

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: <u>Housing Authority of the City of East Orange</u> PHA Code: <u>NJ050</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>01/2011</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>244</u> Number of HCV units: <u>910</u>				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" 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
	PHA 1:				PH HCV
	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: <p style="text-align: center;">See 5-Year Plan submitted for FY beginning 01/2010</p>				
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. <p style="text-align: center;">See 5-Year Plan submitted for FY beginning 01/2010</p>				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <p style="text-align: center;">See PHA Plan Elements (Page 3 and 4)</p> (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. 1) Annual Plans may be obtained at the administrative building located at 160 Halsted Street, East Orange, NJ 07018 2) See PHA Plan Elements (Page 3 and 4)				
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.				
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.				
8.2	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.				
8.3	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.				

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>See 5-Year Plan submitted for FY beginning 01/2010</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>See 5-Year Plan submitted for FY beginning 01/2010</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>See 5-Year Plan submitted for FY beginning 01/2010</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>See 5-Year Plan submitted for FY beginning 01/2010</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

PHA Plan Elements (Section 6.0 (a) & (b))

- 1) **Public Housing (PH)** – Eligibility, selection and admissions policies are documented in the PHA’s Admission and Continued Occupancy Plan (ACOP). The PHA maintains a nondiscriminatory policy regarding eligibility for admission to the program in compliance with HUD and Federal regulations. PH maintains a centralized waiting list as both properties are designated elderly/disabled. Waiting lists are generated by date and time. Applicants are screened in accordance with HUD regulations and sound management practices. Screening will require applicants to demonstrate the ability to comply with essential provisions of the lease.

Section 8 Housing Choice Voucher (HCV) - Eligibility, selection and admissions policies are documented in the PHA’s HCV Administrative Plan and Procedures. The PHA maintains a nondiscriminatory policy regarding eligibility for admission to the program in compliance with HUD and Federal regulations. The HCV Waiting List is currently closed, and will reopen when the PHA determines that the number of applicants remaining on the list is insufficient to provide all the applicants needed for the next (12) months. . Waiting lists are generated by date and time and incorporate preferences for relocation due to PHA redevelopment, families displaced by government action or natural disaster, families residing or working in East Orange, elderly or disabled families not residing in East Orange respectively. Applicants are screened in Eligibility interviews in compliance with HUD regulations and sound business practices. Applicants must verify that their incomes are at or below the Extremely Low-Income limit or the Very Low-Income limit through 3rd party verification, and, that their family does not include an adult who has been involved in violent criminal activity or drug-related criminal activity during the past five years, and demonstrate the ability to comply with essential provisions of the lease.

- 2) **Financial Resources (PH)** – The PH program is supported by the following financial resources: PHA Operating Subsidy, Capital Fund Grant program, and Replacement Housing Factor grants.

Financial Resources (HCV) – The HCV program is supported by the following financial resources: Housing Assistance Payment (HAP) funding, Administrative Fee funding, Portability payments from initiating housing authorities, and Family Self-Sufficiency grant.

- 3) **(PH)** – Rents are charged at a maximum of 30% of calculated income. The PHA maintains a minimum rent of \$50.00 and incorporates a policy for Flat rents.

(HCV) – Rents are subject to Rent Reasonableness calculations for comparables and payment standards. Tenant participation is limited to a maximum of 30% of calculated income.

- 4) **(PH)** – Units owned and operated by the PHA are maintained in accordance with Uniform Physical Condition Standards (UPCS), are inspected at a minimum on an annual basis, upon unit turnover, and upon resident request. Pest control is outsourced to a certified vendor who performs procedures on a monthly and as-needed basis.

(HCV) – PHA performs quality control inspections of units under contract in accordance with Housing Quality Standards (HQS). Units in the program are inspected at a minimum on an annual basis, and on an as-needed basis. Life threatening deficiencies are required to be corrected in 24 hours, with all other deficiencies to be corrected within 30 days.

- 5) **(PH)** – A resident being given a written Notice of Lease Termination must also be informed of their right to request a hearing in accordance with the Grievance Procedure. A written determination will be issued within (10) working days stating the reason for the decision.

(HCV) – PHA will provide the opportunity for a hearing to program participants who are being terminated for failure to meet their obligations under the program. A written determination will be issued within (10) working days stating the reason for the decision.

