PHA 5-Year and Annual Plan

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

OMB No. 2577-0226 Expires 4/30/2011

1.0	PHA Information				
	PHA Name: Bangor Housing Authority PHA Type: Small High Perform	ning Standard	HCV (Section	Code: <u>ME009</u> 8)	
	PHA Fiscal Year Beginning: (MM/YYYY): 01/2			0)	
• •	T 4 4 AGG to the CENT OF				
2.0	Inventory (based on ACC units at time of FY begin Number of PH units:567		of HCV units: 423	_	
3.0	Submission Type ☐ 5-Year and Annual Plan ☐ An	nual Plan Only	5-Year Plan Only		
4.0	PHA Consortia PHA Con	nsortia: (Check box if submitting	a joint Plan and complete table	le below.)	
			1	No. of Uni	ts in Each
	Participating PHAs PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	Program	1
		the Consortia	Consortia	PH	HCV
	PHA 1: PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-	Year Plan update.		ı	
					1
5.1	Mission. State the PHA's Mission for serving the n jurisdiction for the next five years:	eeds of low-income, very low-inc	come, and extremely low inco	me families in	the PHA's
	jurisdiction for the next five years.				
	This is not a Five-Year Plan				
5.2	Goals and Objectives. Identify the PHA's quantifi	able goals and objectives that wil	ll enable the PHA to serve the	needs of low-	income and
3.2	very low-income, and extremely low-income familie				
	the goals and objectives described in the previous 5-	-Year Plan.			
	This is not a Five-Year Plan				
	PHA Plan Update				
		the state of the s			
	(a) Identify all PHA Plan elements that have been a	revised by the PHA since its last .	Annual Plan submission:		
	Our ACOP and Administrative Plan	have been amended to comply	with HUD required changes	s. In addition:	:
	1. Eligibility, Selection and Admissions P			es:	
	2. Financial Resources: Changes are reflected	cted in our Supporting Document	tation		
	3. Rent Determination: No Changes 4. Operation and Management: No Chan	ges			
6.0	Grievance Procedures: No Changes				
	6. Designated Housing for Elderly and D	isabled Families: No Changes.			
	7. Community Service: No Changes 8. Safety and Crime Prevention: No Changes	nges			
	9. Pets: Modified to bring into compliance.				
	10. Civil Rights Certification: No Changes				
	11. Fiscal Year Audit: The latest audits are 12. Asset Management: No Changes	available for review			
	13. Violence Against Women Act: No Cha	nges			
		1	14 IDII4 DI E	1 . 11	CDIIA
	(b) Identify the specific location(s) where the public Plan elements, see Section 6.0 of the instruction		r and Annual PHA Plan. For a	a complete list	OI PHA
	Our Main Administrative Office at 161 Davis Ro	ad, Bangor, ME. We will post of	our plan on a web site we are	in the proce	ss of
	developing.				
	Hope VI, Mixed Finance Modernization or Devel Homeownership Programs, and Project-based V				
7.0	The only one of these activities we are contemplating	ig for 2010 is the notantial sale of	fannrovimataly 25 agree of a	roace proports	at the Ohio
	Street Property to the Bangor Housing Developmen				at the Ollo
			-		

		Demolition/Disposition Activity Description	
		1a. Development name: Ohio Street	
		1b. Development (project) number:ME-00901	İ
		2. Activity type: Demolition	İ
		Disposition 2. Application state (selection)	İ
		3. Application status (select one) Approved ☐	İ
		Submitted, pending approval	İ
		Planned application	İ
		4. Date application approved, submitted, or planned for submission: (10/1/2011)	İ
		5. Number of units affected:	İ
		6. Coverage of action (select one)	İ
		Part of the development	İ
		Total development	İ
		7. Timeline for activity: a. Actual or projected start date of activity: 8/1/2011	İ
		b. Projected end date of activity: 8/1/2011	İ
		b.1 rojected and date of detrivity. 6/1/2011	1
8.0		Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.	
		Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually	y
8.1		complete and submit the Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1, for each current and open CFP grant and CFFP financing.	
		See Attachments	
		Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the Capital Fund Program Five-Year Action Plan.	ital
8.2		Fund Program Five-Year Action Plan, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and	
0.2		add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.	
		See Attachment	
0.2		Capital Fund Financing Program (CFFP).	
8.3		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.	
		The state of the s	
9.0		Housing Needs . Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.	
		N. D. A. LAWILD A	
		Not Required of High Performers	
9.1	juris	tegy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the diction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual submission with the 5-Year Plan.	ıl
	Not	Required of High Performers	
	Add	itional Information. Describe the following, as well as any additional information HUD has requested.	
		,,,,,,	
		Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5	i-
10.0	1	Year Plan.	
	Not	Required of High Performers	
		Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"	
	Not	Required of High Performers	
	1101	Arcyanica vi Angu A vi (Vi III) is	

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

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

- **5.1 Mission**. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.
- **5.2 Goals and Objectives**. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.
- 6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:
 - (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
 - (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

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

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

- Pets. A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
- 10. Civil Rights Certification. A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
- 11. Fiscal Year Audit. The results of the most recent fiscal year audit for the PHA.
- 12. Asset Management. A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
- 13. Violence Against Women Act (VAWA). A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.
- Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers
 - Hope VI or Mixed Finance Modernization or Development. 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at:
 - http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm
 - (b) Demolition and/or Disposition. With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at:

http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.c

Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.

Conversion of Public Housing. With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/conversion.cfm

- (d) Homeownership. A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) Project-based Vouchers. If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.
- 8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.
 - 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the Capital Fund Program Annual Statement/Performance and Evaluation Report (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:
 - (a) To submit the initial budget for a new grant or CFFP;
 - (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
 - To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

- portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:
- http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm
- 9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).
 - 9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).
- **10.0** Additional Information. Describe the following, as well as any additional information requested by HUD:
 - (a) Progress in Meeting Mission and Goals. PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).
 - (b) Significant Amendment and Substantial Deviation/Modification. PHA must provide the definition of "significant amendment" and "substantial deviation/modification". (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. (Note: Standard and Troubled PHAs complete annually).
- 11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.
 - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations
 - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
 - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
 - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
 - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
 - (f) Resident Advisory Board (RAB) comments.
 - (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
 - (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only). See instructions in 8.1.
 - (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only). See instructions in 8.2.

Attachment A

Bangor Housing Authority

Annual Plan Fiscal Year 2011

Comments of the Resident Advisory Board

The Bangor Housing Authority conducted a meeting with its Resident Advisory Board (RAB) on September 22, 2010.

