jenkins

✓ APPROVE AS SUBMITTED

_____ DISAPPROVE AS SUBMITTED

COMMENTS

I love where i stay now its a nice place

Alice Busby

Signature

Please return this form in the enclosed envelope to: Glenda Blackmon

828 Stone Street

Cocoa, FL 32922

HOUSING AUTHORITY OF THE CITY OF COCOA

APR 1 8 2011

2011 ANNUAL PLAN RAB COMMENT FORM

NAME Christine Crapps

ADDRESS 602 Rosa L. Jones

X APPROVE AS SUBMITTED

_____ DISAPPROVE AS SUBMITTED

COMMENTS

I like the improvements that will be made to the units.

Christine Crapps

Signature

Please return this form in the enclosed envelope to: Glenda Blackmon
828 Stone Street
Cocoa, FL 32922

HOUSING AUTHORITY OF THE CITY OF COCOA

2011 ANNUAL PLAN RAB COMMENT FORM

APR 1

NAME Toni Y. Davis

ADDRESS 520 Rosa L. Jones Blvd

APR 1 3 2011

✓ APPROVE AS SUBMITTED

_____ DISAPPROVE AS SUBMITTED

COMMENTS

The AC of the Moore units need to be completed.

N/A

T.Y. Davis

Signature

Please return this form in the enclosed envelope to: Glenda Blackmon
828 Stone Street
Cocoa, FL 32922

HOUSING AUTHORITY OF THE CITY OF COCOA

2011 ANNUAL PLAN RAB COMMENT FORM

NAME Wendy Carolyn Davis

ADDRESS 825 Clark CT.

_____ APPROVE AS SUBMITTED

_____ DISAPPROVE AS SUBMITTED

COMMENTS

Well We don't Need People here Who Selling dope, drinking hurting People feeling And Other things

Wendy Carolyn Davis

Signature

Please return this form in the enclosed envelope to: Glenda Blackmon
828 Stone Street
Cocoa, FL 32922

APR 1 4 2011

APR 1 3 2011

HOUSING AUTHORITY OF THE CITY OF COCOA

2011 ANNUAL PLAN RAB COMMENT FORM

NAME Franzi M. Peek

ADDRESS 1138 Grove Ave. Cocoa, Fl 32922

✓ APPROVE AS SUBMITTED

_____ DISAPPROVE AS SUBMITTED

COMMENTS

I understand the Plan offer Self-Sufficiency Programs will there be any types of grants for that, I also read that in Section 11.0 Resident Advisory Board does that Rab Board exist today. I would really like to take part in. I believe I can relate to our community because I am one of them

Franzi M. Peek

Signature

Please return this form in the enclosed envelope to: Glenda Blackmon

828 Stone Street

Cocoa, FL 32922

APR 1 2 2011

HOUSING AUTHORITY OF THE CITY OF COCOA

2011 ANNUAL PLAN RAB COMMENT FORM

NAME Nicole Deview

ADDRESS 1117 Fern Avenue
Cocoa, FL 32922

✓ APPROVE AS SUBMITTED

_____ DISAPPROVE AS SUBMITTED

COMMENTS

Looks great.

Nicole Deview

Signature

Please return this form in the enclosed envelope to: Glenda Blackmon
828 Stone Street
Cocoa, FL 32922

APR 1 2 2011

HOUSING AUTHORITY OF THE CITY OF COCOA

2011 ANNUAL PLAN RAB COMMENT FORM

NAME Ms Carlene ann Simpson

ADDRESS 208 Pineda St Cocoa Fla 32922

✓ APPROVE AS SUBMITTED

_____ DISAPPROVE AS SUBMITTED

COMMENTS

To Whom it may con. I am Willing to do what ever make Where I live much Better if There is anything that Could do as A Tanent if needed I Would like to say you all or doing A Very good Job in I Thank you all for the work that you do. Cod Bless you all"

Carlene a. Simpson

Signature

Please return this form in the enclosed envelope to: Glenda Blackmon

828 Stone Street

Cocoa, FL 32922

Cocoa, FL 32922
Attn: Paul H. Messenger,
Interim Executive Director
Telephone: (321) 636-8535

Kathy Cicala
Legal Advertising Specialist
FLORIDATODAY
P.O. Box 419000, Melbourne, FL 32941-9000
Voice: 321-242-3832; fax 321-255-0350
kcicala@floridatoday.com

Please visit us online at www.floridatoday.com

From: Glenda Blackmon [mailto:GBlackmon@haccfl.com]
Sent: Tuesday, April 05, 2011 3:14 PM
To: Cicala, Kathy
Subject: Public Notice

Could you please run the attached public notice on Thursday, April 7,2011 for the Cocoa Housing Authority, ACCT #: 6H0266

NOTICE OF PUBLIC HEARING ON ANNUAL PLAN

Notice is hereby given that the Housing Authority of the City of Cocoa will conduct a public hearing in accordance with the requirements and procedures as stated in Title 24 of the Code of Federal Regulations Section 511 of the Quality Housing and Work Responsibility Act of 1988 as it relates to public notification and participation in the review and development of the respective Housing Authority's 5 Year Plan and Annual Plan.
In accordance with the Americans with Disabilities Act, persons needing an accommodation to participate in this meeting should call the Executive Director's office at 321-636-8535 at least 48 hours prior to the meeting.

