

# PHA Plans

## Streamlined Annual Version

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

OMB No. 2577-0226  
(exp. 06/30/2006)

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides 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 allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 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.

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# Streamlined Annual PHA Plan

## for Fiscal Year: 2006

### PHA Name:

## Ellsworth Housing Authority

**NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.**

## Streamlined Annual PHA Plan Agency Identification

**PHA Name: Ellsworth Housing Authority      PHA Number: ME027**

**PHA Fiscal Year Beginning: (mm/yyyy) 10/2006**

**PHA Programs Administered:**

**Public Housing and Section 8**       **Section 8 Only**       **Public Housing Only**  
Number of public housing units: 50      Number of S8 units:      Number of public housing units:  
Number of S8 units: 137

**PHA Consortia: (check box if submitting a joint PHA Plan and complete table)**

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

**PHA Plan Contact Information:**

Name: Terrance Kelley      Phone: (207) 288-4770  
TDD: (207) 288-2169      Email (if available): terry.kelley@emdiha.org

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

PHA's main administrative office       PHA's development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection.       Yes       No.

If yes, select all that apply:

Main administrative office of the PHA  
 PHA development management offices  
 Main administrative office of the local, county or State government  
 Public library       PHA website       Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

Main business office of the PHA       PHA development management offices  
 Other (list below)

**Streamlined Annual PHA Plan**  
**Fiscal Year 2006**  
[24 CFR Part 903.12(c)]

**Table of Contents**  
[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

**A. PHA PLAN COMPONENTS**

- 1. Site-Based Waiting List Policies  
**903.7(b)(2) Policies on Eligibility, Selection, and Admissions**
- 2. Capital Improvement Needs  
**903.7(g) Statement of Capital Improvements Needed**
- 3. Section 8(y) Homeownership  
**903.7(k)(1)(i) Statement of Homeownership Programs**
- 4. Project-Based Voucher Programs
- 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
- 6. Supporting Documents Available for Review
- 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- 8. Capital Fund Program 5-Year Action Plan

**B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE**

**Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan** identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

**Form HUD-50070, Certification for a Drug-Free Workplace;**

**Form HUD-50071, Certification of Payments to Influence Federal Transactions; and**

**Form SF-LLL & SF-LLLa, Disclosure of Lobbying Activities.**

**1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)**

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

**A. Site-Based Waiting Lists-Previous Year**

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B. Yes.

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics
Union River Estates	2000	100% Caucasian 0% Hispanic 30% Disabled	100% Caucasian 0% Hispanic 53% Disabled	0% Caucasian 0% Hispanic +23% Disabled

2. What is the number of site based waiting list developments to which families may apply at one time? All.
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list? *Two (after the second turn-down, the person is moved to the end of the list; after the third, they are removed).*
4.  Yes  No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

**B. Site-Based Waiting Lists – Coming Year**

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year?  
One

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?
3.  Yes  No: May families be on more than one list simultaneously?  
If yes, how many lists? All
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site-based waiting lists
  - At the development to which they would like to apply
  - Other (list below)

## **2. Capital Improvement Needs**

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

### **A. Capital Fund Program**

1.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2.  Yes  No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

### **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1.  Yes  No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s):

<b>HOPE VI Revitalization Grant Status</b>	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
<input type="checkbox"/>	Revitalization Plan under development
<input type="checkbox"/>	Revitalization Plan submitted, pending approval
<input type="checkbox"/>	Revitalization Plan approved
<input type="checkbox"/>	Activities pursuant to an approved Revitalization Plan underway

3.  Yes  No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:
4.  Yes  No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:
5.  Yes  No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

**3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**  
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

2. Program Description:

a. Size of Program

- Yes  No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year? Five.

b. PHA-established eligibility criteria

Yes  No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria:

- *To be eligible, a family must be a current participant in good standing in the Housing Authority's Section 8 HCV program for at least 12 months with 1) no money owed to any public housing authorities, 2) no outstanding Section 8 program violations and 3) no serious or repeated lease violations that could be grounds for lease termination.*
- *To be eligible, a family must be determined to be "mortgage ready" by the Credit Review Subcommittee of the Homeownership Option Oversight Committee, which is composed of community members experienced in reviewing credit reports and having a working knowledge of standard mortgage underwriting procedures and requirements.*

c. What actions will the PHA undertake to implement the program this year (list)?