Elements of the PHA Five-Year Plan Template and the Capital Fund Program grants were discussed. The RAB members agreed with the Plan as presented and made no suggestions.

Elsie Coffey, Executive Director Bangor Housing Authority

October 9, 2010

Attachment B

Bangor Housing Authority

Annual Plan Fiscal Year 2011

Challenged Elements

There were no challenged elements to the Housing Authority's Annual Plan

Elsie Coffey, Executive Director Bangor Housing Authority

October 9, 2010

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

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17	10	16	2	14	13	12	13 =	- -	10	٥	8	7	6	٥	4		۱	2	1		Line	Type of Grant ⊠ Original Aı ☐ Performanı	Bangor H	Part I: Summary
1499 Development Activities 4	1493.1 Relocation Costs	140g I Balandia Canada Sentenbulan mon	1492 Moving to Work Demonstration	1485 Demolition	1475 Non-dwelling Equipment	14/0 Non-dwelling Structures	1470 Now Applied Sent Thomas Applied Sent Thom	1465 1 Dwelling Editionary Manager 4-11.	1460 Divalling Construction	1450 Site Improvement	1440 Site Acquisition	1430 Fees and Costs	1415 Liquidated Damages	1411 Audit	1410 Administration (may not exceed 10% of line 21)	1406 Management improvements	1400 Manager (1112) 1101 EARWAY 20/00/111110 21/	1406 Operations (may not exceed 20% of line 21) 3	Total non-CFP Funds		Summary by Development Account	pe of Grant Original Annual Statement Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending:	Bangor Housing Authority ME009 Grant Type and Number Capital Fund Program Grant No: ME36P009-501-11 Replacement Housing Factor Grant No: Date of CFFP:	ummary
									829,442.00						105,785.00	38,000.00				Original	Total E		2009-501-11	
																				Revised ²	Total Estimated Cost	☐ Revised Annual Statement (revision no: ☐ Final Performance and Evaluation Report		
																			0	Ohligated		ision no:		
																				2 0 000	Total Actual Cost 1	<u> </u>	FFY FFY	
										And the second s									Expellucu	Evnended	ial Cost 1		FFY of Grant: 2011 FFY of Grant Approval:	Expires 4/30/2011

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

⁴RHF funds shall be included here.

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

	Signature	25	24	23	22	21	20	19	18ba	18a		Line	Perfor	Origin	Type of Grant	PHA Name: Bangor Housing Authority ME009	Part I: Summary
	Signature of Executive Director Di	Amount of line 20 Related to Energy Conservation Measures	Amount of line 20 Related to Security - Hard Costs	Amount of line 20 Related to Security - Soft Costs	Amount of line 20 Related to Section 504 Activities	Amount of line 20 Related to LBP Activities	Amount of Annual Grant:: (sum of lines 2 - 19)	1502 Contingency (may not exceed 8% of line 20)	9000 Collateralization or Debt Service paid Via System of Direct Payment	1501 Collateralization or Debt Service paid by the PHA		Summary by Development Account	Performance and Evaluation Report for Period Ending:	Original Annual Statement Reserve for Disasters/Emergencies	ant	using Capital Fund Program Grant No: ME36P009-501-11 Replacement Housing Factor Grant No: Date of CFFP:	ummary
	Date 711-2010						1,057,855.00	84,628.00			Original	Т		gencies			
	Signature of Public Housing Director										Revised ²	Total Estimated Cost	□ Fi				
	ousing Direct												nal Performanc	evised Annual St		FFY of Grant:2011 FFY of Grant Approval:	
The state of the s	or										Obligated	Total A	☐ Final Performance and Evaluation Report	☐ Revised Annual Statement (revision no:		Approval:	
	Date		THE STATE OF THE S								Expended	Total Actual Cost 1					

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages	8								
PHA Name: Bangor Housing Authority ME009		Grant Type and Number Capital Fund Program Grant No: ME36P009-501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:	Number gram Grant No: using Factor Grant	ME36P009-50	1-1	Federal F	Federal FFY of Grant: 2011	1	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost	ed Cost	Total Actual Cost	Ost	Status of Work
					Original	Revised 1	Funds Ohlioated ²	Funds	
HA Wide	Continuation of Program with City of Bangor Police Department / Site Security	of 1408 curity		Lump	38,000.00		On Bared	Experiaca	
HA Wide	Administration of CFP Funds	1410		Lump	105,785.00				
AMP~1 Griffin Park	Site & Parking Lot Improvement	1450		50 Units	217.806.00				
AMP~1 Capehart	Site, Walkway, Driveway Improvement	nent 1450		442 Units	611,636.00				
HA Wide	Contingency	1502		Lump	84,628.00				
¹ To be c	To be completed for the Performance and Evaluation Demost or a Davids A A Statement	enort or a Davicad	Amuel Statemen						

¹⁰ be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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Part II: Supporting Pages PHA Name:		7							
PHA Name: Bangor Housing Authority ME009		Grant Type and Number Capital Fund Program Gran CFFP (Yes/ No): Replacement Housing Fact	Grant Type and Number Capital Fund Program Grant No: ME36P009-501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:	ME36P009-50)1-11	Federal I	Federal FFY of Grant: 2011	011	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
¹ To be cor	¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement	Renort or a Revis	and Annual Statement						

To be completed for the Performance and Evaluation Report.

Part III: Implementati	Part III: Implementation Schedule for Capital Fund Financing Program	Financing Program			
PHA Name: Bangor Housing Authority ME009	ority ME009				Federal FFY of Grant: 2011
Development Number Name/PHA-Wide Activities		All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide 1408	09/30/2012		09/30/2014		
HA Wide 1410	09/30/2012		09/30/2014		
AMP~1 1450	09/30/2012		00/30/2014		
HA Wide 1502	09/30/2012		09/30/2014		

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

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			
PHA Name: Bangor Housing Authority ME009	ИE009				Federal FFY of Grant: 2011
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
					THE PARTY OF THE P