- 6) (PH) – The public housing property designations are as follows:
 - Concord Towers NJ050-01
Designated Elderly/Disabled
64 Units

 - Vista Village NJ050-03
Designated Elderly/Disabled
180 Units

- 7) The PHA incorporates the following community service and self-sufficiency programs:
 - Congregate Housing Services Program (State Funded) for residents of public housing
 - Family Self-Sufficiency Program for eligible participants in the HCV program

- 8) The PHA is not in a designated high crime area. The PHA employs 24 hour onsite security at each site, video surveillance monitoring of each building, a monitored tenant emergency call system within each unit, and security and fire alarms at strategic locations within each building. Independent offsite monitoring of alarms at central stations have direct access to City police and fire stations. PHA coordinates with City police and fire to conduct onsite crime and fire prevention seminars.

- 9) Pets must be maintained within the resident's unit. When outside the unit, dogs must be kept on a leash and cats must be carried and under the control of the resident. Pets are not permitted in common areas.

- 10) The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan. The PHA has participated in the consultation process organized and offered by the Consolidated Plan of the City in the development of the Consolidated Plan. The Consolidated Plan of the City proposes to support the long-term plans of the PHA by targeting revitalization and redevelopment projects with the City. The PHA is currently planning the redevelopment of the former Arcadian Gardens site.

- 11) The results of the Audit for the Year ended December 31, 2009 have been uploaded to the HUD FDS system and is maintained at the administrative offices of the PHA. The PHA was issued an unqualified opinion on its financial statements.

- 12) The PHA elected to demonstrate its successful conversion to the Asset Management requirements of subpart H of the final rule for the Public Housing Operating Fund Program. Through project-based budgeting and financial management, the PHA will continuously monitor the viability of its long-term operating, capital investment, rehabilitation, modernization, and disposition of its housing properties.

- 13) See separate attachment regarding the PHA statement on Violence Against Women Act (VAWA).

Mixed Finance Modernization or Development (Section 7.0)

The Board of Commissioners and the Housing Authority Redevelopment team are in the planning stages of the redevelopment of the former Arcadian Gardens site, a Housing Authority property which was demolished in 2004.

Resident Advisory Board (Section 11.0 (f))

Meetings were held with Resident Advisory Boards of both properties of the Housing Authority on September 7, 2010. The Annual and Five-Year Plan were discussed. No specific recommendations were provided by the Resident Advisory Boards.

EAST ORANGE HOUSING AUTHORITY
POLICY ON VIOLENCE AGAINST WOMEN ACT (VAWA)

THE EAST ORANGE HOUSING AUTHORITY ADOPTED THE POLICIES OF THE VIOLENCE AGAINST WOMEN ACT (VAWA) IN FEBRUARY, 2007 BY BOARD RESOLUTION AND INCLUDED THOSE POLICIES IN ITS PUBLIC HOUSING ADMISSIONS AND CONTINUED OCCUPANCY POLICY (ACOP) AND ITS SECTION 8 ADMINISTRATIVE PLAN. UPON EXECUTION OF A LEASE IN BOTH PROGRAMS, THE POTENTIAL RESIDENTS ARE ADVISED OF THE TERMS OF THE VAWA. A RIDER IS ATTACHED TO EVERY LEASE AS AN ACKNOWLEDGEMENT BY THE PARTICIPANT THAT THEY UNDERSTAND THE PROTECTIONS AND RAMIFICATIONS OF THE ACT.

UNDER THE ACT, THE EAST ORANGE HOUSING AUTHORITY, AS A REASONABLE ACCOMMODATION, WILL ASSIST PARTICIPANTS WHO ARE CONFIRMED VICTIMS OF DOMESTIC VIOLENCE BY URGENTLY PROCESSING ANY PAPERWORK NECESSARY TO ALLEVIATE THE CIRCUMSTANCES OF AFOREMENTIONED ACTS.

VICTIMS OF DOMESTIC VIOLENCE ARE CATEGORIZED AS A PREFERENCE ONE AND RECEIVE PRIORITY OVER ALL OTHER PREFERENCES, WITH THE EXCEPTION OF "HOMELESS FAMILIES".

WAITING LIST FAMILIES WHO ARE EXPERIENCING DOMESTIC VIOLENCE ARE MOVED TO THE TOP OF THE WAITING LIST AND ARE SERVICED ACCORDING TO THEIR REGISTRATION NUMBER. FAMILIES ARE IMMEDIATELY REFERRED TO A COMMUNITY SHELTER FOR DOMESTIC VIOLENCE AND THEIR LOCATION AND STATUS ARE KEPT CONFIDENTIAL.