*Recruit potential eligible applicants  
Work with Brewer Housing Authority to implement program*

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below): *Brewer Housing Authority - 6 Years*
- Demonstrating that it has other relevant experience (list experience below):

#### **4. Use of the Project-Based Voucher Program**

##### **Intent to Use Project-Based Assistance**

Yes  No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1.  Yes  No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
  - low utilization rate for vouchers due to lack of suitable rental units
  - access to neighborhoods outside of high poverty areas
  - other (describe below:)
  
2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

### **5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: (State of Maine)
  
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
  - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
  - Other: (list below)
  
3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

*The State of Maine is available for us to seek funding from, if we need to do so.*



## **6. Supporting Documents Available for Review for Streamlined Annual PHA Plans**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
NA	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
Yes	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
NA	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
Yes	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
Yes	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
Yes	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
Yes	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
NA	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
Yes	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
Yes	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
Yes	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
Yes	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
Yes	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
		Sufficiency
Yes	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	Any policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
Yes	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
Yes	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
Yes	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
Yes	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
NA	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
Yes	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
Yes	Policies governing any Section 8 Homeownership program (Section 20-9 of the Section 8 Administrative Plan)	Annual Plan: Homeownership
Yes	Public Housing Community Service Policy/Programs <input type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
Yes	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
Yes	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
NA	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
Yes	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
Yes	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
NA	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
NA	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: <b>Ellsworth Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: ME 36P 027 501 06 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>
<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					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	2,000.00	0.00	0.00	0.00
3	1408 Management Improvements soft costs	7,000.00	0.00	0.00	0.00
4	1410 Administration	6,000.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	12,000.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	750.00	0.00	0.00	0.00
10	1460 Dwelling Structures	5,000.00	0.00	0.00	0.00
11	1465.1 Dwelling Equipment— Nonexpendable	31,892.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	350.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00

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

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>						
<b>PHA Name:</b> <b>Ellsworth Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: ME 36P 027 501 06 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2006</b>	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>						
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
19	1501 Collaterization or Debt Service	0.00	0.00	0.00	0.00	
20	1502 Contingency	0.00	0.00	0.00	0.00	
21	Amount of Annual Grant: (sum of lines 2 – 20)	64,992.00	0.00	0.00	0.00	
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504 compliance					
24	Amount of line 21 Related to Security – Soft Costs					
25	Amount of Line 21 Related to Security – Hard Costs					
26	Amount of line 21 Related to Energy Conservation Measures					

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

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
Part II: Supporting Pages**

PHA Name: Ellsworth Housing Authority		Grant Type and Number Capital Fund Program Grant No: ME 36P 027 501 06 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantit y	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
ME 27-2&3	Paint exterior doors	1460		4,000.00	0.00	0.00	0.00	
ME 27-2&3	Replace smoke heads, per building	1465.1		4,392.00	0.00	0.00	0.00	
ME 27-2&3	Replace fire extinguishers	1475	23	350.00	0.00	0.00	0.00	
	Replace existing controller in boiler rm	1465.1		3,500.00	0.00	0.00	0.00	
	Replace trash compactor	1465.1		10,000.00	0.00	0.00	0.00	
	Repair leak at elevator shaft roof	1460		500.00	0.00	0.00	0.00	
	Replace benches at courtyard and lights	1450		750.00	0.00	0.00	0.00	
	Reinstall soffit at area that are off	1460		500.00	0.00	0.00	0.00	
	Repay loan taken to finish the coal sys	1465.1		14,000.00	0.00	0.00	0.00	
	repairs, completed under FY 05							