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

Part	Part I: Summary					
PHA N ME009	PHA Name/Number Bangor Housing Authority ME009	sing Authority	Locality (City/o	Locality (City/County & State) 04401	⊠Original 5-Year Plan □I	Revision No:
>	Development Number and	Work Statement	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
Ą.	Name	for Year 1 FFY: 2011	FFY: 2012	FFY: 2013	FFY: 2014	FFY: 2015
В.	Physical Improvements	Achology Stratopicos	829,442.00	829,442.00	829,442.00	829,442.00
7						
3 5	Management improvements		38,000.00	38,000.00	38,000.00	38,000.00
	PHA-Wide Non-dwelling		0	0	0	0
	Structures and Equipment					(
Ė	Administration		105,785.00	105,785.00	105 785 00	105 785 00
F.	Other		84,628.00	84.628.00	84 628 00	84 678 00
G.	Operations		0	0	0 ,020.00	84;028.00
Н.	Demolition		0	0	0	0
	Development		0	0	Ô	0
<u>.</u>	Capital Fund Financing -		0	0	0	0
	Debt Service			(c	c
<u>.</u> .	Total CFP Funds		1,057,855.00	1.057.855.00	1 057 855 00	1 057 855 00
L.	Total Non-CFP Funds		0	0	0	0
Ĭ.	Grand Total	1,057,855.00	1,057,855.00	1.057,855.00	1 057 855 00	1 057 855 00

Part	Part I: Summary (Continuation)	tion)				
PHA N ME009	PHA Name/Number Bangor Housing Authority ME009	ng Authority	Locality (City/county & State) Bangor, Maine 04401	county & State)	⊠Original 5-Year Plan 🔲	Revision No:
	Development Number	Work	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Wark Statement for Vegr S
.A	and Name	Statement for Year 1	FFY: 2012		FFY: 2014	FFY: 2015
		FFY: 2011				
		Admysal Statistissist				
					The state of the s	

\$ 829,442.00	Subtotal of Estimated Cost	Sub	\$ 829,442.00	Subtotal of Estimated Cost	Sub	
					na de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	
	***************************************		The state of the s			
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			THE PARTY OF THE P			
			The state of the s			
THE COLUMN TWO IS NOT THE COLUMN TWO IS NOT		TOTAL TOTAL				
			74441111			
	April 1990 April 1990					
			\$ 629,442.00	62 Buildings	AMP~1 Capehart Replace Siding	
					1460	
\$ 200,000.00	1 Building	AMP~4 Nason Park Replace Roof				
\$ 200,000.00	l Building	AMP~1 COCC Roof Replacement Admin Bldg				Statications
\$ 429,442.00	426 Units	AMP~1 Capehart Replace Oil Tanks	\$ 200,000.00	50 Units	AMP~4 Nason Park Site & Parking Lot Improvement	Acushusak
	The same of the sa	1460			1450	
		Number/Name General Description of Major Work Categories			General Description of Major Work Categories	1107
Estimated Cost	Quantity	Development	Estimated Cost	Quantity	Development	Year I FFY
3	Work Statement for Year: 2013 FFY: 01/01/2013	Wo	112	Work Statement for Year: 2012 FFY: 01/01/2012	£	Work Statement for
			ment(s)	Part II: Supporting Pages - Physical Needs Work Statement(s)	porting Pages - Physi	Part II: Sup

829,442.00	Subtotal of Estimated Cost \$	Sub	\$ 829,442.00	Subtotal of Estimated Cost	Sub	
		THE REAL PROPERTY OF THE PROPE	The second secon			
			\$ 104,442.00	442 Units	AMP~1 Capehart Hot Water Energy Measure	
			\$ 250,000.00	50 Units	AMP~4 Nason Park Replace Kitchen Floors, Cabinets & Appliances	
			\$ 50,000.00	32 Units	AMP~1 Capehart Correct Front & Rear Stoops Type I Units	
			\$ 125,000.00	8 Buildings	AMP~1 Capehart Replace Windows Type I Units	
\$ 179,442.00	2 Buildings	AMP~1 Maintenance Replace & Construct New Storage Buildings			1460	
\$ 325,000.00	442 Units	AMP~1 Capehart Replace Front & Rear Storm Doors				
\$ 75,000.00	4 Buildings	AMP~1 Birch Circle Replace Siding	\$ 150,000.00	2 Buildings	AMP~1 COCC Administration & Maintenance Emergency Generator	
\$ 125,000.00	25 Units	AMP~1 Birch Circle Bathroom Renovations				Statement
\$ 125,000.00	25 Units	AMP~1 Birch Circle Kitchen Floor & Cabinet Replacement	\$ 150,000.00	1 Building	AMP~4 Nason Park Emergency Generator	Acceptant
		<u>1460</u>			1470	
		Number/Name General Description of Major Work Categories			General Description of Major Work Categories	
Estimated Cost	\sim 1	Development	Estimated Cost	Quantity	Development	Year 1 FF Y
5	Work Statement for Year: 2015 FFY: 01/01/2015	W	2014	FFY: 01/01/2014	×	Statement for
			ment(s)	cal Needs Work State	Part II: Supporting Pages – Physical Needs Work Statement(s)	Part II: Sup

228,413.00	Subtotal of Estimated Cost \$	\$ 228,413.00	Subtotal of Estimated Cost	
		The state of the s		
		The state of the s		
The state of the s				
	The state of the s			
	The state of the s			
84,628.00	Contingency; PHA Wide \$	\$ 84,628.00	Contingency; PHA Wide	
	<u>1502</u>		1502	
105 785 00	COCC Administration of CFP Funds; PHA Wide \$	\$ 105, 785.00	COCC Administration of CFP Funds; PHA Wide	
	1410	THE STATE OF THE S	1410	
				[[]Shekonbonk[]]
38,000.00	Continuation of Program with City of Bangor Police Department / Site Security; PHA Wide	\$ 38,000.00	Continuation of Program with City of Bangor Police Department / Site Security; PHA Wide	S COSTAGA
	1408		1408	
Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Year I FFY 2011
	Work Statement for Year: 2013 FFY: 01/01/2013	2012	or Year: /01/2012	Work Statement for
		Statement(s)	Part III: Supporting Pages - Management Needs Work Statement(s)	Part III: Sur

228,413.00	Subtotal of Estimated Cost \$	± ± 0, ± 15.00	COST	
		9 220 412 00	Subtotal of Fetimated Cost	
00 869 78	Contingency; PHA Wid	\$ 84,628.00	Contingency; PHA Wide	
	1502		1502	
\$ 105, 785.00	COCC Available attour of CIT Fullds, FIFA Wilde			
	COCC Administration of CED Eurode: DITA W.J.	\$ 105 785 00	COCC Administration of CFP Funds; PHA Wide	
	1410		1410	
	The Security of Little IT the			Shakespeak
\$ 38,000.00	Continuation of Program with City of Bangor Police Department / Site Security: PHA Wide	\$ 38,000.00	Continuation of Program with City of Bangor Police Department / Site Security; PHA Wide	No del constant
			1408	
Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost	General Description of Major Work Categories	2011
	FFY: 01/01/2015		FFY: 01/01/2014	Statement for
	Work Statement for Woom, 2016	014	Work Statement for Year: 2014	Work
		k Statement(s)	Part III: Supporting Pages - Management Needs Work Statement(s)	Part III: Sup

