

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 8/30/2011
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1.0	PHA Information PHA Name: <u>NEW SMYRNA BEACH HOUSING AUTHORITY</u> PHA Code: <u>FL022</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2011</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>126</u> Number of HCV units: <u>253</u>				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	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: The HOUSING AUTHORITY OF THE CITY OF NEW SMYRNA BEACH is meeting the Mission and goals of the annual plan. The aim of the HOUSING AUTHORITY OF THE CITY OF NEW SMYRNA BEACH is to ensure safe, decent and affordable housing: create opportunities for residents self-sufficiency and economic independence. The Housing Authority recognizes the resident as their ultimate customer. The Authority is continually trying to improve our management and service delivery efforts through oversight, assistance and selective intervention by highly skilled, diagnostic and result-oriented personnel. The Authority has created a problem solving partnership with our residents, the community, and government leadership. Thus our Authority maintains our housing units and common areas in the best possible condition.				
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. The Goals and Objectives are included in the Mission 5.1.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <ul style="list-style-type: none"> • The ACOF and Admin Plan have been completely updated by National Facilities Consultants. All other governing policies have been reviewed and updates are in the process of being reviewed and updated. • Financial Resources have been updated to include the American Recovery and Reinvestment Act of 2009 Stimulus Capital Fund award. • The NSBHA audit for fiscal year ended 3/31/2010 has been completed and there were no findings. (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. <ul style="list-style-type: none"> • Copies of the PHA Plan and any of the included components may be obtained at the main office of the Authority located at 1101 South Dixie Freeway, New Smyrna Beach, FL • The HAO works directly with the local Police Department with regards to VAWA in providing the necessary services needed by assisted families. A VAWA form is signed as a lease addendum for each assisted family. 				
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. <ul style="list-style-type: none"> • None anticipated 				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <ul style="list-style-type: none"> • See Attachment A 				

8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <ul style="list-style-type: none"> • See Attachment B
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <ul style="list-style-type: none"> • Based on the City of New Smyrna Beach Consolidated Plan special needs populations such as elderly, people with disabilities, homeless, and very low incomes have the highest percentage of need in NSBHA jurisdiction. These families often need greater financial assistance and supportive services to achieve or maintain self-sufficiency. Additionally, there is a substantial quantity of substandard units being inhabited in this jurisdiction. The extremely low and very low income renter families face on average 60% greater housing need and cost burden than higher income families.

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <ul style="list-style-type: none"> • The PHA has based its statement of needs of families on its waiting lists based on the needs expressed in the Consolidated Plan. • The PHA has participated in any consultation process organized and offered by Consolidated Plan agency in the development of the Consolidated Plan. • Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan <ol style="list-style-type: none"> To provide safe, sanitary and decent housing to current and prospective residents. To work with other housing agencies to provide economic opportunities for current and prospective residents, and to work with other housing agencies within the jurisdiction. To issue Section 8 vouchers according to the Administrative Plan as determined necessary by families leaving the program and continued Annual Budget Authority.
=	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <ul style="list-style-type: none"> • NSBHA continues to monitor and review HUD directives and housing needs in our jurisdiction in order to continuously attempt to meet the housing needs of the community. Complete review of all policies and procedures as well as agency organization continue to be reviewed in order to streamline efficiency and provide excellent customer service to the community. <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <ul style="list-style-type: none"> • The Authority, to meet the requirement of Final Rule 903.7 @ and PIH 99-51, pertaining to "Significant Amendment" and "Substantial deviation/ Modification" offers the following: <ul style="list-style-type: none"> ○ Any substantial deviation from the Mission Statement and/or Goals and Objectives presented in the Five-Year Plan that cause changes in the services provided to residents or significant changes to the Agency's financial situation, in excess of \$50,000 will be documented in subsequent Agency Plans.

