

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>TOWN OF ISLIP HA</u> PHA Code: <u>NY077</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>7/1/2011</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>360</u> Number of HCV units: <u>1036</u>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
					PH      HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  The Town of Islip Housing Authority strives to achieve effective and efficient delivery of decent, safe and affordable housing to eligible tenants and applicants, while maintaining an overall commitment to the local communities and governmental entities within the HA jurisdiction to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.				
<b>5.2</b>	<b>Goals and Objectives.</b> 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. N/A				
<b>6.0</b>	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:  <b>Plan Elements Revised</b> 1. Waiting List local preferences and procedures revised. 2. The HA annual budget documents provide a statement of financial resources and are revised annually or as needed to reflect actual income or expenses. 3. No changes to the rent determination policies other than annual utility allowance review. 4. Revised preventative maintenance plan and procedures, revised snow removal procedures. 5. No changes. 6. No changes 7. Family Self Sufficiency program administered by the HA., Section 3 policies & procedures updated 8. Revised in Admissions and Continued occupancy Policies. 9. No changes. 10. See #6(a)(1) herein above. 11. Audit contains no findings. 12. Opted out of Asset Management in accordance with HUD guidelines. 13. No changes.  (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 Annual PHA Plan copies may be reviewed or copies obtained for .25 per page during normal business hours in the HA main office, Penataquit Village location or Allyn P Robinson location. The HA will post the approved plan on the PHA website.				

7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p>(a) <i>N/A</i>  (b) <i>N/A</i>  (c) <i>N/A</i>  (d) <i>The PHA is converting 18 Public Housing units known as "Tudor Lane" under an approved Section 32 Home Ownership program.</i>  (e) <i>The PHA awarded 24 units of project based vouchers for elderly or disabled through an advertised process consistent with the HUD regulations and the PHA policies regarding project based vouchers found in the Section 8 Administrative Plan.</i></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> 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. <b>High performer N/A 2011 Annual Plan</b></p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>High performer N/A 2011 Annual Plan</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. <b>High performer N/A 2011 Annual Plan</b></p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" <b>High performer N/A 2011 Annual Plan</b></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)  (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)  (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)  (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)  (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (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, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)  (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

**PHA Certifications of Compliance  
with PHA Plans and Related  
Regulations**

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

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the \_\_\_ 5-Year and/or  Annual PHA Plan for the PHA fiscal year beginning 7/1/11, 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.

Town of Islip HA  
PHA Name

NY077  
PHA Number/HA Code

     5-Year PHA Plan for Fiscal Years 20     - 20    

Annual PHA Plan for Fiscal Years 2011 - 2012

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 <u>RONALD F. DEVINE, JR.</u>	Title <u>CHAIRMAN</u>
Signature <u>X- [Handwritten Signature]</u>	Date <u>APRIL 7, 2011</u>

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

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

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

I, Paul Fink the Executive Director certify that the Five Year and  
Annual PHA Plan of the Town of Islip HA is consistent with the Consolidated Plan of  
Town of Islip prepared pursuant to 24 CFR Part 91.

Paul Fink 4/7/11

Signed / Dated by Appropriate State or Local Official

PAUL FINK  
EXECUTIVE DIRECTOR  
TOWN OF ISLIP  
COMMUNITY DEVELOPMENT  
AGENCY

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

TOWN OF ISLIP HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

LOW RENT PUBLIC HOUSING/HOUSING CHOICE VOUCHER/CAP FUND/FSS

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

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

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

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

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

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

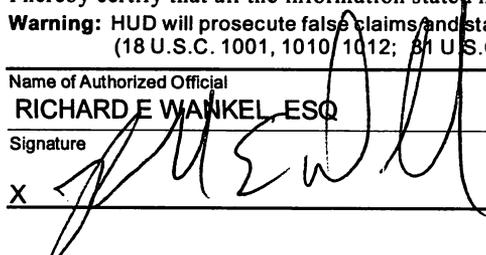
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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

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

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

Name of Authorized Official RICHARD E WANKEL ESQ	Title EXECUTIVE DIRECTOR & SECRETARY
Signature 	Date 04/07/2011