Part I: S	Part I: Summary				Expues 4/30/2011
PHA Name: Bangor Hou	PHA Name: Bangor Housing Authority ME009 Capital Fund Program Grant No: ME36P009-501-10 Replacement Housing Factor Grant No: Date of CFFP:	P009-501-10			FFY of Grant: 2010 FFY of Grant Approval:
Type of Grant ☐ Original A ☐ Performan	Type of Grant Original Annual Statement Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending: 06/30/2010		Revised Annual Statement (revision no: 03)	(revision no: 03)	
Line	Summary by Development Account	Tot	Total Estimated Cost	a solution and polic	Total Actual Cost 1
-	Total non-CFP Funds	Original	Revised ²	Obligated	Expended
2	1406 Operations (may not exceed 20% of line 21) 3				
ω	1408 Management Improvements	38,000.00	38.000.00	00 00	00.00
4	1410 Administration (may not exceed 10% of line 21)	106.732.00	106 732 00	00.00	00.00
S	1411 Audit			00.00	90:00
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	837.203.00	837 203 00	00 00	0000
11	1465.1 Dwelling Equipment—Nonexpendable	310000	001,000.00	00.00	00.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				

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

⁴ RHF funds shall be included here.

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

	Samuelle	Cianatura	25 A	24 A	23 A	22 A		20 A		Da				I ine	Perform	Original	Type of Grant	Bangor Housing Authority ME009	Part I: Summary
	Signature of Executive Diffectory	of Francisco	Amount of line 20 Related to Energy Conservation Measures	Amount of line 20 Related to Security - Hard Costs	Amount of line 20 Related to Security - Soft Costs	Amount of line 20 Related to Section 504 Activities	Amount of line 20 Related to LBP Activities	Amount of Annual Grant: (sum of lines 2 - 19)	1502 Contingency (may not exceed 8% of line 20)	9000 Collateralization or Debt Service paid Via System of Direct Payment	1301 Collateralization or Debt Service paid by the PHA		Community of preservolument Account	Summary by Development Account	Performance and Evaluation Report for Period Ending: 06/30/2010	Original Annual Statement Reserve for Disasters/Emergencies	nt	sing 1E009 Grant Type and Number Capital Fund Program Grant No: ME36P009-501-10 Replacement Housing Factor Grant No: Date of CFFP:	mmary
010	Date Signature							1,067,321.00	85,386.00			Original				gencies			
	Signature								8				Lotal Estimated Cost						
	Signature of Public Housing Director							1.067.321.00	85,386.00			Revised ²	ed Cost]	⊠ Revised		सम् सम्	
	g Director							00.00	00.00			Obligated	7	Final Performance and Evaluation Report		Revised Annual Statement (revision no: 03		FFY of Grant:2010 FFY of Grant Approval:	
	Date						00:00	00 00	00 00			Expended	Total Actual Cost 1	Report		03			Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

Part II: Supporting Pages	S								
PHA Name: Bangor Housing Authority ME009		Grant Type and Capital Fund Pro CFFP (Yes/ No): Replacement Hou	Grant Type and Number Capital Fund Program Grant No: ME36P009-501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:	: ME36P009-50	01-10	Federal F	Federal FFY of Grant: 2010	10	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Vork	Development Account No.	Quantity	Total Estima	Estimated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
HA Wide	Continuation of Program with City of Bangor Police Department / Site Security	of ecurity	1408	Lump	38,000.00	38,000.00	00.00	00.00	
HA Wide	Administration of CFP Funds		1410	Lump	106,732.00	106,732.00	00.00	00.00	
AMP~1 Capehart	Kitchen Floors & Cabinet Replacement Phase III	ment	1460	442 Units	837,203.00	812,203.00	00.00	00.00	
AMP~4 Nason Park	Replace Carpeting Halls & Lobbies	S	1460	50 Units	00.00	25,000.00	00.00	00.00	
HA Wide	Contingency		1502	Lump	85,386.00	85,386.00	00.00	00.00	
-									

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages									
PHA Name: Bangor Housing Authority ME009	ME009	Grant To Capital F CFFP (Y Replacen	Grant Type and Number Capital Fund Program Grant No: ME36P009-501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:	: ME36P009-50 ant No:	1-10	Federal	Federal FFY of Grant: 2010	010	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estima	Estimated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
¹ To be con	To be completed for the Performance and Evaluation Report or a Revised Annual Statement	Report or a	Revised Annual Statemen	+					

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

TATUM: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			
Bangor Housing Authority ME009	Æ009				Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide 1408	09/30/2012		09/30/2014		CACC Dated & Executed 07/15/2010
HA Wide 1410	09/30/2012		09/30/2014		CACC Dated & Executed 07/15/2010
AMIP~1 1460	09/30/2012		09/30/2014		CACC Dated & Executed 07/15/2010
AMP~4 1460	09/30/2012		09/30/2014		CACC Dated & Executed 07/15/2010
HA Wide 1502	09/30/2012		09/30/2014		
					CITO Dura or Executed Off 12/12/10

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

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			
Bangor Housing Authority ME009	VE009				Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund (Quarter F	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

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

Part I: §	Part I: Summary				
PHA Name: Bangor Hou	PHA Name: Grant Type and Number Capital Fund Program Grant No: ME36P009-501-09 Replacement Housing Factor Grant No: Date of CFFP:	00-105-600			FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant ☐ Original A ☐ Performan	pe of Grant Original Annual Statement Dreformance and Evaluation Report for Period Ending: 06/30/2010		Revised Annual Statement (revision no: 03) Final Performance and Evaluation Report	ision no: 03)	
Line	Summary by Development Account		Total Estimated Cost		Fotal Actual Cost 1
	Total non-CFP Funds	Original	Revised'	Obligated	Expended
2	1406 Operations (may not exceed 20% of line 21) 3				
3	1408 Management Improvements	38,000.00	38,000.00	38000.00	38,000.00
4	1410 Administration (may not exceed 10% of line 21)	107,537.00	107,537.00	107,537.00	107,537.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				Management of the second of th
10	1460 Dwelling Structures	843,830.00	929,830.00	929,830.00	00.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				

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

⁴ RHF funds shall be included here.