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Ellsworth Housing Authority			Grant Type and Number Capital Fund Program Grant No: ME 36P 027 501 06 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantit y	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Administration	1410		6,000.00	0.00	0.00	0.00	
	Operations	1406		2,000.00	0.00	0.00	0.00	
	Replace Community Rm furniture	1408.2		4,500.00	0.00	0.00	0.00	
	Arch/Eng contract to develop plans and specs for construction bid documents,	1430		12,000.00	0.00	0.00	0.00	
	inspect work and certify completion of design							
	Update computer system and software	1408.1		2,500.00	0.00	0.00	0.00	

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

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>							
PHA Name: Ellsworth Housing Auth		<b>Grant Type and Number</b> Capital Fund Program No: ME 36P 027 501 06 Replacement Housing Factor No:				Federal FY of Grant: 2006	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
ME 27-2&3, Union River Estates	9/08			9/09			
PHA – Wide	9/08			9/09			

## 8. Capital Fund Program Five-Year Action Plan

### Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Ellsworth Housing Authority						<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1
Development Number/Name/H A-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2007 PHA FY: 2006	Work Statement for Year 3 FFY Grant: 2008 PHA FY: 2007	Work Statement for Year 4 FFY Grant: 2009 PHA FY: 2008	Work Statement for Year 5 FFY Grant: 2010 PHA FY: 2009	
	Annual State ment					
ME 27-2 & 3 Union River Estates		86,000.00	98,500.00	87,000.00	185,000.00	
<i>HA-wide</i>		16,000.00	19,000.00	18,000.00	20,000.00	
CFP Funds Listed for 5-year planning		102,000.00	117,500.00	105,000.00	205,000.00	
Replacement Housing Factor Funds		0	0	0	0	



## 8. Capital Fund Program Five-Year Action Plan

### Capital Fund Program Five-Year Action Plan

#### Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2007 PHA FY: 2006			Activities for Year: <u>3</u> FFY Grant: 2008 PHA FY: 2007		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual	ME 27-2 & 3 Union River Estates	<i>Replace rotten ext. trim and paint all trim, clean cedar shingles of mold, paint/stain bldg (Phased work)</i>	35,000.00	ME 27-2 & 3, Union River Estates	<i>Replace rotten ext trim and paint all trim, clean cedar shingles of mold, paint/stain bldg (Phased work)</i>	35,000.00
Statement	ME 27-2 & 3 Union River Estates	Patch seal coat parking lot	12,000.00	ME 27-2 & 3, Union River Estates	<i>Replace carpet/vinyl fl, caulk around tub, ea apt</i>	35,000.00
	ME 27-2 & 3 Union River Estates	Landscaping	5,000.00	ME 27-2 & 3, Union River Estates	Paint exterior doors	6,000.00
	ME 27-2 & 3 Union River Estates	Replace carpet/vinyl fl, caulk around tub	19,000.00	ME 27-2 & 3, Union River Estates	Install granite curb at main entrance	3,500.00
	ME 27-2 & 3 Union River Estates	Replace windows, phased work	10,000.00	ME 27-2 & 3, Union River Estates	Replace ceiling tiles	14,000.00
	ME 27-2 & 3 Union River Estates	Purchase a lawn mower	1,500.00	ME 27-2 & 3 Union River Estates	Landscaping	5,000.00
	ME 27-2 & 3 Union River Estates	Replace key with a keyless system	3,500.00			
	HA Wide	Salaries and benefits	8,000.00	HA Wide	Salaries and benefits	8,000.00
	HA Wide	Architect/Eng fees	8,000.00	HA Wide	Architect/Eng fees	8,000.00
				HA Wide	Comm Rm furniture	3,000.00
	Total CFP Estimated Cost		102,000.00			117,500.00