X

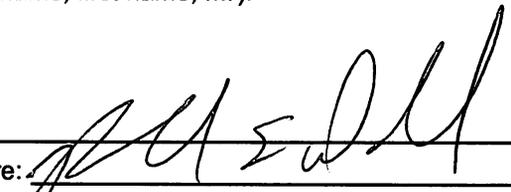
**DISCLOSURE OF LOBBYING ACTIVITIES**

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c2nd	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>  <div style="text-align: center;">             Signature: _____            Print Name: Richard E Wankel, Esq            Title: Executive Director &amp; Secretary            Telephone No.: 631 589 7186      Date: 04/7/2011         </div>	
<b>11.</b> 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.		
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

TOWN OF ISLIP HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

LOW RENT PUBLIC HOUSING/HOUSING CHOICE VOUCHER/CAP FUND/FSS

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

RICHARD E WANKEL, ESQ.

Title

EXECUTIVE DIRECTOR &amp; SECRETARY

Signature

Date (mm/dd/yyyy)

04/7/2011

## **Resident Advisory Board Meeting**

**December 17, 2010**

**(9:30 a.m.)**

- S8 Participant said that at 1352 5<sup>th</sup> Ave., Bay Shore, no outlet in bath and no heat in bathroom;
- Comment from PH Participant – follow up on work orders if cannot finish and explain why;
- S8 Participant suggested to remind families to contact Landlord if repair is not done. Call HA and put in writing;
- With regard to Public Meetings – HA explained that the Board is public but do not wait for meeting to express any concerns;
- PH Tenant asked – Does Emergency Plan cover flooding?

The HA responded to all of the above and addressed each issue the same day

### **Attendees:**

Emma Hampton  
Marie Piligra  
Maureen Frase  
F. Jeanne Anzalone  
Kevin Mullen



PRIORITY 3

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).

M/A

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.

FINN  
FINN

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* 50077 SL
- (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.*

Need  
✓ RAB Summary  
- CFP  
✓ 07  
✓ 08  
- 09  
- 10  
- APHA  
initial 11

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

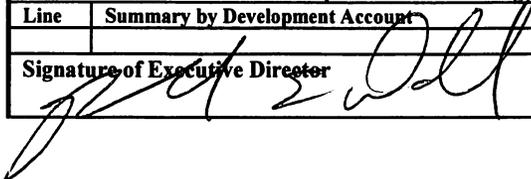
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>						
<b>PHA Name:</b> Town of Islip Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NY36P077501-07 Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:</b> 2007 <b>FFY of Grant Approval:</b> 2007	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>					
3	1408 Management Improvements	87,214	40,000	40,000	40,000	
4	1410 Administration (may not exceed 10% of line 21)	43,607	43,607	43,607	43,607	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	41,594	0			
8	1440 Site Acquisition					
9	1450 Site Improvement	30,000	121794	121794	121794	
10	1460 Dwelling Structures	154,541	191555	191555	159661.32	
11	1465.1 Dwelling Equipment—Nonexpendable	55,709	25,709	25,709	25,709	
12	1470 Non-dwelling Structures	10,000	0			
13	1475 Non-dwelling Equipment	36,885	36,885	36,885	36,885	
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid 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)	459,550	459,550	459,550	427656.32	
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					

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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  
 Expires 4/30/2011

<b>Part I: Summary</b>				
PHA Name: Town of Islip Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36P077501-07    Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2007 FFY of Grant Approval: 2007
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated    Expended
Signature of Executive Director 		Date 4-15-2011	Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Town of Islip Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36P077501-07 CFFP (Yes/ No): 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
PHA Wide				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Management Improvements	1408	100%	87,214	40,000	40,000	40,000	C
	Administration	1410	100%	43,607	43,607	43,607	43,607	OG
	A/E	1430	100%	41,594	0			
	Asphalt, concrete, landscape	1450	2 sites	30,000	121794	121794	121794	C
	Carpets, windows,Soffits	1460	3 sites	154,141	191555	191555	159661.32	OG
	Frige/stoves/HWH	1465	15	55,709	25,709	25,709	25,709	OG
	maintenance addition	1470	1 site	10,000	0			C
	Hybrid Vehicles	1475	2	36,885	36,885	36,885	36,885	C
	1408 detail security,staff train manuals,							
	Totals are for major work and are less than/or = to line 20 as per instructions HUD 50075.1							