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

					7
Date	Director	Signature of Public Housing Director	-2010	Signature of Executive Director Collin Date	Signati
				Energy Conservation Measures	25
				Amount of line 20 Related to Security - Hard Costs	24
				Amount of line 20 Related to Security - Soft Costs	23
				Amount of line 20 Related to Section 504 Activities	22
3000				Amount of line 20 Related to LBP Activities	21
145.537.00	1.075,367.00	1,075,367.00	1,075,367.00	Amount of Annual Grant: (sum of lines 2 - 19)	20
		00.00	86,000.00	1502 Contingency (may not exceed 8% of line 20)	19
				9000 Collateralization or Debt Service paid Via System of Direct Payment	18ba
				1501 Collateralization or Debt Service paid by the PHA	18a
Expended	Obligated	Revised 2	Original		
Total Actual Cost 1	Total.	Total Estimated Cost	Total Est	Summary by Development Account	Line
ort	Final Performance and Evaluation Report	☐ Fin		Performance and Evaluation Report for Period Ending: 06/30/2010	∑ Per
	Revised Annual Statement (revision no: 03	⊠ Revised	ncies	Original Annual Statement Reserve for Disasters/Emergencies][]:
				Grant	Type of Grant
	FFY of Grant:2009 FFY of Grant Approval:	FFY FFY		PHA Name: Bangor Housing Authority ME009 Authority ME009 Replacement Housing Factor Grant No: Date of CFFP:	PHA Name: Bangor Hou Authority N
Expires 4/30/2011				Part I: Summary	Part I:

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

⁴ RHF funds shall be included here.

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

Name/PHA-Wide Activities Categories Activities Categories Categories Categories Categories Categories Categories Activities Continuation of Program with City of Bangor Police Department / Site Security HA Wide Aministration of CFP Funds AMP~1 Capehart Phase II Contingency Contingency	Part II: Supporting Pages PHA Name: Bangor Housing Authority Development Number General Description of the content of the
with City of nt / Site Security nds t Replacement	Grant Type and Capital Fund Pro CFFP (Yes/No): Replacement Hou
1408 1408 1410 1410 1502	Grant Type and Number Capital Fund Program Grant No: ME36P009-501-09 CFFP (Yes/No): Replacement Housing Factor Grant No:
Lump Lump Lump Lump Lump	n: ME36P009-50
Original Revised Cost 38,000.00 38,000.00 107,537 107,	01-09
Revised ¹ 38,000.00 107,537.00 929,830.00 00.00	Federal
Total Actual Cost Funds Obligated ² 38,000.00 38 107,537.00 10 929,830.00 00 00.00 00	Federal FFY of Grant: 2009
Funds Expended ² 38,000.00 107,537.00 00.00)09
Status of Work Complete Complete	

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

Part II: Supporting Pages									
PHA Name: Bangor Housing Authority ME009		Grant Type and Capital Fund Prog CFFP (Yes/ No): Replacement Hou	Grant Type and Number Capital Fund Program Grant No: ME36P009-501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:	: ME36P009-50	01-09	Federal I	Federal FFY of Grant: 2009)09	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	/ork	Development Account No.	Quantity	Total Estima	Estimated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised 1	Funds Ohlioated ²	Funds Evnended ²	
							C		
¹ To be co	To be completed for the Performance and Evaluation Report or a Revised Annual Statement	enort or a	Revised Annual Statemen						THE REAL PROPERTY OF THE PROPE

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

Part III: Implementation Schedule for Capital Fund Financing Program	chedule for Capital Fund	Financing Program			
PHA Name: Bangor Housing Authority ME009	ME009				Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Func (Quarter I	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide 1408	09/30/2011	10/31/2009	09/30/2013		
HA Wide 1410	09/30/2011	10/31/2009	09/30/2013		
AMP~1 1460	09/30/2011	10/31/2009	09/30/2013		

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

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			
PHA Name: Bangor Housing Authority ME009	E009				Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AND THE PROPERTY OF THE PROPER					
The same of the same same same same same same same sam					

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

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

	Τ	T	T			Γ	T	T					Ι	T		1		Т	1	T	T	-T
17	16	1.5	15	14	13	12	==	10	9	8	7	6	5	4	3	2	1		Line	Type of Grant ☐ Original A ☐ Performan	PHA Name: Bangor Hou	Part I: Summary
1499 Development Activities 4	1495.1 Relocation Costs	1492 Moving to work Demonstration	1402 Maring to Walt Damantati	1485 Demolition	1475 Non-dwelling Equipment	1470 Non-dwelling Structures	1465.1 Dwelling Equipment—Nonexpendable	1460 Dwelling Structures	1450 Site Improvement	1440 Site Acquisition	1430 Fees and Costs	1415 Liquidated Damages	1411 Audit	1410 Administration (may not exceed 10% of line 21)	1408 Management Improvements	1406 Operations (may not exceed 20% of line 21) 3	Total non-CFP Funds		Summary by Development Account	pe of Grant Original Annual Statement Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending: 06/30/2010	Bangor Housing Authority ME009 Grant Type and Number Capital Fund Program Grant No: CFRG ME36S009-501-09 Replacement Housing Factor Grant No: Date of CFFP:	ummary
								1,205,132.00						133,903.00				Original	Total E		ME36S009-501-09	
																	AND TARVE	Revised ²	Total Estimated Cost	☐ Revised Annual Statement (revision no:		
							3,100,100	1.205.132.00					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	133.903.00			Obligated			ision no:		
							0,0,000.07	675 668 59					01,5000.00	67 566 86			Expended	Total Actual Cost	al Actual Cast 1		FFY of Grant: CFRG 2009 FFY of Grant Approval:	Expues 4/30/2011

¹ To be completed for the Performance and Evaluation Report.

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

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

Date	ing Director	Signature of Public Housing Director	Date Sc/0 S	Signature of Executive Director	ture of Execu	Signa
				Amount of line 20 Related to Energy Conservation Measures	Amount of	25
				Amount of line 20 Related to Security - Hard Costs	Amount of	24
				Amount of line 20 Related to Security - Soft Costs	Amount of	23
				Amount of line 20 Related to Section 504 Activities	Amount of	22
7 10,200.70	***************************************			Amount of line 20 Related to LBP Activities	Amount of	21
743 735 45	1.339 035 00		1,339,035.00	Amount of Annual Grant:: (sum of lines 2 - 19)	Amount of	20
				1502 Contingency (may not exceed 8% of line 20)	1502 Conti	19
				9000 Collateralization or Debt Service paid Via System of Direct Payment	9000 Colla	1802
				1501 Collateralization or Debt Service paid by the PHA	1501 Colla	18a
Expended	Obligated	Revised ²	Original			
Total Actual Cost 1	Total	Total Estimated Cost	То	Summary by Development Account	Summary	Line
port	Final Performance and Evaluation Report			Performance and Evaluation Report for Period Ending: 06/30/2010	erformance and	× P
	Revised Annual Statement (revision no:	☐ Revi	nergencies	Statement Reserve for Disasters/Emergencies	Original Annual Statement	
					Type of Grant	Type o
	FFY of Grant:CFRG 2009 FFY of Grant Approval:	77.77		Grant Type and Number Capital Fund Program Grant No: CFRG ME36S009-501-09 Replacement Housing Factor Grant No: Date of CFFP:	PHA Name: Bangor Housing Authority ME009	PHA Name: Bangor Hou Authority N
1100 HOURS -100 MOLL					Part I: Summary	Part I
Expires 4/30/2011						