PROGRAM PARTICIPANTS EXPERIENCING DOMESTIC VIOLENCE ARE ALSO REFERRED TO A COMMUNITY SHELTER. WHILE PROVIDING REFERRALS TO THE SHELTER, THE STAFF REVIEWS MOVE OPTIONS WITH THE FAMILY, INCLUDING UTILIZING PORTABILITY AS AN OPTION.

WHILE VACATING A UNIT WITHOUT PROPER NOTICE TO THE LANDLORD OR THE PROGRAM IS GROUNDS FOR TERMINATION BASED ON VIOLATION OF "FAMILY OBLIGATIONS", FAMILIES VACATING UNITS TO ESCAPE VIOLENCE ARE NOT PENALIZED FOR LEAVING THE UNIT. IF THE FAMILY AUTHORIZES THE PROGRAM STAFF TO NEGOTIATE EARLY RELEASE WITH THE LANDLORD, THE STAFF WILL NEGOTIATE AN EARLY RELEASE FROM A LEASE.

HOUSING AUTHORITY OF THE CITY OF EAST ORANGE

RESOLUTION NO. 2010-41

Title: Resolution Authorizing the Submission of the Annual Plan

October 12, 2010

WHEREAS, the Housing Authority of the City of East Orange is required to electronically submit to the U.S. Department of Housing and Urban Development the Annual Plan; and

WHEREAS, a Public Notice was advertised in the Star Ledger and Worrall Community Inc. (East Orange Record) for the public review; and

WHEREAS, no comments were received for the public, Board of Commissioners not the Resident Advisory Board; and

WHEREAS, the deadline for submission of the Annual Plan is October 15, 2010; and

WHEREAS, Board Resolution approving the submission of the plan is required,

NOW, THEREFORE, be it resolved by the Board of Commissioners for the Housing Authority of the City of East Orange authorize that the electronic submission of the Annual Plan to the U.S. Department of Housing and Urban Development is hereby approved.

COMMISSIONER	Mv.	2ND	AYE	NAY	N.V.	Ab.	COMMISSIONER	Mv.	2ND	AYE	NAY	N.V.	Ab.
F. Shaw			X				E. Cooper			X			
M. Mohamed-Stevens	X		X				T. Green		X	X			
W. Watson			X				K. Freeman			X			

Mv. = Motion

NV. = Not Voting (Abstained or Excused)

Ab. = Absent

I hereby certify that this Resolution was adopted by the Board of Commissioners of the Housing Authority of the City of East Orange at their Regular Meeting held on 12th day of October 2010.



 Mark Damato, Executive Director/Secretary

**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 01/01/2011, 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 East Orange
PHA Name

NJ050
PHA Number/HA Code

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

X Annual PHA Plan for Fiscal Years **2011 - 2015**

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 Mark Damato	Title Executive Director
Signature 	Date 10/15/2010

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the City of East Orange

Program/Activity Receiving Federal Grant Funding

Capital Fund

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.)

Housing Authority of the City of East Orange
160 Halsted Street
East Orange, Essex County, New Jersey, 07018

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 Mark Damato	Title Executive Director
Signature 	Date 10/15/2010

X

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 East Orange

Program/Activity Receiving Federal Grant Funding

Capital Fund

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

Mark Damato

Title

Executive Director

Signature

Date (mm/dd/yyyy)

10/15/2010

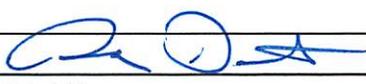
DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: HOUSING AUTHORITY OF THE CITY OF EAST ORANGE 160 HALSTED STREET EAST ORANGE, NJ 07018 Congressional District, if known: 4c 10	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: U.S. Department of Housing and Urban Development	7. Federal Program Name/Description: Capital Fund 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 <i>(if individual, last name, first name, MI):</i> None	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
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:  Print Name: <u>Mark Damato</u> Title: <u>Executive Director</u> Telephone No.: <u>973-766-8896</u> Date: <u>10/15/2010</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

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 East Orange	Grant Type and Number Capital Fund Program Grant No: NJ39S050501-09 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:2)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	97,605	97,605	97,605	54,408
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	-	46,994	46,994	46,994
8	1440 Site Acquisition				
9	1450 Site Improvement	-	81,188	81,188	58,898
10	1460 Dwelling Structures	878,449	750,267	750,267	660,291
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				