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Town of Islip housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NY077P501-08      Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:</b> 2008 <b>FFY of Grant Approval:</b> 2008
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:5 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	30,000	30000	30000	30000
3	1408 Management Improvements	87,214	0		
4	1410 Administration (may not exceed 10% of line 21)	43,607	43607	43,607	43,607
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	55,000	15000	15000	15000
8	1440 Site Acquisition				
9	1450 Site Improvement	96,624	179687.2	179687.2	162651.94
10	1460 Dwelling Structures	100,000	127318.4	127318.4	38162.99
11	1465.1 Dwelling Equipment—Nonexpendable	35,709	35709	35709	35709
12	1470 Non-dwelling Structures	10,000	26832.4	26832.4	22119.87
13	1475 Non-dwelling Equipment	26,885	26885	26885	26885
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid 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)	485,039	485,039	485,039	374135.80
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				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name: Town of Islip Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY077P501-08 Date of CFFP: _____		Replacement Housing Factor Grant No: FFY of Grant: 2008 FFY of Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 5 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director		Date 4-15-11		Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Town of Islip Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY077P501-08 CFFP (Yes/ No): 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA WIDE								
	Operations	1406	100%	30,000	30,000	30000	30000	c
	Management Improvements	1408	100%	87,214	0	0	0	
	Administration-staff	1410	100%	43,607	43607	43,607	43,607	c
	A/E	1430	100%	55,000	15000	15000	15000	c
	water main, asphalt,electrConcrete	1450	100%	96,624	179687.2	179687.2	162651.94	c
	Carpets, soffits, porch repair trim gutters,baths,kitc,wind	1460	100%	100,000	127318.4	127318.4	38162.99	og
77-001	elec gener hook, cm rm mt 504	1470	1	10,000	26,832.40	26832.4	22119.87	og
	stoves, frige,HWH	1465	40	35,709	35709	35709	35709	c
	Non Dwelling Equipment	1475	100%	26,885	26885	26885	26885	c

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Town of Islip Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NY36P007501-09 Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:</b> 2009 <b>FFY of Grant Approval:</b> 2009
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:2 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	100,000	83479	58440.05	58440.05
3	1408 Management Improvements	25,000	25000	25000	25000
4	1410 Administration (may not exceed 10% of line 21)	50,000	48,000	15832.99	15832.99
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		35000	35000	35000
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000	70,000	40139.39	39859.4
10	1460 Dwelling Structures	275,000	222,000		
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 <sup>4</sup>				
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)	500,000	483,479	174412.43	174132.44
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	30,000	30,000		
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				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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  
 Expires 4/30/2011

<b>Part I: Summary</b>				
PHA Name: Town of Islip Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36P007501-09 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:2 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated      Expended
Signature of Executive Director <i>[Handwritten Signature]</i>		Date 5-24-11	Signature of Public Housing Director Date	



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

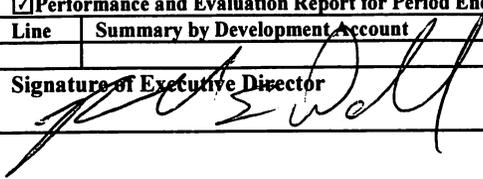
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>						
<b>PHA Name:</b> Town of Islip Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NY36P007501-10 Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:</b> 2010	<b>FFY of Grant Approval:</b> 2010
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	67388	67388			
3	1408 Management Improvements	27388	27388	9298.9	9298.9	
4	1410 Administration (may not exceed 10% of line 21)	47388	47388	15073.79	15073.79	
5	1411 Audit	5000	5000			
6	1415 Liquidated Damages					
7	1430 Fees and Costs	25000	25000	22463.5	22463.5	
8	1440 Site Acquisition					
9	1450 Site Improvement	40000	40000			
10	1460 Dwelling Structures	125000	125000			
11	1465.1 Dwelling Equipment—Nonexpendable	16716	16716	10506.73	10506.73	
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	120000	120000	108468.74	108468.74	
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid 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)	473880	473880	165,811.66	165,811.66	
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					

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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  
 Expires 4/30/2011

<b>Part I: Summary</b>				
PHA Name: Town of Islip Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36P007501-10 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2010 FFY of Grant Approval: 2010
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated      Expended
Signature of Executive Director 		Date 4-15-11	Signature of Public Housing Director      Date	

