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: __Housing Authority of the County of Morris_____ PHA Code: _NJ092_____
PHA Type: ☐ Small ☒ High Performing ☐ Standard ☐ HCV (Section 8)
PHA Fiscal Year Beginning: (MM/YYYY): __01/2011_____

2.0 **Inventory** (based on ACC units at time of FY beginning in 1.0 above)
Number of PH units: _304_____ Number of HCV units: __634_____

3.0 **Submission Type**
☐ 5-Year and Annual Plan ☒ Annual Plan Only ☐ 5-Year Plan Only

4.0 **PHA Consortia** ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 **5-Year Plan.** Complete items 5.1 and 5.2 only at 5-Year Plan update.

N/A

5.1 **Mission.** State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:

5.2 **Goals and Objectives.** Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

6.0 **PHA Plan Update**

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

- Changes to the Lease Agreement – Paragraph #4a and b "Additional Charges" – ATTACHMENT #1
- Change to the Lease Agreement – Paragraph #18 – ATTACHMENT #2
- Change to ATTACHMENT #3 of the Lease Agreement – RULES AND REGULATIONS revised item # t.
- Change to Admissions and Occupancy Policy Chapter 12 – II.B. Types of PHA Required Transfers Occupancy Standards Transfers – ATTACHMENT #4
- Change to Administrative Plan Chapter 10 – I.A. Allowable Moves – ATTACHMENT #5

(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.

The public may obtain copies at the main office located at 99 Ketch Road, Morristown, NJ

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.

See attached.

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

See attached.

8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan*, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. See attached.
8.3	**Capital Fund Financing Program (CFFP).** ☐ Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	**Housing Needs**. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. N/A with Annual Plan

9.1	**Strategy for Addressing Housing Needs**. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.** N/A with Annual Plan
10.0	**Additional Information**. Describe the following, as well as any additional information HUD has requested.

11.0	**Required Submission for HUD Field Office Review**. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

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 off ice 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.

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 COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250111 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2011** **FFY of Grant Approval:**

Type of Grant
☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement**
☐ **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]	$25,000			
3	1408 Management Improvements	$9,000			
4	1410 Administration (may not exceed 10% of line 21)	$3,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$20,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	$301,765.82			
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]				

[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.

form **HUD-50075.1** (4/2008)

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 COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250111 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2011** **FFY of Grant Approval: 2011**

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**
18a	1501 Collateralization or Debt Service paid by the PHA	$19,234.18			
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)	$378,000			
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: HOUSING AUTHORITY OF THE COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250111 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2011**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
HA Wide	General Operations	1406		$25,000				
HA Wide	Management Improvements	1408		$9,000				
92-01	Administration	1410		$3,000				
92-01	Fees and Costs	1430		$20,000				
92-01	Resurface parking lot and re-stripe lines	1450		$301,765.82				
	Debt Service	1501		$19,234.18				
	TOTAL			$378,000				

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

Part II: Supporting Pages

PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250111 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2011**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

[1] 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 COUNTY OF MORRIS					**Federal FFY of Grant: 2011**
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	
PHA Wide	9/30/2013		9/30/2015		
92-01	9/30/2013		9/30/2015		

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: HOUSING AUTHORITY OF THE COUNTY					**Federal FFY of Grant: 2011**
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	

[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 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 COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250110 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2010** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no:1)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **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]	$ 25,000	$25,000		
3	1408 Management Improvements	$ 10,000	$10,000		
4	1410 Administration (may not exceed 10% of line 21)	$ 20,000	$5,000		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$ 20,000	$20,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	$40,505.28	$0.00		
10	1460 Dwelling Structures	$150,000	$150,000		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	$88,468	$143,973.28		
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.

form **HUD-50075.1** (4/2008)

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 COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250110 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2010** **FFY of Grant Approval:**