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 East Orange		Grant Type and Number Capital Fund Program Grant No: NJ39S050501-09 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: 2) <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)	976,054	976,054	976,054	820,591
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	-	67,505	67,505	41,347
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 10/15/2010		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: Housing Authority of the City of East Orange			Grant Type and Number Capital Fund Program Grant No: NJ39S050501-09 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	
NJ050-1	Dwelling Structures	1460		219,612	192,549	192,549	192,549	Complete
NJ050-1	Site Improvements	1450		-	16,950	16,950	1,125	In Process
NJ050-3	Dwelling Structures	1460		658,837	557,718	557,718	467,742	In Process
NJ050-3	Site Improvements	1450		-	16,950	16,950	10,485	In Process
PHA Wide	Operations	1406		-	-	-	-	
PHA Wide	Management Improvements	1408		-	-	-	-	
PHA Wide	Administration	1410		97,605	97,605	97,605	54,408	Planned
PHA Wide	Fees & Costs	1430		-	46,994	46,994	46,994	Complete
PHA Wide	Site Improvements	1450		-	47,288	47,288	47,288	Complete
	Totals			976,054	976,054	976,054	820,591	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of East Orange				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NJ050-1		03/31/2010		03/31/2012	
NJ050-3		03/31/2010		03/31/2012	
PHA Wide		03/31/2010		03/31/2012	

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

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 East Orange		Grant Type and Number Capital Fund Program Grant No: NJ39P050501-07 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 checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	-	32,049	32,049	32,049
3	1408 Management Improvements	64,098	64,098	64,098	64,098
4	1410 Administration (may not exceed 10% of line 21)	32,049	32,049	32,049	32,049
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	-	16,130	16,130	16,130
8	1440 Site Acquisition				
9	1450 Site Improvement	-	137,886	137,886	109,827
10	1460 Dwelling Structures	224,341	38,276	38,276	38,276
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				

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 East Orange		Grant Type and Number Capital Fund Program Grant No: NJ39P050501-07 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 checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <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)	320,488	320,488	320,488	292,429
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	-	17,545	17,545	17,545
23	Amount of line 20 Related to Security - Soft Costs	-	64,098	64,098	64,098
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	-	18,220	18,220	18,220
Signature of Executive Director 		Date 10/15/2010		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: Housing Authority of the City of East Orange			Grant Type and Number Capital Fund Program Grant No: NJ39P050501-07 CFFP (Yes/ No): Replacement Housing Factor Grant 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	
NJ050-1	Dwelling Structures	1460		56,085	12,790	12,790	12,790	Complete
NJ050-1	Site Improvements	1450		-	41,384	41,384	13,325	Planned
NJ050-3	Dwelling Structures	1460			25,486	25,486	25,486	Complete
NJ050-3	Site Improvements	1450		168,256	65,441	65,441	65,441	Complete
PHA Wide	Site Improvements	1450		-	31,061	31,061	31,061	Complete
PHA Wide	Operations	1406		-	32,049	32,049	32,049	Complete
PHA Wide	Management Improvements	1408		64,098	64,098	64,098	64,098	Complete
PHA Wide	Administration	1410		32,049	32,049	32,049	32,049	Complete
PHA Wide	Fees & Costs	1430		-	16,130	16,130	16,130	Complete
	Totals			320,488	320,488	320,488	292,429	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of East Orange				Federal FFY of Grant: 2007	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NJ050-1		09/30/2009		09/30/2011	
NJ050-3		09/30/2009		09/30/2011	
PHA Wide		09/30/2009		09/30/2011	

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

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 East Orange	Grant Type and Number Capital Fund Program Grant No: NJ39P050501-08 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: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	-	31,537	31,537	31,537
3	1408 Management Improvements	63,074	63,074	63,074	63,074
4	1410 Administration (may not exceed 10% of line 21)	31,537	31,537	31,537	31,537
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	-	15,221	15,221	15,221
8	1440 Site Acquisition				
9	1450 Site Improvement	-	44,078	44,078	17,058
10	1460 Dwelling Structures	220,758	129,922	129,922	-
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				