Part II: Supporting Pages								
PHA Name: Town of Islip Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36P007501-10 CFFP (Yes/ No): 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide								
	Operations	1406	100%	67,388	67,388			
	management Improvements	1408	100%	27,388	27,388	9298.9	9298.9	og
	Administration	1410	100%	47,388	47388	15073.79	15073.79	og
	Audit	1411	100%	5000	5000			
	A/E,consult	1430		25,000	25,000	22463.5	22463.5	og
	504,asphalt,concrete	1450		40,000	40,000			
	bath reno, kit reno,wind,504	1460		125,000	125,000			
	frige,stoves	1465.1		16716	16716	10506.73	10506.73	og
	Snow rem. equip, veh's repl	1475		120000	120000	108468.74	108468.74	og

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

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

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

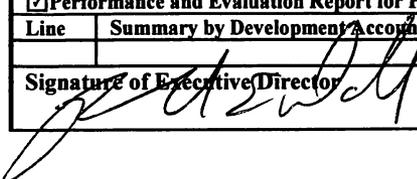
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Town of Islip housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NY36S07750109      Replacement Housing Factor Grant No: Date of CFFP: _____		<b>FFY of Grant:</b> 2009 <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	50,000	70,000	70000	4846.87
4	1410 Administration (may not exceed 10% of line 21)	61,396	61,396	61396	39864.56
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000	26,567	26567	26567.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	452,567	150,000	150000	146214.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures		250,000	250000	165597.1
13	1475 Non-dwelling Equipment		56,000	56000	55420
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid 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)	613,963	613,963	613,963	438509.53**
21	Amount of line 20 Related to LBP Activities				note the actual vouchers
22	Amount of line 20 Related to Section 504 Activities	20,000	250,000		and disbursements match
23	Amount of line 20 Related to Security – Soft Costs				this. I see a 462 error made
24	Amount of line 20 Related to Security – Hard Costs				in expended that i reported
25	Amount of line 20 Related to Energy Conservation Measures	10,000	10,000		12/7 or rather did not update

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name: TOWN OF ISLIP HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NY36S07750109 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director		Date	Signature of Public Housing Director		Date
		4-15-11			

Part II: Supporting Pages								
PHA Name: TOWN OF ISLIP HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: NY36S07750109 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA WIDE	Management Improvements	1408	100%	50,000	70,000	70000	4846.87	og
	Administration	1410	100%	61,396	61,396	61396	39864.56	og
	A/E Fees	1430	100%	50,000	26,567	26567	26567	c
	Complete Replacement of Bathrooms (334 units)	1460			0			
	rehab Laundry Rooms	1460	5		150,000	150000	146214.00	og
NY 1 & 2	rehab public restrooms	1470	3		100,000	100000		
PHA WIDE	disabled access cm rm doors	1470	6		150,000	150000	165597.1	og 1470 tot
	Coin op comm grade W/D	1475	35		56,000	56000	55420	og
	Notes HA completed 3rd party site assessment and has reports. Updates to this grant based on that and 10 day PH requirment met will reflect in updates to 5 year plan							

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

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

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: Town of Islip Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36P007501-11 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2011 FFY of Grant Approval: 2011	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	94776			
3	1408 Management Improvements	27388			
4	1410 Administration (may not exceed 10% of line 21)	47388			
5	1411 Audit	5000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25000			
8	1440 Site Acquisition				
9	1450 Site Improvement	60000			
10	1460 Dwelling Structures	105000			
11	1465.1 Dwelling Equipment—Nonexpendable	56716			
12	1470 Non-dwelling Structures	40000			
13	1475 Non-dwelling Equipment	12612			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid 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)	473880			
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				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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  
 Expires 4/30/2011

<b>Part I: Summary</b>				
PHA Name: Town of Islip Housing Authority		Grant Type and Number Capital Fund Program Grant No. NY36P007501-11 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2011 FFY of Grant Approval: 2011
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated      Expended
Signature of Executive Director <i>JM Swall</i>		Date <del>04-15-2011</del> 5-24-11	Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Town of Islip Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36P007501-11 CFFP (Yes/ No): 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide								
	Operations	1406	100%	94776				
	management improvements	1408	100%	27,388				
	Administration	1410	100%	47,388				
	Audit	1411	100%	5000				
	A/E,consult	1430		25,000				
	504,asphalt,concrete	1450		60,000				
	bath reno, kit reno,wind,504	1460		105,000				
	frige,stoves	1465.1		56716				
	veh's repl	1475		12612				
	flooring, painting, heat & a/c	1470		40000				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.