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ol style="list-style-type: none"> Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) 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. Challenged Elements Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

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

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

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

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

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

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

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

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

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 08/30/2011

Part I: Summary							
PHA Name/Number		Locality (City/County & State)			X Original 5-Year Plan		Revision No:
New Smyrna Beach Housing		New Smyrna Beach, Volusia, FL					
Authority/ FL022							
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	
B.	Physical Improvements Subtotal		\$172,465	\$172,465	\$172,465	\$172,465	
C.	Management Improvements		\$13,000	\$13,000	\$13,000	\$13,000	
D.	PHA-Wide Non-dwelling Structures and Equipment						
E.	Administration						
F.	Other						
G.	Operations						
H.	Demolition						
I.	Development						
J.	Capital Fund Financing – Debt Service						
K.	Total CFP Funds						
L.	Total Non-CFP Funds						
M.	Grand Total		\$185,465	\$185,465	\$185,465	\$185,465	

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary (Continuation)							
PHA Name/Number		Locality (City/county & State)			Original 5-Year Plan		Revision No:
Development Number and Name	Work Statement for	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5		
	Year 1 FFY _____	FFY	FFY	FFY	FFY		
	Annual Statement						

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

Work Statement for Year 1 FFY 2011	Work Statement for Year 4 FFY 2014			Work Statement for Year:5 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					
Annual Statement	FL022-1 Sewer Repair/Replacement	TBD	\$5,000	FL022-1 Sewer Repair/Replacement	TBD	\$3,000
	FL022-1 Kitchen Cabinets	TBD	\$35,000	FL022-1 Kitchen Cabinets	TBD	\$40,000
	FL022-1 Bathroom Renovation	TBD	\$0	FL022-1 Bathroom Renovation	TBD	\$0
	FL022-1 HVAC Equipment	TBD	\$5,000	FL022-1 HVAC Equipment	TBD	\$5,000
	FL022-1 Windows	TBD	\$0	FL022-1 Windows	TBD	\$0
	FL022-1 Interior/Exterior Doors	TBD	\$0	FL022-1 Interior/Exterior Doors	TBD	\$30,000
	FL022-1 Interior/Exterior Plumbing	TBD	\$0	FL022-1 Interior/Exterior Plumbing	TBD	\$0
	FL022-1 New Office	TBD	\$0	FL022-1 Maintenance Office Parking	TBD	\$0
	FL022-1 Site/Street Improvements	TBD	\$2,000	FL022-1 Site/Street Improvements	TBD	\$1,000
	FL022-1 Sidewalk Repairs	TBD	\$5,000	FL022-1 Sidewalk Repairs	TBD	\$1,000
	FL022-1 Closure of Closet Openings	TBD	\$0	FL022-1 Closure of Closet Openings	TBD	\$0
	FL022-1 Tankless Water Heaters	TBD	\$10,000	FL022-1 Tankless Water Heaters	TBD	\$0
	FL022-1 Electrical Wiring	TBD	\$61,000	FL022-1 Electrical Wiring	TBD	\$50,465
	FL022-1 Ranges & Refrigerators	TBD	\$14,465	FL022-1 Ranges & Refrigerators	TBD	\$7,000
	FL022-1 504 Compliance Repairs	TBD	\$10,000	FL022-1 504 Compliance Repairs	TBD	\$10,000
	FL022-1 Sewer Repair/Replacement	TBD	\$0	FL022-1 Sewer Repair/Replacement	TBD	\$0
	FL022-1 Kitchen Cabinets	TBD	\$25,000	FL022-1 Kitchen Cabinets	TBD	\$25,000
	FL022-1 Bathroom Renovation	TBD		FL022-1 Bathroom Renovation	TBD	
	Subtotal of Estimated Cost		\$172,465	Subtotal of Estimated Cost		\$172,465

Part I: Summary	
PHA Name: HA NEW SMYRNA BEACH	Grant Type and Number Capital Fund Program Grant No: FL29P022501-07 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2007 FFY of Grant Approval: 2007	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	166,099.00	166,098.41	166,098.41	166,098.41
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	24,232.00	24332.59	24,232.59	24,232.59
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: HA NEW SMYRNA BEACH	Grant Type and Number Capital Fund Program Grant No: FL29P022501-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2007 FFY of Grant Approval: 2007			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:			<input checked="" type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	190,431.00		190,431.00	190,431.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director None	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part I: Summary		
PHA Name: HA NEW SMYRNA BEACH	Grant Type and Number Capital Fund Program Grant No: FL29P022501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval: 2008