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 East Orange		Grant Type and Number Capital Fund Program Grant No: NJ39P050501-08 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 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)	315,369	315,369	315,369	158,427
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	-	63,074	63,074	63,074
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	-	14,850	14,850	14,850
Signature of Executive Director 		Date 10/15/2010		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: Housing Authority of the City of East Orange			Grant Type and Number Capital Fund Program Grant No: NJ39P050501-08 CFFP (Yes/ No): Replacement Housing Factor Grant 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	
NJ050-1	Dwelling Structures	1460		55,189	34,486	34,486	-	Planned
NJ050-1	Site Improvements	1450		-	24,228	24,228	2,208	Planned
NJ050-3	Dwelling Structures	1460		165,569	95,436	95,436	-	Planned
NJ050-3	Site Improvements	1450		-	19,850	19,850	14,850	Planned
PHA Wide	Operations	1406		-	31,537	31,537	31,537	Complete
PHA Wide	Management Improvements	1408		63,074	63,074	63,074	63,074	Complete
PHA Wide	Administration	1410		31,537	31,537	31,537	31,537	Complete
PHA Wide	Fees & Costs	1430		-	15,221	15,221	15,221	Complete
	Totals			315,369	315,369	315,369	158,427	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of East Orange				Federal FFY of Grant: 2008	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NJ050-1		03/31/2010		03/31/2012	
NJ050-3		03/31/2010		03/31/2012	
PHA Wide		03/31/2010		03/31/2012	

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

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 East Orange		Grant Type and Number Capital Fund Program Grant No: NJ39P050501-09 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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	37,528	37,528	37,528	37,528
3	1408 Management Improvements	75,056	75,056	75,056	75,056
4	1410 Administration (may not exceed 10% of line 21)	37,528	37,528	37,528	37,528
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000	20,168	20,168	13,493
8	1440 Site Acquisition				
9	1450 Site Improvement	80,068	77,868	25,868	25,868
10	1460 Dwelling Structures	120,100	102,132	62,284	-
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	-	25,000	-	-
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.

Part I: Summary					
PHA Name: Housing Authority of the City of East Orange			Grant Type and Number Capital Fund Program Grant No: NJ39P050501-09 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)	375,280	375,280	258,432	189,473
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	-	1,860	-	-
23	Amount of line 20 Related to Security - Soft Costs	-	75,056	75,056	75,056
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 10/15/2010		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: Housing Authority of the City of East Orange			Grant Type and Number Capital Fund Program Grant No: NJ39P050501-09 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	
NJ050-1	Dwelling Structures	1460		30,025	24,200	20,832	-	Planned
NJ050-1	Site Improvements	1450		20,017	45,920	13,920	13,920	Planned
NJ050-3	Dwelling Structures	1460		60,051	77,932	41,452	-	Planned
NJ050-3	Site Improvements	1450		90,075	31,948	11,948	11,948	Planned
PHA Wide	Operations	1406		37,528	37,528	37,528	37,528	Complete
PHA Wide	Management Improvements	1408		75,056	75,056	75,056	75,056	Complete
PHA Wide	Administration	1410		37,528	37,528	37,528	37,528	Complete
PHA Wide	Fees & Costs	1430		25,000	20,168	20,168	13,493	Planned
PHA Wide	Nondwelling Equipment	1475		-	25,000	-	-	Planned
	Totals			375,280	375,280	258,432	189,473	

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 East Orange		Grant Type and Number Capital Fund Program Grant No: NJ39P050501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 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 no:) <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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	-	37,409	-	-
3	1408 Management Improvements	74,818	74,818	-	-
4	1410 Administration (may not exceed 10% of line 21)	37,409	37,409	-	-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	-	20,000	-	-
8	1440 Site Acquisition				
9	1450 Site Improvement	-	61,336	-	-
10	1460 Dwelling Structures	261,862	143,117	-	-
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				