## **8. Capital Fund Program Five-Year Action Plan**

Capital Fund Program Five-Year Action Plan

### **Part II: Supporting Pages—Work Activities**

Activities for Year : <u>4</u> FFY Grant: 2009 PHA FY: 2008			Activities for Year: <u>5</u> FFY Grant: 2010 PHA FY: 2009		
<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
ME 27-2 &3 Union River Estates	Clean out swale around front drive	4,000.00	ME 27-2 & 3 Union River Estates	Kitchen renovations (Phased work)	60,000.00
ME 27-2 &3 Union River Estates	Kitchen renovations (phased work)	60,000.00	ME 27-2 &3 Union River Estates	Casement windows are hard to operate, replace windows (phased work)	120,000.00
ME 27-2 &3 Union River Estates	Install catch pans under Hot water tanks	10,000.00	ME 27-2 & 3 Union River Estates	Landscaping	5,000.00
ME 27-2 &3 Union River Estates	Clean out vents	8,000.00			
ME 27-2 & 3 Union River Estates	Landscaping	5,000.00	HA Wide	Salaries and benefits	8,000.00
HA Wide	Salaries and benefits	8,000.00	HA Wide	Architect/Eng fees	10,000.00
HA Wide	Architect/Eng fees	8,000.00	HA Wide	Comm. Rm furniture	2,000.00
HA Wide	Comm. Rm furniture	2,000.00			
<b>Total CFP Estimated Cost</b>		<b>105,000.00</b>			<b>205,000.00</b>

## Past Year Capital Fund Program Annual Statements

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Ellsworth Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: ME 36P 027 501 05 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2005
<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: 3/31/2006 <input type="checkbox"/> Final Performance and Evaluation Report					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	2,000.00	560.00	560.00	0.00
3	1408 Management Improvements soft costs	0.00	0.00	0.00	0.00
4	1410 Administration	6,000.00	6,000.00	6,000.00	6,000.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	12,000.00	13,440.00	13,440.00	8,308.09
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	0.00	0.00	0.00	0.00
11	1465.1 Dwelling Equipment— Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	48,112.00	48,112.00	48,112.00	48,112.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collaterization or Debt Service	0.00	0.00	0.00	0.00

**Past Year Capital Fund Program Annual Statements**

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHA Name:</b> Ellsworth Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: ME 36P 027 501 05 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2005
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Original Annual Statement    Reserve for Disasters/ Emergencies    Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending: 3/31/2006    Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	68,112.00	68,112.00	68,112.00	68,112.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Past Year Capital Fund Program Annual Statements**

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Ellsworth Housing Authority			Grant Type and Number Capital Fund Program Grant No: ME 36P 027 501 05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantit y	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
ME 27-2&3	Coal Auger System rebuild	1475		48,112.00	48,112.00	48,112.00	48,112.00	
ME 27-2&3	Paint exterior doors	1460		0.00	0.00	0.00	0.00	
ME 27-2&3	Replace smoke heads, per building	1465.1		0.00	0.00	0.00	0.00	
HA-Wide	Administration	1410		6,000.00	6,000.00	6,000.00	6,000.00	
	Operations	1406		2,000.00	560.00	560.00	0.00	
HA-Wide	Arch/Eng contract to develop plans and specs for construction bid documents, inspect work and certify completion of design	1430		12,000.00	12,000.00	12,000.00	8,308.09	
	Complete an update to the 5yr plan	1430		0.00	0.00	0.00	0.00	
	Complete an energy audit	1430		0.00	1,440.00	1,440.00	0.00	

**Past Year Capital Fund Program Annual Statements**

<b>Annual Statement/Performance and Evaluation Report</b>							
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>							
<b>Part III: Implementation Schedule</b>							
PHA Name: Ellsworth Housing Auth			Grant Type and Number Capital Fund Program No: ME 36P 027 501 05 Replacement Housing Factor No:			Federal FY of Grant: 2005	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
ME 27-2&3, Union River Estates	9/07		3/31/2006	9/08			
PHA – Wide	9/07		3/31/2006	9/08			