Type of Grant

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

☐ **Performance and Evaluation Report for Period Ending:** ☐ **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	$ 19,683.72	$19,683.72		
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)	$373,657	$373,657		
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: HOUSING AUTHORITY OF THE COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250110 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]	
92-07	Re-pitch tubs in apartments. Re-tile bathroom floors and tub enclosure	1460		$150,000	$150,000			
92-07	Replace A/C Units @ Day Care & Community Room	1475		$88,468	$143,973.28			
92-07	Sidewalk replacement	1450		$40,505.28	$0.00			
92-07	A/E Services	1430		$20,000	$20,000			
PHA Wide	Operations	1406		$25,000	$25,000			
PHA Wide	Management Improvements/Computers	1408		$10,000	$10,000			
92-07	Attorney fees/advertisement	1410		$20,000	$5,000			
	Debt Service	1501		$19,683.72	$19,683.72			
	TOTAL			$373,657	$373,657			

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

Part II: Supporting Pages

PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250110 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]	

[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 COUNTY OF MORRIS					**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	
PHA Wide	07/14/2012		07/14/2014		
92-07	07/14/2012		07/14/2014		

[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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS					**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	

[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 COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250109 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1)**
☐ **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]	$6,000	$6,000	$6,000	$0
3	1408 Management Improvements	$7,000	$7,000	$0	$0
4	1410 Administration (may not exceed 10% of line 21)	$5,000	$5,000	$5,000	$988.10
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$21,000	$21,000	$21,000	11,427.12
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	$310,999.73	$318,001.73	$308,000	$10, 813.23
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.

form **HUD-50075.1** (4/2008)

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 COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250109 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant

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

☐ **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**
18a	1501 Collateralization or Debt Service paid by the PHA	$20,189.27	$20,189.27	$20,189.27	$0
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)	$370,189	$377,191	$360,189.27	$23,228.45
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: HOUSING AUTHORITY OF THE COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250109 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]	
92-02	Replace siding on buildings	1460		$148,090.80	$145,091.80	$140,091.80	$10,813.23	
92-03	Replace siding on building	1460		$162,908.93	$172,909.93	$167,908.20	$0	
92-02/03	A/E Services	1430		$21,000	$21,261.52	$21,261.52	$11,427.12	
PHA Wide	Operations - Salaries	1406		$6,000	$6,000	$6,000	$0	
PHA Wide	Management Improvements - computers	1408		$7,000	$7,000	$0	$0	
92-02/03	Attorney fees/ advertisement	1410		$5,000	$4,738.48	$4,738.48	$988.10	
	Debt Service	1501		$20,189.27	$20,189.27	$20,189.27	$0	
	TOTAL			$370,189	$377,191	$360,189.27	$23,228.45	

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

[1] 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 County of Morris					**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	
PHA Wide	09/14/2011		09/14/2013		
92-02/03	09/14/2011		09/14/2013		

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
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	

[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 COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250108 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: 3)**
☐ **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]	$12,366.53	$54,337.58	$54,337.58	$3,000
3	1408 Management Improvements	$8,000	$8,000	$8,000	$8,000
4	1410 Administration (may not exceed 10% of line 21)	$3,000	$3,000	$3,000	$1,163.29
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$21,000	$40,637.43	$40,637.43	$35,740.18
8	1440 Site Acquisition				
9	1450 Site Improvement	$0	$55,000	$55,000	$55,000
10	1460 Dwelling Structures	$313,437.21	$196,828.73	$196,828.73	$160,640.27
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.

form **HUD-50075.1** (4/2008)

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 COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250108 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: 3)**

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	$20,604.26	$20,604.26	$20,604.26	$0
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)	$378,408	$378,408	$378,408	$263,543.74
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.

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250108 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]	
HA Wide	General Operations	1406		$12,366.53	$54,337.58	$54,337.58	$3,000	
HA Wide	Office Management Improvements	1408		$8,000	$8,000	$8,000	$8,000	
HA Wide	Administration	1410		$3,000	$3,000	$3,000	$1,163.29	
92-01	Fees and Costs flooring and septic repair	1430		$21,000	$15,683	$15,683	$15,683	
92-01	Replacement of flooring in apartments and common areas	1460		$235,277.70	$160,640.27	$160,640.27	$160,640.27	
92-01	Septic field replacement	1450		$0	$55,000	$55,000	$55,000	
	Debt Service	1501		$20,604.26	$20,604.26	$20,604.26	$0	
92-01	Interior & Exterior Doors	1460		$15,565.51	$36,188.46	$36,188.46	$0	
92-01	Air Conditioning in Hallways	1460		$62,594	$0	$0	$0	
92-01	Fees and costs air conditioning	1430		$0	$14,950	$14,950	$10,715	
92-01	Fees and costs interior and exterior doors	1430		$0	$10,004.43	$10,004.43	$9,342.18	
	TOTAL			$378,408	$378,408	$378,408	$263,543.74	