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 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of East Orange		Grant Type and Number Capital Fund Program Grant No: NJ39P050501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2010 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 no:) <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)	374,089	374,089	-	-
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 10/15/2010		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: Housing Authority of the City of East Orange			Grant Type and Number Capital Fund Program Grant No: NJ39P050501-10 CFFP (Yes/ No): Replacement Housing Factor Grant 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	
NJ050-1	Dwelling Structures	1460		-	35,780	-	-	Planned
NJ050-1	Site Improvements	1450		-	15,334	-	-	Planned
NJ050-3	Dwelling Structures	1460		261,862	107,337	-	-	Planned
NJ050-3	Site Improvements	1450		-	46,002	-	-	Planned
PHA Wide	Operations	1406		-	37,409	-	-	Planned
PHA Wide	Management Improvements	1408		74,818	74,818	-	-	Planned
PHA Wide	Administration	1410		37,409	37,409	-	-	Planned
PHA Wide	Fees & Costs	1430		-	20,000	-	-	Planned
	Totals			374,089	374,089	-	-	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of East Orange				Federal FFY of Grant: 2010	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NJ050-1		09/30/2012		09/30/2014	
NJ050-3		09/30/2012		09/30/2014	
PHA Wide		09/30/2012		09/30/2014	

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

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 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 East Orange	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R050501-06 Date of CFFP:
FFY of Grant: 2006 FFY of Grant Approval: 2006	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 8/31/2010 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		468,231	468,231	92,972
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	468,231	-	-	-

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 East Orange		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R050501-06 Date of CFFP:		FFY of Grant:2006 FFY of Grant Approval: 2006	
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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 8/31/2010 <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)	468,231	468,231	468,231	92,972
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 10/15/2010		Signature of Public Housing Director	
				Date	

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
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Part I: Summary					
PHA Name: Housing Authority of the City of East Orange		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R050501-07 Date of CFFP:			FFY of Grant: 2007 FFY of Grant Approval: 2007
Type of Grant <input checked="" 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 type="checkbox"/> 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		467,115	467,115	-
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	467,115	-	-	-

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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Part I: Summary					
PHA Name: Housing Authority of the City of East Orange		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R050501-07 Date of CFFP:		FFY of Grant:2007 FFY of Grant Approval: 2007	
Type of Grant					
<input checked="" 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 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)	467,115	467,115	467,115	-
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 10/15/2010		Signature of Public Housing Director	
				Date	

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Annual Statement/Performance and Evaluation Report
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 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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 Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of East Orange		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R050501-08 Date of CFFP:			FFY of Grant: 2008 FFY of Grant Approval: 2008
Type of Grant <input checked="" 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 type="checkbox"/> 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		455,726	455,726	-
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	455,726	-	-	-

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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
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 Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of East Orange		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R050501-08 Date of CFFP:		FFY of Grant:2008 FFY of Grant Approval: 2008	
Type of Grant					
<input checked="" 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 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)	455,726	455,726	455,726	-
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 10/15/2010		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.

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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
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Part I: Summary					
PHA Name: Housing Authority of the City of East Orange		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R050501-09 Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input checked="" 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 type="checkbox"/> 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		391,788	-	-
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	391,788	-	-	-

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

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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 East Orange		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R050501-09 Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant <input checked="" 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 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)	391,788	391,788	-	-
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 10/15/2010		Signature of Public Housing Director _____	
				Date _____	

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

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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 Office of Public and Indian Housing
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 Expires 4/30/2011

Part I: Summary	
PHA Name: Housing Authority of the City of East Orange	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R050502-10 Date of CFFP:
FFY of Grant: 2010 FFY of Grant Approval: 2010	

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				
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		390,399	-	-
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	390,399	-	-	-

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part I: Summary					
PHA Name: Housing Authority of the City of East Orange		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R050502-10 Date of CFFP:		FFY of Grant:2010 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 no:) <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)	390,399	390,399	-	-
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 10/15/2010		Signature of Public Housing Director	
				Date	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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Part I: Summary						
PHA Name/Number Housing Authority of the City of East Orange / NJ050			Locality (City/County & State)		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name PHA Wide	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	Annual Statement	202,000	202,000	202,000	202,000
C.	Management Improvements		75,000	75,000	75,000	75,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		37,000	37,000	37,000	37,000
F.	Other		24,000	24,000	24,000	24,000
G.	Operations		37,000	37,000	37,000	37,000
H.	Demolition					
I.	Development		352,600	335,000	318,000	-
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		375,000	375,000	375,000	375,000
L.	Total Non-CFP Funds		352,600	335,000	318,000	-
M.	Grand Total		727,600	710,000	693,000	375,000

Part I: Summary						
PHA Name/Number Housing Authority of the City of East Orange / NJ050			Locality (City/county & State)		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> 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				
	NJ050 – 1		52,000	52,000	52,000	52,000
	NJ050 – 3		150,000	150,000	150,000	150,000
	PHA Wide		173,000	173,000	173,000	173,000