To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

	- Annual Control of the Control of t							AMP~I Capehart		HA Wide		Name/PHA-Wide Activities		Bangor Housing Authority ME009	PHA Name:	Part II: Supporting Pages
The state of the s								Floor & Kitchen Cabinet Replacement		Administration of CFRG Funds		General Description of Major Work Categories		ty ME009		S
								ment				Work	Replaceme	Capital Fund Prog	Grant Typ	
								1460		1410		Development Account No.	Replacement Housing Factor Grant No:	Capital Fund Program Grant No: CFRG ME36S009-501-09 CFFP (Yes/No):	Grant Type and Number	
								442 Units	- Currie	I.ıımn		Quantity	Grant No:	Vo: CFRG ME36		:
								1,205,132.00	100,000.00	133 903 00	Original	Total Estimated Cost		S009-501-09		
											Revised ¹	ed Cost			Federal	
								1,205,132.00	100,500.00	133 003 00	Funds Obligated ²	Total Actual Cost			Rederal REV of Grant: CERC 2000	
								675,668.59	07,500.00	70 775 77	Funds Expended ²	Cost		1 100 FOOD	FRC 2000	
								Progress	rrogress	D		Status of Work				

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages									
PHA Name: Bangor Housing Authority ME009	ME009	Grant Ty Capital Fu CFFP (Ye Replacem	Grant Type and Number Capital Fund Program Grant No: CFRG ME36S009-501-09 CFFP (Yes/No): Replacement Housing Factor Grant No:	: CFRG ME36:	S009-501-09	Federal F	Federal FFY of Grant: CFRG 2009	FRG 2009	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
¹ To be cor	To be completed for the Performance and Evolution Donor on Daniel A	Dancet or o	7						

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

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program	hedule for Capital Fund	Financing Program			
PHA Name: Bangor Housing Authority ME009	ME009				Federal FFY of Grant: CFRG 2009
Development Number Name/PHA-Wide Activities		All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide 1410	03/17/2010		03/17/2012		
AMP~1 1460	03/17/2010		03/17/2012		

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

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			
Bangor Housing Authority ME009	ИE009				Federal FFY of Grant: CFRG 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
					THE PARTY OF THE P

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

Part I: Summary	ummary				
PHA Name: Bangor Hou	PHA Name: Grant Type and Number Capital Fund Program Grant No: ME36P009-501-08 Replacement Housing Factor Grant No: Date of CFFP:	2009-501-08			FFY of Grant: 2008 FFY of Grant Approval:
Type of Grant ☐ Original A ☑ Performan	pe of Grant Original Annual Statement Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending: 06/30/2010		 ⊠ Revised Annual Statement (revision no: 02) ☐ Final Performance and Evaluation Report 	ual Statement (revision no: 02) rformance and Evaluation Report	
Line	Summary by Development Account	To	Total Estimated Cost	3	Total Actual Cost 1
		Original	Revised ²	Obligated	Expended
-	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3				
3	1408 Management Improvements	38,000.00	38,000.00	38,000.00	38,000.00
4	1410 Administration (may not exceed 10% of line 21)	105,785.00	105,785.00	105,785.00	105,785.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	749,393.00	696,730.31	696,730.31	568,130.31
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	78,544.00	217,339.69	172,818.69	6,656.42
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities *				

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

⁴ RHF funds shall be included here.

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

FFY of Grant 2008							
FFY of Grant:2008 FFY of Grant Approval:					Amount of line 20 Related to Security - Hard Costs	Amount	24
FFY of Grant:2008 FFY of Grant Approval:							
FFY of Grant 2008 FFY of Grant Approval:					Amount of line 20 Related to Security - Soft Costs	Amount	23
FFY of Grant 2008 FFY of Grant Approval:					Amount of line 20 Related to Section 504 Activities		22
FFY of Grant:2008 FFY of Grant Approval:					Amount of line 20 Related to LBP Activities	Amount	21
FFY of Grant:2008 FFY of Grant Approval:	718,571.73	1,013,334.00		1,057,855.00	Amount of Annual Grant:: (sum of lines 2 - 19)		20
FFY of Grant:2008 FFY of Grant Approval:		00.00	00.00	86,133.00	1502 Contingency (may not exceed 8% of line 20)		19
FFY of Grant:2008 FFY of Grant Approval:					9000 Collateralization or Debt Service paid Via System of Direct Payment	- 4	18ba
### FFY of Grant:2008 #### FFY of Grant Approval: ###################################					1501 Collateralization or Debt Service paid by the PHA		18a
FFY of Grant:2008 EFY of Grant Approval: asters/Emergencies	- 1		Revised ²				
asters/Emergencies	Actual Cost 1	Tota	otal Estimated Cost		Summary by Development Account		Line
sters/Emergencies	port	nal Performance and Evaluation Re			Performance and Evaluation Report for Period Ending: 06/30/2010	Performance at	\times
	2)	Annual Statement (revision no: 0	⊠ Revised	s/Emergencies	П	Original Annual Statement][
						Type of Grant]¥
		y of Grant:2008 Y of Grant Approval:	FFI		Grant Type and Number Capital Fund Program Grant No: ME36P009-501-08 Replacement Housing Factor Grant No: Date of CFFP:	PHA Name: Bangor Housing Authority ME009	PH Bar Aut
						Part I: Summary	Par