The schedule for the public hearing in accordance with this notice will be held at the following location, date and time:

Date: May 24, 2011
Time: 3:00 pm – 4:00 pm
Location: Housing Authority of the City of Cocoa Office
828 Stone Street
Cocoa, FL 32922

The public is invited to attend and encouraged to comment. Persons desiring to review and provide comments to the proposed Annual Plan may review the plan at the Housing Authority's office **from 7 April 2011 to 24 May 2011.** Comments may be submitted in writing or recorded through voice mail at the Housing Authority office:

Housing Authority of the City of Cocoa
828 Stone Street
Cocoa, FL 32922
Attn: Paul H. Messenger, Interim Executive Director
Telephone: (321) 636-8535

Glenda Blackmon
Operations Manager
Housing Authority of the City of Cocoa
Phone: 321-636-8535
Fax: 321-632-4729
Email: gblackmon@haccfl.com
Website: www.haccfl.com

Commissioners
Bruce Tate, Jr Chairman
Debra Dukes
Linda Graham
Ed O'Connor.
Ethel Ware

COCOA HOUSING AUTHORITY

Interim CEO
Paul H Messenger

Equal Housing-Equal Employment
HOUSING AUTHORITY OF THE CITY OF COCOA
828 Stone Street Cocoa, FL 32922 (321) 636-8535 Fax: (321) 632-4729
www.haccfl.com

5 April 2011

Dear Resident,

We would like to thank you for your participation in housing. Your involvement is an example of how residents can take an active role in making a positive change to improve their community.

A copy of the Housing Authority of the City of Cocoa Annual Plan for 2010 is forwarded to you for review and to obtain your comments and input. The Annual Plan is a management tool that is used to help guide the operation of the Authority. Please take a few moments to complete the enclosed comment form and return it in the envelope provided.

Your input is important to us and we look forward to hearing from you.

Sincerely,

Glenda Blackmon
Operations Manger

FRANZI PEEK
1138 GROVE AVE
COCOA, FL 32922

LOIS R KELLEY
1114 FERN AVE
COCOA, FL 32922

KAREN DAYE
1219 A ST
COCOA, FL 32922

RUTHIE GREEN
1219 C ST
COCOA, FL 32922

KATHY KOOMANS
1046 FERN ST
COCOA, FL 32922

ANITA GIBSON
565 JOHNSON ST
COCOA, FL 32922

RHONDA MILLER
410 E ST
COCOA, FL 32922

JACQUELINE LOVE
413 G ST
COCOA, FL 32922

TONI DAVIS
520 ROSA L. JONES BLVD
COCOA, FL 32922

CARLENE SIMPSON
208 PINEDA ST
COCOA, FL 32922

NICOLE DEVIEW
1117 FERN AVE
COCOA, FL 32922

KIM FORD
1205 C ST
COCOA, FL 32922

LUCILLE INGRAM
1041 W SCHOOL ST
COCOA, FL 32922

ALICE BUSBY
602 BARBARA JENKINS ST
COCOA, FL 32922

SCOTT BUZZELL
806 BLAKE AVE
COCOA, FL 32922

HELENA BYRD
408 F ST
COCOA, FL 32922

JANET WOODS
516 WASHINGTON AVE
COCOA, FL 32922

CHRISTINE CRAPPS
602 ROSA L. JONES BLVD
COCOA, FL 32922

JESSICA BROUILLET
14 PINEDA ST
COCOA, FL 32922

WENDY DAVIS
825 CLARK COURT
COCOA, FL 32922

REATHEAL GILMORE
1212 C ST
COCOA, FL 32922

ROBERTA SEGURA
1042 FERN ST
COCOA, FL 32922

ALISON RABER
563 JOHNSON ST
COCOA, FL 32922

DOROTHY BRYANT
405 E ST
COCOA, FL 32922

BRENDA BARFIELD
413 F ST
COCOA, FL 32922

DASHANA WALKER
410 ROSA L. JONES BLVD
COCOA, FL 32922

HOUSING AUTHORITY OF THE CITY OF COCOA

2011 ANNUAL PLAN RAB COMMENT FORM

NAME _____

ADDRESS _____

_____ APPROVE AS SUBMITTED

_____ DISAPPROVE AS SUBMITTED

COMMENTS

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Signature

Please return this form in the enclosed envelope to: Glenda Blackmon
828 Stone Street
Cocoa, FL 32922

APR 1 2 2011

HOUSING AUTHORITY OF THE CITY OF COCOA

2011 ANNUAL PLAN RAB COMMENT FORM

NAME Nicole Deview

ADDRESS 1117 Fern Avenue
Cocoa, FL 32922

✓ APPROVE AS SUBMITTED

_____ DISAPPROVE AS SUBMITTED

COMMENTS

Looks great.

Nicole Deview

Signature

Please return this form in the enclosed envelope to: Glenda Blackmon
828 Stone Street
Cocoa, FL 32922

APR 1 2 2011

HOUSING AUTHORITY OF THE CITY OF COCOA

2011 ANNUAL PLAN RAB COMMENT FORM

NAME Ms Carlene ann Simpson

ADDRESS 208 Pineda St Cocoa Fla 32922

✓ APPROVE AS SUBMITTED

_____ DISAPPROVE AS SUBMITTED

COMMENTS

To Whom it may con. I am willing to do what ever make where I live much better if there is anything that could do as a Tenant if needed I would like to say you all or doing a very good job in I Thank you all for the work that you do. God Bless you all"

Carlene A. Simpson

Signature

Please return this form in the enclosed envelope to: Glenda Blackmon

828 Stone Street

Cocoa, FL 32922