## Past Year Capital Fund Program Annual Statements

### Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

<b>PHA Name:</b> Ellsworth Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: ME 36P 027 501 04 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2004</b>
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no: 2)  
 Performance and Evaluation Report for Period Ending: 3/31/2006  
  Final Performance and Evaluation Report

Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	4,000.00	4,000.00	4,000.00	4,000.00
3	1408 Management Improvements soft costs	9,772.71	4,772.71	4,772.71	4,772.71
4	1410 Administration	6,000.00	6,000.00	6,000.00	6,000.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	12,000.00	12,000.00	12,000.00	12,000.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	7,239.49	7,189.32	7,189.32	7,189.32
11	1465.1 Dwelling Equipment— Nonexpendable	38,288.80	43,338.97	43,338.97	43,338.97
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collaterization or Debt Service	0.00	0.00	0.00	0.00

## Past Year Capital Fund Program Annual Statements

### Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: <b>Ellsworth Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: ME 36P 027 501 04 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2004</b>
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no: 2)  
 Performance and Evaluation Report for Period Ending: 3/31/2006  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$77,301.00	\$77,301.00	\$77,301.00	\$77,301.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



## Past Year Capital Fund Program Annual Statements

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Ellsworth Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: ME 36P 027 501 04 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
ME 27-2&3	Replace stoves (color white)	1465.1		15,912.00	15,912.00	15,912.00	15,912.00	
ME 27-2&3	Address Fire Department issues	1460		5,539.90	5,539.90	5,539.90	5,539.90	
ME 27-2&3	Paint exterior doors	1460		0.00	0.00	0.00	0.00	
ME 27-2&3	Repl rotten ext trim and paint all trim, clean cedar shingles of mold, and paint/stain – phased project	1460		0.00	0.00	0.00	0.00	
ME 27-2&3	Finish upgrade fire panel (started FY03)	1465.1		7,971.96	7,971.96	7,971.96	7,971.96	
ME 27-2&3	Repl med cabs and lights all units, install med cab in HC unit where there is now only a light	1460		1,699.59	1,649.42	1,649.42	1,649.42	
ME 27-2&3	Repl electric 30-gal water heaters	1465.1		0.00	0.00	0.00	0.00	
HA-Wide	Administration	1410		6,000.00	6,000.00	6,000.00	6,000.00	

**Past Year Capital Fund Program Annual Statements**

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Ellsworth Housing Authority			Grant Type and Number Capital Fund Program Grant No: ME 36P 027 501 04 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantit y	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Operations	1406		4,000.00	4,000.00	4,000.00	4,000.00	
HA-Wide	Arch/Eng contract to develop plans and specs for construction bid documents, inspect work and certify completion of design	1430		12,000.00	12,000.00	12,000.00	12,000.00	
ME 27-2&3	Renovate/repair coal auger system, etc.	1465. 1		4,461.89	4,461.89	4,461.89	4,461.89	
	Coal Auger System repair	1465. 1		9,942.95	14,993.12	14,993.12	14,993.12	
	Purchase computer software	1408. 1		9,772.71	4,772.71	4,772.71	4,772.71	

**Past Year Capital Fund Program Annual Statements**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Ellsworth Housing Auth		<b>Grant Type and Number</b> Capital Fund Program No: ME 36P 027 501 04 Replacement Housing Factor No:				Federal FY of Grant: 2004	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
ME 27-2&3, Union River Estates	9/06		12/31/2005	9/07		12/31/2005	
PHA – Wide	9/06		12/31/2005	9/07		12/31/2005	

## Past Year Capital Fund Program Annual Statements

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Ellsworth Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: ME 36P 027 502 03 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2006 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements soft costs	0.00	0.00	0.00	0.00
4	1410 Administration	0.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	0.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	5,100.51	5,100.51	5,100.51	5,100.51
11	1465.1 Dwelling Equipment— Nonexpendable	8,202.49	8,202.49	8,202.49	8,202.49
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collaterization or Debt Service	0.00	0.00	0.00	0.00