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

Part II: Supporting Pages

PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250108 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]	

[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 COUNTY OF MORRIS					**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	
92-01	6/12/10		6/12/12		

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS					**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	

[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 COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250107 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2007** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/09** ☐ **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	$10,000	$0	$0	$0
4	1410 Administration (may not exceed 10% of line 21)	$8,000	$4,658.84	$4,658.84	$4,658.84
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$22,000	$0	$0	$0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	$310,000	$332,854.88	$332,854.88	$328,011.38
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.

form **HUD-50075.1** (4/2008)

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:	**Grant Type and Number**	**FFY of Grant: 2007**
HOUSING AUTHORITY OF THE COUNTY OF MORRIS	Capital Fund Program Grant No: NJ39P09250107 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant Approval:**

Type of Grant

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

☒ **Performance and Evaluation Report for Period Ending: 12/31/2009** ☐ **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	$40,924	$21,011.28	$21,011.28	$0
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)	$390,924	$358,525	$358,525	$332,670.22
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.

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250107 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]	
HA Wide	Office Management Improvements	1408		$10,000	$0	$0	$0	
HA Wide	Administration	1410		$8,000	$4,658.84	$4,658.84	$4,658.84	
92-02, 92-03, 92-01	Fees and Costs	1430		$22,000	$0	$0	$0	
92-02, 92-03	Dwelling Structures	1460		$310,000	$92,781	$92,781	$87,937.50	
92-01	Dwelling Structures	1460		$0	$240,073.88	$240,073.88	$240,073.88	
	Debt Service	1501		$40,924	$21,011.28	$21,011.28	$0	
	TOTAL			$390,924	$358,525	$358,525	$332,670.22	

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

Part II: Supporting Pages

PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: NJ39P09250107 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]	

[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 COUNTY OF MORRIS

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	
92-01, 92-02, 92-03	9/12/09	3/12/08	9/12/11		

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS					**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	

[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 COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: CFFP BOND Replacement Housing Factor Grant No: Date of CFFP: 8/15/07	**FFY of Grant:** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☐ **Performance and Evaluation Report for Period Ending:** ☒ **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	$56,314	$54,460	$54,460	$54,460
8	1440 Site Acquisition				
9	1450 Site Improvement	$457,081	$462,311.69	$462,311.69	$462,311.69
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]				

[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:	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:** **FFY of Grant Approval:**

Type of Grant

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

☐ **Performance and Evaluation Report for Period Ending:** ☐ **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)	$513,395	$516,771.69	$516,771.69	$516,771.69
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.

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS	**Grant Type and Number** Capital Fund Program Grant No: CFFP BOND CFFP (Yes/ No): YES Replacement Housing Factor Grant No:	**Federal FFY of Grant:**

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]	
92-02	Major repair and replacement of sidewalks	1450	9,720 sq. ft.	$58,320	$41,128	$41,128	$41,128	completed
92-02	Major repair and replacement of parking lots	1450	24,300 sq. ft.	$144,827	$126,926	$126,926	$126,926	completed
92-03	Major repair and replacement of sidewalks	1450	8,280 sq. ft.	$68,800	$68,800	$68,800	$68,800	completed
92-03	Major repair and replacement of parking lots	1450	55,260 sq. ft.	$185,134	$174,852	$174,852	$174,852	completed
	A/E	1430		$27,500	$24,778	$24,778	$24,778	completed
	Costs of issuance	1430		$28,814	$29,682	$29,682	$29,682	completed
92-05	Replacement of parking lot	1450		$0	$37,653	$37,653	$37,653	completed
	Interest income			$0	$12,952.69	$12,952.69	$12,952.69	completed
	TOTAL			$513,395	$516,771.69	$516,771.69	$516,771.69	

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

[1] 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 COUNTY OF MORRIS					**Federal FFY of Grant:**
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	
92-02, 92-03	8/15/09	9/10/08	8/15/11	1/14/09	
92-05	8/15/09	7/15/09	8/15/11	11/13/09	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
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	