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	20,000.00		20,000.00	20,000.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	18,000.00		18,000.00	18,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	128,439.00		128,439.00	128,439.00
11	1465.1 Dwelling Equipment—Nonexpendable	20,000.00		20,000.00	20,000.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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: HA NEW SMYRNA BEACH	Grant Type and Number Capital Fund Program Grant No: FL29P022501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval: 2008			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:			<input checked="" type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	186,439.00		186,439.00	186,439.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director None	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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 8/31/2011

Part I: Summary		
PHA Name: NEW SMYRNA BEACH HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: FL29P022501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	30,000.00	30,000.00	30,000.00	30,000.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	17,026.00	30,000.00		28,312.18
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	128,439.00	115,465.00		13,567.34
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00	10,000.00,		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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 08/31/2011

Part I: Summary					
PHA Name: NEW SMYRNA BEACH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: FL29P022501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	185,465.00	185,465.00		71,879.52
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: NEW SMYRNA BEACH HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: FL29P022501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
FL29P022-001	1406 Operations	1406		20,000.00	30,000.00	30,000.00	30,000.00	COMPLETE
	1408 Management Improvements	1408		10,000.00	0			
	1430 Fees & Cost Consultant Fees	1430		18,000.00	30,000.00	30,000.00	28,312.18	In Progress
	1450 Site Improvements General Landscaping	1450						
	1460 Dwelling Structures Bathroom Renovations Replace Ext. Doors w/wo Frames	1460		128,439.00	115,465.00		13,567.34	Pending
	1465 Dwelling Equipment Replace Ranges Replace Refrigerators	1465		5,000.00 5,000.00	5,000.00 5,000.00			Pending Pending
	TOTAL COST FOR FL29P022501-09			185,465.00	185,465.00		71,879.52	

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**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval 2577-0226 (Exp. 4/30/2011)

Part I: Summary

PHA Name: New Smyrna Beach Housing Authority		Grant Type and Number CFP Grant No:FL29P022501-10 RHF Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval: 2010	
TYPE of Grant: <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement/Revision Number # <input type="checkbox"/> Performance and Evaluation Report for Period Ending <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	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 20)(See Note(3))	\$0	\$0	\$0.00	\$0.00
3	1408 Management Improvements	\$15,000	\$0	\$0.00	\$0.00
4	1410 Administration (May not exceed 10% of line 20)	\$0	\$0	\$0.00	\$0.00
5	1411 Audit	\$1,000	\$0	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0	\$0	\$0.00	\$0.00
7	1430 Fees and Costs	\$35,000	\$0	\$0.00	\$0.00
8	1440 Site Acquisition	\$0	\$0	\$0.00	\$0.00
9	1450 Site Improvement	\$25,000	\$0	\$0.00	\$0.00
10	1460 Dwelling Structures	\$88,841	\$0	\$0.00	\$0.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$20,000	\$0	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0	\$0	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0	\$0	\$0.00	\$0.00
14	1485 Demolition	\$0	\$0	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0	\$0	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0	\$0	\$0.00	\$0.00
17	1499 Development Activities (See Note (4))	\$0	\$0	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	\$0	\$0	\$0.00	\$0.00
18b	9000 Collateralization or Debt Service paid VIA System of Direct Payment	\$0	\$0	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0	\$0	\$0.00	\$0.00
20	Amount of Annual Grant (Sum of lines 2 - 19)	\$184,841.00	\$0.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director and Date		Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

- 1) To be completed for the Performance and Evaluation Report (P&E)
- 2) To be completed for the P&E Report or a Revised Annual Statement

- 3) PHAs under 250 units may use 100% of CFP for operations.
- 4) RHF funds shall be included here.

form HUD 50075.1 4/2008

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-10	CFFP (YES/NO):NO		2010			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	