**Past Year Capital Fund Program Annual Statements**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: <b>Ellsworth Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: ME 36P 027 502 03 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2003</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2006 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	13,303.00	13,303.00	13,303.00	13,303.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Past Year Capital Fund Program Annual Statements**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Ellsworth Housing Authority		Grant Type and Number Capital Fund Program Grant No: ME 36P 027 502 03 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
ME 27-2&3	Replace refrigerators (started in 501 03)	1465.1	51	3,000.15	3,000.15	3,000.15	3,000.15	
	Address fire inspection issues	1460		0.00	0.00	0.00	0.00	
	Purchase three windows for use in residing project	1460		1,825.51	1,825.51	1,825.51	1,825.51	
	Install handrails to exterior steps	1460		2,250.00	2,250.00	2,250.00	2,250.00	
ME 27-2&3	Finish fire alarm work	1465.1		5,202.34	5,202.34	5,202.34	5,202.34	
ME 27-2&3	Vinyl siding work	1460		1,025.00	1,025.00	1,025.00	1,025.00	

**Past Year Capital Fund Program Annual Statements**

<b>Annual Statement/Performance and Evaluation Report</b>							
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>							
<b>Part III: Implementation Schedule</b>							
PHA Name: Ellsworth Housing Auth		Grant Type and Number Capital Fund Program No: ME 36P 027 502 03 Replacement Housing Factor No:				Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
ME 27-2&3	9/05		9/04	9/06		6/30/06	
Union River Estates							
PHA – Wide	9/05		9/04	9/06		6/30/06	

# Past Year Capital Fund Program Annual Statements

## Actual Comprehensive Grant Cost Certificate

Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(Exp. 06/30/2005)

PHA/IHA Name  <b>Ellsworth Housing Authority</b>	Comprehensive Grant Number <b>ME 36P-027-501 04</b>
	FFY of Grant Approval

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	\$77,301.00
B. Revised Funds Approved	\$77,301.00
C. Funds Advanced	\$77,301.00
C. Funds Expended (Actual Modernization Cost)	\$77,301.00
E. Amount to be Recaptured (A-D)	\$ 0.00
F. Excess of Funds Advanced (C-D)	\$ 0.00

2. That all modernization work in connection with the Comprehensive Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefore incurred by the PHA have been fully paid;

4. That there are not undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated, 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)

Signature	Date
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### For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)	Date
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The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)	Date
--	------

Approved (Field Office Manager)	Date
---------------------------------	------

form **HUD-52839** (2/92)  
ref Handbook 7485.3



**Past Year Capital Fund Program Annual Statements**

**Actual Comprehensive Grant  
Cost Certificate**

Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(Exp. 06/30/2005)

PHA/IHA Name  <b>Ellsworth Housing Authority</b>	Comprehensive Grant Number <b>ME 36P-027-502 03</b>
	FFY of Grant Approval

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	\$13,303.00
B. Revised Funds Approved	\$13,303.00
C. Funds Advanced	\$13,303.00
C. Funds Expended (Actual Modernization Cost)	\$13,303.00
E. Amount to be Recaptured (A-D)	\$ 0.00
F. Excess of Funds Advanced (C-D)	\$ 0.00

2. That all modernization work in connection with the Comprehensive Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefore incurred by the PHA have been fully paid;
4. That there are not undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and
6. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated, 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)

Signature	Date
-----------	------

**For HUD Use Only**

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)	Date
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Approved (Field Office Manager)	Date
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form HUD-52839 (2/92)  
ref Handbook 7485.3

## **ATTACHMENT A**

### **Statement relating to the Violence Against Women Act**

The PHA offers the same activities, services and programs to child and adult victims of domestic violence, dating violence, sexual assault and stalking as it does to all other community members. The PHA does not offer any activities, services or programs that are specifically designed to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families. Referrals to outside agencies are offered by program staff as appropriate. Confidentiality and safety are always priorities in the planning and implementation of policies and programs.