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

Part I: Summary

PHA Name/Number Housing Authority of the County of Morris/NJ092			Locality (City/County & State) Morris County, NJ		☐**Original 5-Year Plan** ☒**Revision No: 1**	
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	Annual Statement	$301,224.48	$302,689.76	$303,094.66	$302,673.60
C.	Management Improvements		10,000.00	9,000.00	9,000.00	10,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		3,000.00	3,000.00	3,000.00	3,000.00
F.	Other A/E		20,000.00	20,000.00	20,000.00	20,000.00
G.	Operations		25,000.00	25,000.00	25,000.00	25,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service		18,775.52	18,310.24	17,905.34	17,326.40
K.	Total CFP Funds		378,000.00	378,000.00	378,000.00	378,000.00
L.	Total Non-CFP Funds		0.00	0.00	0.00	0.00
M.	Grand Total		$378,000.00	$378,000.00	$378,000.00	$378,000.00

Part I: Summary (Continuation)

PHA Name/Number			Locality (City/county & State)		☐**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____
		Annual Statement				

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

Work Statement for Year 1 FFY 2010	Work Statement for Year 2012 FFY 2012			Work Statement for Year: 2013 FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	92-01			92-05		
Annual	Upgrade lighting in		$40,000.00	Upgrade lighting in		$40,000.00
Statement	hallways/public areas.			hallways/public areas.		
	Interior renovations		37,524.48	Interior renovations		31,689.76
	and furniture public			and furniture public		
	areas.			areas.		
	Upgrade intercom &		80,000.00	Replace interior doors.	100	150,000.00
	Keyless entry system.					
				Upgrade intercom &		80,000.00
				Keyless entry system.		
	92-01 & 92-05					
	Replace interior		$143,700			
	elevator cab includes					
	Flooring and lighting.					
	Subtotal of Estimated Cost		$301,224.48	Subtotal of Estimated Cost		$301,689.76

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

Work Statement for Year 1 FFY _____	Work Statement for Year _2014_____ FFY ___2014_____			Work Statement for Year: __2015_____ 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	92-07			92-02/92-03		
Annual	Replace siding on buildings		$303,094.66	Replace bathrooms	72	$303,673.60
Statement						
	Subtotal of Estimated Cost		$303,094.66	Subtotal of Estimated Cost		$303,673.60

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

Work Statement for Year 1 FFY __2010_	Work Statement for Year __2012_____ FFY __2012_____		Work Statement for Year: ___2013_____ FFY ____2013_____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual	Upgrade computer software	$10,000.00	Replace computers	$9,000.00
Statement				
	Subtotal of Estimated Cost	$10,000.00	Subtotal of Estimated Cost	$9,000.00

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

Work Statement for Year 1 FFY _____	Work Statement for Year _2014_____ FFY __2014_		Work Statement for Year: __2015_____ FFY __2015_____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual	Replace computers	$9,000.00	Upgrade computer software	$10,000
Statement				
	Subtotal of Estimated Cost	$9,000.00	Subtotal of Estimated Cost	$10,000.00

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the___ 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning January 1, 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 COUNTY OF MORRIS	NJ39/092
PHA Name	PHA Number/HA Code

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

X Annual PHA Plan for Fiscal Years 20 11 - 20 15

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

Name of Authorized Official	Title
ROBERTA L. STRATER	EXECUTIVE DIRECTOR
Signature	Date 10/12/10

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

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

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

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

3. Report Type:
[a] a. initial filing
b. material change
For Material Change Only:
year _____ quarter _____
date of last report _____

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

99 Ketch Road
Morristown, NJ 07960

Congressional District, *if known*: 4c 11TH

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

Congressional District, *if known*:

6. Federal Department/Agency:
US DEPT OF HUD

7. Federal Program Name/Description:
CAPITAL FUND PROGRAM

CFDA Number, *if applicable*: _____

8. Federal Action Number, *if known*:

9. Award Amount, *if known*:
$

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

NO LOBBYING ACTIVITIES AT THIS AUTHORITY

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

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: ROBERTA L. STRATER
Title: EXECUTIVE DIRECTOR
Telephone No.: 973-540-0389 Date: 10/12/10

Federal Use Only:

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

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

Certification of Payments to Influence Federal Transactions

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

Applicant Name

HOUSING AUTHORITY OF THE COUNTY OF MORRIS

Program/Activity Receiving Federal Grant Funding

CAPITAL FUND PROGRAM

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

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

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

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

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

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

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

Name of Authorized Official	Title
ROBERTA L. STRATER	EXECUTIVE DIRECTOR
Signature	Date (mm/dd/yyyy)
	10/12/2010

Previous edition is obsolete

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

HOUSING AUTHORITY OF THE COUNTY OF MORRIS

Program/Activity Receiving Federal Grant Funding

CAPITAL FUND PROGRAM

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

34-36 CALAIS ROAD, RANDOLPH, MORRIS COUNTY, NJ 07869
BENNETT AVENUE/FRANKLIN ROAD, RANDOLPH, MORRIS COUNTY, NJ 07869
39 GREEN POND ROAD, ROCKAWAY, MORRIS COUNTY, NJ 07866
221 MT. PLEASANT AVENUE, ROCKAWAY TWP., MORRIS COUNTY, NJ 07801
42-184 PEER PLACE, DENVILLE, MORRIS COUNTY, NJ 07834

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

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

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

Name of Authorized Official	Title
ROBERTA L. STRATER	EXECUTIVE DIRECTOR
Signature X	Date 10/12/10

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

ATTACHMENT 1

The updated public housing lease agreement with changes to Paragraph #4a and 4b, “Additional Charges”.

HOUSING AUTHORITY OF THE COUNTY OF MORRIS

PROJECT _____

Description of the parties and premises: This Agreement executed on the_____of _____ (his/her) family consisting of the occupants referred to as the Tenant, listed below, and the Housing Authority of the County of Morris referred to as the Landlord of the property commonly known as_____located in the County of Morris, State of New Jersey in the Township of_____

Name	Age	Sex

2. **Length of time (Term):** The initial term of this Agreement shall be a period of 12 months, beginning on _____and ending on _____. After the initial term ends, the Agreement will continue for successive terms of one year each unless automatically terminated as permitted by Paragraph 22 of the Agreement or unless terminated for non-compliance with the provisions of Paragraph 22.

3. **Rent Payment:** The Tenant agrees to pay $_____ for the partial month ending_____. After that Tenant agrees to pay a rent of $ _____ per month. The rent will remain in effect unless adjusted in accordance with the provisions of Paragraph 16.

4. **Additional charges:**

a. ***Late Payments - If the Tenant does not pay the full amount of the rent shown in Paragraph 3 by the end of the 5th business day of the month, the Landlord may collect a late fee equal to $ 1.00 per day beginning with the first (1st) day of the month up until the rent is paid or the last day of the month that the rent is due.*** This provision does not create a "grace period". Charges for penalties due to late payments shall be due and payable on the date stated in the notice of adverse action but not sooner than fourteen (14) days after delivery of aid notice.

b. Return checks - The Landlord may collect a fee of ***$25.00*** any time a check is not honored for payment (bounces).

c. Attorneys fees and Costs - Tenant shall pay to the Landlord a charge of $650.00 to partially defray the cost of legal services incurred in instituting an eviction suit against the Tenant for non-payment of rent or for any other legal cause except that no fee shall be paid by Tenant if the Court finds that the Landlord is unsuccessful in proving its case for eviction on grounds other than non-payment of rent, or the case of non-payment of rent, the Court finds that the rent has been paid in full prior to the institution of such suit.

ATTACHMENT 2

The updated public housing lease agreement with changes to Paragraph #18, "Size of Dwelling".

charged a rent less than the amount required by HUD's rent formulas, the Tenant agrees to reimburse the Landlord for said rent.

18. **Size of Dwelling:** The Tenant understands that HUD requires the Landlord to assign units according to the family composition. If the Tenant is or becomes eligible for a different size unit, and the required size unit becomes available, the Tenant agrees to move within 30 days after the Landlord notifies him/her that a unit of the required size is available ~~*within the project*~~, provided that the Tenant has been afforded his/her rights pursuant to Paragraph 16d herein.