Part II: Supporting Pages									
PHA Name: New Smyrna Beach Housing Authority			Grant Type and Number CFP Grant No: FL29P022501-10 RHF Grant No:				CFFP (YES/NO):NO		Federal FFY of Grant: 2010
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)	
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)		
FL29P022-001									
	1406 Operations	1406		\$0.00	\$0.00	\$0.00	\$0.00		
	1408 Management Improvements	1408							
	Computer/Training			\$15,000.00	\$0.00	\$0.00	\$0.00		
	1410 Administration	1410							
	Project Manager			\$0.00	\$0.00	\$0.00	\$0.00		
	Modernization Cooredinator			\$0.00	\$0.00	\$0.00	\$0.00		
	1411 Audit								
	Financial Audit	1411		\$1,000.00	\$0.00	\$0.00	\$0.00		
	1430 Fees and Cost	1430							
	Lead Based Paint / Asbestos Testing			\$10,000.00	\$0.00	\$0.00	\$0.00		
	A & E Fees			\$25,000.00	\$0.00	\$0.00	\$0.00		
	1450 Site Improvements	1450							
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS		TBD	\$25,000.00	\$0.00	\$0.00	\$0.00		
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00		
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00		
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00		
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00		
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00		
	SEWER LINES (Repair/Camera)			\$0.00	\$0.00	\$0.00	\$0.00		
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00		
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00		
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00		
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00		
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00		
	Subtotal 1450			\$25,000.00	\$0.00	\$0.00	\$0.00		
	1460 Dwelling Structure	1460							
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00		
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00		
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00		
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00		
	INDOOR ELECTRIC			\$83,841.00	\$0.00	\$0.00	\$0.00		
	INTERIOR PAINTING			\$5,000.00	\$0.00	\$0.00	\$0.00		
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00		
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00		
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00		
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00		
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00		
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00		
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00		
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00		

Part II: Supporting Pages								
PHA Name:		Grant Type and Number				Federal FFY of Grant:		
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-10		CFFP (YES/NO):NO		2010		
RHF Grant No:								
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
	PAGE SUBTOTAL			\$164,841.00	\$0.00	\$0.00	\$0.00	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number				Federal FFY of Grant:		
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-10		CFFP (YES/NO):NO		2010		
RHF Grant No:								
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P022-001								
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$88,841.00	\$0.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$10,000.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$10,000.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$20,000.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	MAINTENANCE BUILDING RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	ROOFING			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE (CENTRAL OFFICE)			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	TRUCK			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495.1 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$20,000.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P022-001			\$184,841.00	\$0.00	\$0.00	\$0.00	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-10	CFFP (YES/NO):NO		2010			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-10	CFFP (YES/NO):NO		2010			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-10	CFFP (YES/NO):NO		2010			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-10	CFFP (YES/NO):NO		2010			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-10	CFFP (YES/NO):NO		2010			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-10	CFFP (YES/NO):NO		2010			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-10	CFFP (YES/NO):NO		2010			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-10	CFFP (YES/NO):NO		2010			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-10	CFFP (YES/NO):NO		2010			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-10	CFFP (YES/NO):NO		2010			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	

**Annual Statement /
Performance and Evaluation Report**

Part III: Implementation Schedule
Capital Fund Program

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

OMB Approval No. 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
AMP FL022- nn1234	9/30/2012			9/30/2014			

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

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing
OMB Approval 2577-0226 (Exp. 4/30/2011)

Part I: Summary

PHA Name: New Smyrna Beach Housing Authority		Grant Type and Number CFP Grant No:FL29P022501-11 RHF Grant No: Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval: 2011	
TYPE of Grant: <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement/Revision Number # 1 <input type="checkbox"/> Performance and Evaluation Report for Period Ending <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	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 20)(See Note(3))	\$5,000	\$0	\$0.00	\$0.00
3	1408 Management Improvements	\$12,000	\$0	\$0.00	\$0.00
4	1410 Administration (May not exceed 10% of line 20)	\$10,000	\$0	\$0.00	\$0.00
5	1411 Audit	\$0	\$0	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0	\$0	\$0.00	\$0.00
7	1430 Fees and Costs	\$5,000	\$0	\$0.00	\$0.00
8	1440 Site Acquisition	\$0	\$0	\$0.00	\$0.00
9	1450 Site Improvement	\$5,000	\$0	\$0.00	\$0.00
10	1460 Dwelling Structures	\$109,611	\$0	\$0.00	\$0.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$0	\$0	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$6,000	\$0	\$3,900.00	\$3,900.00
13	1475 Nondwelling Equipment	\$0	\$0	\$0.00	\$0.00
14	1485 Demolition	\$0	\$0	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0	\$0	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0	\$0	\$0.00	\$0.00
17	1499 Development Activities (See Note (4))	\$0	\$0	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	\$0	\$0	\$0.00	\$0.00
18b	9000 Collateralization or Debt Service paid VIA System of Direct Payment	\$0	\$0	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0	\$0	\$0.00	\$0.00
20	Amount of Annual Grant (Sum of lines 2 - 19)	\$152,611.00	\$0.00	\$3,900.00	\$3,900.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director and Date		Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