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

Part II: Supporting Pages	S							
PHA Name: Bangor Housing Authority ME009		Grant Type and Number Capital Fund Program Grant No: ME36P009-501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:	o: ME36P009-5 irant No:	01-08	Federal F	Federal FFY of Grant: 2008	08	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	rk Development Account No.	Quantity	Total Estima	Estimated Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Continuation of Program with City of Bangor Police Department / Site Security	if 1408 urity	Lump	38,000.00	38,000.00	38,000.00	38,000.00	Complete
HA Wide	Administration Fees	1410	Lump	105,785.00	105,785.00	105,785.00	105,785.00	Complete
AMP~1 Griffin Park	Bathroom Renovations	1460	50 units	256,069.16	256,044.23	256,044.23	256,044.23	Complete
AMP~1 Capehart	Replace Basement Steps (select Units)	s) 1460	394 units	493,323.84	310,014.21	310,014.21	310,014.21	Complete
AMP~1 Wide	Smoke Detector & C/O Detector Installation Completion	1460	442 units	00.00	2,071.87	2,071.87	2,071.87	Complete
AMP~1 Birch Circle	Roof Replacement	1460	4 Bldgs	0	75,600.00	75,600.00	0	
AMP~1 Birch Circle	Front & Rear Storm Door Replacement	ent 1460	25 units	0	28,000.00	28,000.00	0	
AMP~1 Capehart	Excavation & Window Wells (Select Units)	1460	32 units	0	25,000.00	25,000.00	0	
AMP~1 Capehart	Replace Privacy Fences	1470	442	0	210,683.27	166,162.27	0	
HA Wide	COCC Administration Building Boiler Controls & Energy Conservation Upgrades	er 1470	Lump	78,544.00	6,656.42	6,656.42	6,656.42	Complete
HA Wide	Contingency	1502	Lump	86,133.00	0			

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages									
PHA Name: Bangor Housing Authority ME009		Grant T. Capital F CFFP (Y Replacen	Grant Type and Number Capital Fund Program Grant No: ME36P009-501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:	: ME36P009-50	1-08	Federal I	Federal FFY of Grant: 2008	08	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Vork	Development Account No.	Quantity	Total Estima	Estimated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
¹ To be seen	and stad for the Defense of Total Control								
To be con	'To be completed for the Performance and Evaluation Report of a Davided Americal Statement	Dancet or a	Davicad Annual Stateman	•					

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

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			
PHA Name: Bangor Housing Authority ME009	E009				Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide 1408	06/30/2010		06/30/2012		CACC Dated & Executed 06/13/2008
HA Wide 1410	06/30/2010		06/30/2012		CACC Dated & Executed 06/13/2008
AMP~1 ALL 1460	06/30/2010		06/30/2012		CACC Dated & Executed 06/13/2008
AMP~1 ALL 1470	06/30/2010		06/30/2012		CACC Dated & Executed 06/13/2008
HA Wide 1470	06/30/2010		06/30/2012		CACC Dated & Executed 06/13/2008

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

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			
PHA Name: Bangor Housing Authority ME009	E009				Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
			and a substantial		

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

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

Part I: Summary	ummary				
PHA Name					FFY of Grant: 2007
Bangor H	Bangor Housing Authority ME009 Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP:	09-501-07			FFY of Grant Approval:
Type of Grant Original A Performan	pe of Grant Original Annual Statement Original Annual Statement Performance and Evaluation Report for Period Ending:		 ⊠ Revised Annual Statement (revision no: 03) \[\] Final Performance and Evaluation Report 	evision no: 03)	
Line	Summary by Development Account	Total	Total Estimated Cost		Total Actual Cost 1
		Original	Revised ²	Obligated	Expended
_	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3				
3	1408 Management Improvements	46,000.00	42,222.48	42,222.48	42,222.48
4	1410 Administration (may not exceed 10% of line 21)	97,058.00	97,058.00	97,058.00	97.058.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	804,526.00	810,635.52	810,635.52	810,635.52
1	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	23,000.00	20,668.00	20,668.00	20,668.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				