19. **Access of Landlord:** The Landlord agrees to enter the unit only during reasonable hours, to provide reasonable advance notice of his/her intent to enter the unit only after receiving the Tenant's consent to do so, except when emergency situations make such notices impossible. Reasonable advance notice shall be considered as a written statement specifying the purpose of the entry delivered to the unit at least two days before such entry. If the Tenant is visually impaired, said notice must be in an accessible format.

a. The Tenant agrees to permit the Landlord, his/her agents or other persons, when authorized by the Landlord, to enter the unit for the purpose of making reasonable repairs and periodic inspections. A response to requests by Tenant for repairs and services would not require two days notice.

b. After the Tenant has given a notice of intent to move, the Tenant agrees to permit the Landlord to show the unit to prospective Tenants during reasonable hours and to permit the Landlord to enter the unit to decorate, remodel, alter or otherwise prepare the unit for re-occupancy.

c. In the event that the Tenant and all adult members of his/her household are absent from the premises at the time of entry, the Landlord shall leave on the premises a written statement specifying the date, time and purpose of entry prior to leaving the premises.

20. **Discrimination Prohibited:** The Landlord agrees not to discriminate based upon race, color, religion, creed, national origin, sex, age, handicap, membership in a class, such as unmarried mothers or recipients of public assistance, or because there are children in the family.

21. **Change in Rental Agreement:** The Landlord may, with the prior approval of HUD, change the terms and conditions of this Agreement. Any changes will become effective only at the end of the initial term of a successive term. The Landlord must notify the Tenant of any change and must offer the Tenant a new Agreement or an amendment to the existing Agreement. The Tenant must receive the notice at least 60 days before the proposed effective date of change. The Tenant may accept the changed terms and conditions by signing the new Agreement or the amendment to the existing Agreement and returning it to the Landlord. The Tenant may reject the changed terms and conditions by giving the Landlord written notice that he/she intends to terminate the tenancy. The Tenant must give such notice at least 30 days before the proposed change will go into effect. If the Tenant does not accept the amended Agreement, the Landlord may require the Tenant to move from the project, as provided in Paragraph 22.

22. **Termination of Tenancy:**

a. To terminate this Agreement, the Tenant must give the Landlord 30 days written notice before moving from the unit. If the Tenant does not give the full 30 days notice, the Tenant shall be liable for rent up to the end of 30 days for which notice was required or to the date the unit is re-rented, whichever date comes first.

b. Any termination of the Agreement by the Landlord must be carried out in accordance with HUD regulations, State and local law, and the terms, of this Agreement. The Landlord may terminate or refuse to renew this Agreement only for:

(1) the Tenant's material noncompliance with the terms of this Agreement and attachments thereto;

(2) the Tenant's material failure to carry out obligations under any State Landlord and Tenant Act;

ATTACHMENT 3

Change to ATTACHMENT 3 of the public housing lease agreement – RULES AND REGULATIONS item # t. Change to read:

Not allow **any member of the household or visitors** to play in the public halls, stairways, elevators, or any of the exterior landscaped areas, except those areas designated by the Landlord as play areas.

ATTACHMENT #3
(*Revised 10/10*)

RULES AND REGULATIONS

The Landlord may from time to time adopt any reasonable rules and regulations concerning the Tenant's use and occupancy of the premises as needed to promote the convenience, health, safety or welfare of the Tenants in the development.

The following rules and regulations are part of this lease and substantial material obligations of this tenancy and substantial and continual breach of which shall be deemed to be default hereunder. The Tenant shall:

a. Comply with all obligations primarily imposed upon Tenants by applicable provisions of building and housing codes materially affecting health and safety; and directives of the Board of Fire Underwriters or similar authorities.

b. Keep the part of the premises that he/she occupies and uses as clean and safe as the conditions of the premises permit and not sweep or throw from the designated premises any dirt or other substance into the halls of the demised premises.

c. Dispose from his/her dwelling unit, on a daily basis, all garbage, rubbish, newspapers and other waste in a clean and safe manner, in a sealed plastic bag to the designated dumpster.

d. Keep all plumbing fixtures in the designated premises or used by the Tenant as clean as their condition permits and be used solely for the purposes for which they were constructed.

e. Not deliberately or negligently destroy, deface, damage, impair or remove any part of the premises or knowingly permit any person to do so.