- 1) To be completed for the Performance and Evaluation Report (P&E)
- 2) To be completed for the P&E Report or a Revised Annual Statement

- 3) PHAs under 250 units may use 100% of CFP for operations.
- 4) RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-11	CFFP (YES/NO):NO		2011			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised (1)	Funds Obligated	Funds Expended	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number				Federal FFY of Grant:		
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-11		CFFP (YES/NO):NO		2011		
RHF Grant No:								
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised (1)	Funds Obligated	Funds Expended	
FL29P022-001								
	1406 Operations	1406		\$5,000.00	\$0.00	\$0.00	\$0.00	
	1408 Management Improvements	1408						
	Staff Training			\$12,000.00	\$0.00	\$0.00	\$0.00	
	1410 Administration	1410						
	Modernization Cooredinator			\$10,000.00	\$0.00	\$0.00	\$0.00	
	1430 Fees and Cost	1430						
	CONSULTANT FEES			\$0.00	\$0.00	\$0.00	\$0.00	
	A & E Fees			\$5,000.00	\$0.00	\$0.00	\$0.00	
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$5,000.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES (Repair/Camera)			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$5,000.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$109,611.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$146,611.00	\$0.00	\$0.00	\$0.00	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number				Federal FFY of Grant:		
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-11		CFFP (YES/NO):NO		2011		
RHF Grant No:								
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised (1)	Funds Obligated	Funds Expended	
FL29P022-001								
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$109,611.00	\$0.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	MAINTENANCE BUILDING RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	ROOFING			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	GOLF CART PURCHASE			\$6,000.00	\$0.00	\$3,900.00	\$3,900.00	
	Total 1470			\$6,000.00	\$0.00	\$3,900.00	\$3,900.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE (CENTRAL OFFICE)			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	TRUCK			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495.1 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$6,000.00	\$0.00	\$3,900.00	\$3,900.00	
	Total Cost for FL29P022501-11			\$152,611.00	\$0.00	\$3,900.00	\$3,900.00	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-11	CFFP (YES/NO):NO		2011			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised (1)	Funds Obligated	Funds Expended	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-11	CFFP (YES/NO):NO		2011			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised (1)	Funds Obligated	Funds Expended	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-11	CFFP (YES/NO):NO		2011			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised (1)	Funds Obligated	Funds Expended	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-11	CFFP (YES/NO):NO		2011			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised (1)	Funds Obligated	Funds Expended	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-11	CFFP (YES/NO):NO		2011			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised (1)	Funds Obligated	Funds Expended	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-11	CFFP (YES/NO):NO		2011			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised (1)	Funds Obligated	Funds Expended	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-11	CFFP (YES/NO):NO		2011			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised (1)	Funds Obligated	Funds Expended	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-11	CFFP (YES/NO):NO		2011			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised (1)	Funds Obligated	Funds Expended	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-11	CFFP (YES/NO):NO		2011			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised (1)	Funds Obligated	Funds Expended	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
New Smyrna Beach Housing Authority		CFP Grant No: FL29P022501-11	CFFP (YES/NO):NO		2011			
		RHF Grant No:						
Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised (1)	Funds Obligated	Funds Expended	

**Annual Statement /
Performance and Evaluation Report**
Part III: Implementation Schedule
Capital Fund Program

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

OMB Approval No. 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
FL-022	8/3/2013			8/3/2015			

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

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