¹ To be completed for the Performance and Evaluation Report.
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HAName: Bangor Housing Authority ME009 Bangor Housing Authority ME009 Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Pactor Grant No: Me36P009-501-07 Replacement □ Reserve for Disasters/Emergencies □ Revised Annual Statement □ Original Annual Statement □ Reserve for Disasters/Emergencies □ Revised Annual Statement □ Performance and Evaluation Report for Period Ending: □ Total Estimated Cost □ Final Performance and Evaluation or Debt Service paid by the PHA 1501 Collateralization or Debt Service paid by the PHA 18ba 9000 Collateralization or Debt Service paid Via System of Direct □ Payment □ 1502 Contingency (may not exceed 8% of line 20) 20 Amount of Inine 20 Related to LBP Activities 21 Amount of line 20 Related to Section 504 Activities 22 Amount of line 20 Related to Section 504 Activities 23 Amount of line 20 Related to Section 504 Costs 24 Amount of line 20 Related to Section 504 Costs 25 Amount of line 20 Related to Section 504 Activities 26 Amount of line 20 Related to Section 504 Activities 27 Amount of line 20 Related to Section 504 Activities 28 Amount of line 20 Related to Section 504 Activities 29 Amount of line 20 Related to Section 504 Activities 20 Amount of line 20 Related to Section 504 Activities 20 Amount of line 20 Related to Section 504 Activities 21 Amount of line 20 Related to Section 504 Activities 22 Amount of line 20 Related to Section 504 Activities 23 Amount of line 20 Related to Section 504 Activities 24 Amount of line 20 Related to Section 504 Activities 25 Amount of line 20 Related to Section 504 Activities 26 Amount of line 20 Related to Section 504 Activities 27 Amount of line 20 Related to Section 504 Activities 28 Amount of line 20 Related to Section 504 Activities 39 Amount of line 20 Related to Section 504 Activities 30 Amount of line 20 Related to Section 504 Activities 31 Amount of line 20 Related to Section 504 Activities 32 Amount of line 20 Related to Section 504 Activities 33 Amount of line 20 Activities Section 504 Activities Section 504 Act
IA Name: ngor Housing thority ME009 Replacement Housing Factor Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: Per of Grant Original Annual Statement Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending: ne Summary by Development Account a 1501 Collateralization or Debt Service paid by the PHA ba 9000 Collateralization or Debt Service paid Via System of Direct Payment 1502 Contingency (may not exceed 8% of line 20) Amount of line 20 Related to LBP Activities Amount of line 20 Related to Security - Soft Costs Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Hard Costs
Name: or Housing ority ME009 ority ME009 ority ME009 ority ME009 ority ME009 ority ME009 ority ME009 ority ME009 Replacement Housing Factor Grant No: Date of CFFP: original Annual Statement Reserve for Disasters/Emergencies
Name: or Housing ority ME009 Grant Type and Number Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Original Annual Statement Performance and Evaluation Report for Period Ending: Summary by Development Account 1501 Collateralization or Debt Service paid by the PHA 9000 Collateralization or Debt Service paid Via System of Direct Payment Amount of Ine 20 Related to LBP Activities Annount of line 20 Related to Section 504 Activities Annount of line 20 Related to Section 504 Activities
Name: or Housing ority ME009 Ority ME009 Ority ME009 Replacement Housing Factor Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: Original Annual Statement Summary by Development Account ISOI Collateralization or Debt Service paid by the PHA 9000 Collateralization or Debt Service paid Via System of Direct Payment Amount of Annual Grant: (sum of lines 2 - 19) Amount of Ine 20 Related to LBP Activities Grant Type and Number Capital Fund Program Grant No: ME36P009-501-07 Reserve for Disasters/Emergencies Total Estimated Cost Original Re Original Re 970,584.00 970,584
Name: or Housing ority ME009 Grant Type and Number Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: of Grant Original Annual Statement Summary by Development Account 1501 Collateralization or Debt Service paid by the PHA 1502 Contingency (may not exceed 8% of line 20) Amount of Annual Grant: (sum of lines 2 - 19) Amount of Annual Grant: (sum of lines 2 - 19) Grant Type and Number Capital Fund Program Grant No: Total Estimated Cost Original Total Estimated Cost Re 9000 Collateralization or Debt Service paid by the PHA 9000 Collateralization or Debt Service paid Via System of Direct Payment 970,584.00 970,584.00
Name: or Housing ority ME009 Grant Type and Number Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: Original Annual Statement Summary by Development Account 1501 Collateralization or Debt Service paid by the PHA 9000 Collateralization or Debt Service paid Via System of Direct Payment 1502 Contingency (may not exceed 8% of line 20)
Name: or Housing Ority ME009 Grant Type and Number Capital Fund Program Grant No: ME36P009-501-07 Original Annual Statement Original Annual Statement Summary by Development Account 1501 Collateralization or Debt Service paid Via System of Direct Payment Payment Grant Type and Number Capital Fund Program Grant No: ME36P009-501-07 Reserve for Disasters/Emergencies Total Estimated Cost Original Re Payment
Name: or Housing ority ME009 Grant Type and Number Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: Original Annual Statement Original Collateralization or Debt Service paid by the PHA I 501 Collateralization or Debt Service paid by the PHA Capital Fund Number Capital Fund Number Capital Fund Program Grant No: Date of CFFP: Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: Capital Fund Program Grant No: Date of CFFP: Capital Fund Program Grant No: Date of CFFP: Capital Fund Program Grant No: Date of CFFP: Capital Fund Program Grant No: Date of CFFP: Date of CFFP: Capital Fund Program Grant No: Date of CFFP: Capital Fund Program Grant No: Date of CFFP: Capital Fund Program Grant No: Date of CFFP: Capital Fund Program Grant No: Date of CFFP: Date of CFFP: Capital Fund Program Grant No: Date of CFFP: Capital Fund Program Grant No: Date of CFFP: Da
Name: or Housing Ority ME009 Grant Type and Number Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: Original Annual Statement Performance and Evaluation Report for Period Ending: Summary by Development Account Total Estimated Cost Reserve for Disasters/Emergencies Original Original Reserve for Disasters/Emergencies
Name: or Housing ority ME009 Grant Type and Number Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: Original Annual Statement Grant Type and Number Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: Total Estimated Cost Summary by Development Account Total Estimated Cost
Grant Type and Number Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: The program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: The program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: The program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: ME36P009-501-07 Date of CFFP: ME36P009-501-07 Date of CFFP: ME36P009-501-07 Replacement Housing Factor Grant No: ME36P009-07 Replacement Housing Factor
Grant Type and Number Capital Fund Program Grant No: ME36P009-501-07 Replacement Housing Factor Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: The program Grant No: Date of CFFP: Da

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⁴ RHF funds shall be included here.

HA Wide Maintenanace Vehicle & Equipment 1475 Lump 23,000.00 20,668.00 20,668.00 20,668.00	Detector Installation	1460 50 Units 4,382.80 4,382.80 4,382.80 1460 442 Units 73,027.58 78,862.29 78,862.29	AMP~1 Capehart Damp Proof Basements (Select Units) 1460 162 Units 488,494.83 488,469.27 488,469.27 488,469.27 488,469.27 488,469.27 2,059.72 2,059	Roof Replacement Completion Phase I & 1460 93 Bldgs 233,152.71 233,152.71 233,152.71	HA Wide Computer Hard/Soft Wares/Services 1408 Lump 8,000.00 4,222.48 4,222.48 4,222.48 HA Wide Administration of CFP Funds 1410 Lump 97,058.00	Continuation of Program with City of Bangor Police Department / Site Security Original Revised Obligated Obligated A S,000.00 38,000.00 38,000.00	Development Number General Description of Major Work Name/PHA-Wide Categories Account No. Observed Development Quantity Total Estimated Cost Account No.	Part II: Supporting Pages Grant Type and Number Federal FFY of Grant: 2007 PHA Name: Capital Fund Program Grant No: ME36P009-501-07 Federal FFY of Grant: 2007 Bangor Housing Authority ME009 CFFP (Yes/ No): Replacement Housing Factor Grant No:
		9	27	-				Federal FFY of Grant: 20
	20,668.00 Complete	9	488,469.27 Complete 2,059.72 Complete		4,222.48 Complete 97,058.00 Complete	Funds Expended ² 38,000.00 Complete	Cost Status of Work	007

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² To be completed for the Performance and Evaluation Report.

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

											Development Number (PHA Name: Bangor Housing Authority ME009	j . ** 3
										Categories	General Description of Major Work		
											ork	Grant Tyj Zapital Fu ZFFP (Ye Replacemo	
										Account No.	Development	Grant Type and Number Capital Fund Program Grant No: ME36P009-501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:	
										,	Ouantity	.: ME36P009-50	
									Original		Total Estima	1-07	
									Revised ¹		Estimated Cost	Federal F	
									Funds Obligated ²		Total Actual Cost	Federal FFY of Grant: 2007	
									Funds Expended ²		nst .)07	
											Status of Work		

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² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Bangor Housing Authority	edule for Capital Fund Authority	Financing Program			
rha name: Bangor Housing Authority					Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Func (Quarter F	All Fund Obligated (Quarter Ending Date)	All Func (Quarter l	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide 1408	09/30/2008	09/30/2008	09/30/2010	03/31/2010	
HA Wide 1410	09/30/2008	09/30/2008	09/30/2010	03/31/2010	
AMP~1 & AMP~4 1460	09/30/2008	09/30/2008	09/30/2010	03/31/2010	
HA Wide 1475	09/30/2008	09/30/2008	09/30/2010	03/31/2010	

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

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			
PHA Name: Bangor Housing Authority	Authority				Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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