f. Conduct him/her and require other persons on the premises with his/her consent, to conduct themselves in a manner that will not disturb his neighbor's peaceful enjoyment of the premises.

g. Not to place any garbage cans, ice, milk bottles, mats, trash or other articles in the halls, or on stairways.

h. No baby carriages, bicycles, carts or hand trucks are to be left in the hall, lobbies, elevators, passageways, area, court or grounds of the development.

i. Not throw anything or allow anything to fall out of the windows or doors.

j. Not place or hang anything from the windows or balconies, or place upon windowsills.

k. Not shake or hang any tablecloths, bedding and clothing, curtains or rugs from any of the windows or doors.

l. Not place, erect or expose any sign, advertisement, illumination, aerial or other projection on the window, balcony, roof or other part of the building.

m. Not use Venetian blinds, shades, awnings, or window guards, except as shall be approved by or provided by the authority.

n. Not make any alteration, additions or improvements to the hall or apartments of the designated premises, including, but not limited to the painting thereof, the installation of wallpaper, TV, or other antennas, satellites, screen or other enclosures thereof, or otherwise.

o. Be solely liable for the delivery of any kitchen supplies, market goods and packages of every kind ordered by and delivered to the Tenant.

p. Use the coin operated laundry or drying machines, only on such days and hours and upon such conditions and directions as the Landlord shall designate. Tenant shall pay any reasonable charges that may be established by the Landlord in connection with the use of any laundry or other community facility or any personal service performed on the Landlord on behalf of the Tenant. Access to such facilities shall be limited to such reasonable hours, as the landlord shall determine.

q. Use such recreation facilities as are provided subject to such rules and regulations as the Landlord may from time to time establish.

r. Not make or permit any disturbing noises in the building by himself, his family, friends or employees, not do or permit anything to be done by such persons that will interfere with the rights, comforts, or convenience of other Tenants. No Tenant shall play nor allow to be played any musical instrument, radio or television in the demised premises between the hours of 10:00 pm and 8:00 am, if the same shall disturb or annoy the occupants of any other apartment.

s. Not anytime or for any reason is it permitted to enter upon or attempt to enter in or upon the roof of the building, the attic, or any machinery area.

t. Not allow ***any member of the household or visitors*** to play in the public halls, stairways, elevators, or any of the exterior landscaped areas, except those areas designated by the Landlord as play areas.

u. Reimburse or compensate the Landlord for any damage or injuries to the grounds or to trees, shrubs, and plants in the development, caused by any member of his family, friends or employees.

v. Provide management with the names, addresses, telephone numbers and relationships of persons to be notified in case of emergency.

w. Rugs or carpets may not be nailed or glued to the floors. No paste is permitted and rugs must fit under existing doors.

x. No storage space outside of apartments is available and nothing may be stored outside of any apartment.

y. No vehicles of a size larger than a panel truck and no mobile homes, recreation vehicle, boat, boat trailer, vehicle with commercial signage, inoperable vehicle shall be parked on any grounds owned by the Housing Authority. Parking is provided for the convenience of tenants and their visitors. Tenant-owned cars must be registered with the office. All vehicles must be properly registered, inspected, insured and operable at all times. Vehicles that do not meet these requirements will be towed away at the owner's expense.

z. Apartments may not be used for business purposes. They are to be used strictly as a residence.

aa. Gifts or tips may not be given to employees or directors of the Landlord.

bb. No water beds or other water filled furniture shall be used or installed by the Tenant.

cc. Overnight guests are permitted for no more than seven (7) consecutive days without the prior written consent of the landlord.

dd. No pets allowed without the prior written consent of the landlord. All residents or guests shall accompany the pet in their charge at all times, shall keep the pet on a leash, and shall carry with them at such time any devices necessary to remove the pet excrement, which removal shall be done immediately. The pets of others cannot remain overnight and cannot be on property continually. Residents must receive prior approval before bringing his/her pet into Housing Authority owned property.

ee. No maintenance of any automobile or other vehicle shall be performed on any Housing Authority owned property including parking area.

ff. No bicycles, baby carriages, wagons or similar non-motorized vehicles or toys, mopeds, motorcycles or similar motorized vehicles shall be parked or otherwise left unattended on the Housing Authority owned property except that licensed motorcycles may be parked in any marked parking space.

gg. No swimming pools of any size are allowed on the Housing Authority grounds.

hh. No Grills (charcoal, propane etc.) are permitted on site.

ATTACHMENT 4

Change to the Admissions and Occupancy Policy – Chapter 12 – II.B. Types of PHA Required Transfers Occupancy Standards Transfers. Change to read:

"If the PHA determines that a Public Housing family is either overcrowded or over-housed in their current unit, the PHA may issue a Housing Choice Voucher to assist in locating an appropriate size unit."

Occupancy Standards Transfers

The PHA may require a resident to move when a reexamination indicates that there has been a change in family composition, and the family is either overcrowded or over-housed according to PHA policy [24 CFR 960.257(a)(4)]. On some occasions, the PHA may initially place a resident in an inappropriately sized unit at lease-up, where the family is over-housed, to prevent vacancies. The public housing lease must include the tenant's agreement to transfer to an appropriately sized unit based on family composition [24 CFR 966.4(c)(3)].

PHA Policy

The PHA will transfer a family when the family size has changed and the family is now too large (overcrowded) or too small (over-housed) for the unit occupied.

For purposes of the transfer policy, overcrowded and over-housed are defined as follows:

Overcrowded: the number of household members exceeds the maximum number of persons allowed for the unit size in which the family resides, according to the chart in Section 5-I.B.

Over-housed: the family no longer qualifies for the bedroom size in which they are living based on the PHA's occupancy standards as described in Section 5-I.B.

The PHA may also transfer a family who was initially placed in a unit in which the family was over-housed to a unit of an appropriate size based on the PHA's occupancy standards, when the PHA determines there is a need for the transfer.

The PHA may elect not to transfer an over-housed family in order to prevent vacancies.

A family that is required to move because of family size will be advised by the PHA that a transfer is necessary and that the family has been placed on the transfer list.

Families that request and are granted an exception to the occupancy standards (for either a larger or smaller size unit) in accordance with the policies in Section 5-I.C. will only be required to transfer if it is necessary to comply with the approved exception.

If the PHA determines that a Public Housing family is either overcrowded or over-housed in their current unit, the PHA may issue a Housing Choice Voucher to assist in locating an appropriate size unit.

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ATTACHMENT 5

Change to the Administrative Plan – Chapter 10 – I.A. Allowable Moves. Change to read:

"If the PHA determines that a Public Housing family is either overcrowded or over-housed in their current unit, the PHA may issue a Housing Choice Voucher to assist in locating an appropriate size unit."

- The owner has given the family a notice to vacate, has commenced an action to evict the family, or has obtained a court judgment or other process allowing the owner to evict the family [24 CFR 982.314(b)(2)]. The family must give the PHA a copy of any owner eviction notice [24 CFR 982.551(g)].
- The PHA has terminated the assisted lease for the family's unit for the owner's breach [24 CFR 982.314(b)(1)(i)].
- The PHA determines that the family's current unit does not meet the HQS space standards because of an increase in family size or a change in family composition. In such cases, the PHA must issue the family a new voucher, and the family and PHA must try to find an acceptable unit as soon as possible. If an acceptable unit is available for the family, the PHA must terminate the HAP contract for the family's old unit in accordance with the HAP contract terms and must notify both the family and the owner of the termination. The HAP contract terminates at the end of the calendar month that follows the calendar month in which the PHA gives notice to the owner. [24 CFR 982.403(a) and (c)]

PHA Policy

If the PHA determines that a Public Housing family is either overcrowded or over-housed in their current unit, the PHA may issue a Housing Choice Voucher to assist in locating an appropriate size unit.

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ATTACHMENT A – RESIDENT ADVISORY BOARD COMMENTS

The Resident Advisory Board met on May 10, 2010 to review and discuss the 2011 Annual Plan. Regulatory changes to the plan were explained to the Board as well as Capital Fund improvements for the coming year and the future.

No comments were provided by the Resident Advisory Board.

The Resident Advisory Board consists of the following members:

Anna Terminello
Pat Klebes
Dottie Neutts
Pauline Fairchild
Larry Cirella
Rita Hermann
Lucy Skinner
Alma Silverstein
Joan Baron
Betty Del Sontro
Marie Farrell
Gloria Bracken
Dennis Amaruso
Pauline D'Ademo