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 Auth		ng Standard		Code: <u>ME009</u>)
	PHA Type: Small Hig PHA Fiscal Year Beginning: (MM/YYYY)	h Performir		☐ HCV (Section	1 0)	
	FHA Fiscal Teal Beginning. (WW/11111))01/201	<u> </u>			
2.0	Inventory (based on ACC units at time of	FV heginni	ng in 1 () above)			
2.0	Number of PH units:567	i i oegiiiii		of HCV units: 423		
	rumber of tit units		rumber	01 He v units 123		
3.0	Submission Type					
	5-Year and Annual Plan	⊠ Annu	al Plan Only	5-Year Plan Only		
4.0	PHA Consortia	PHA Consc	ortia: (Check box if submitting	a joint Plan and complete tal	ole below)	
	THE COMPONE	TITT COMBC	The Concession is submitting	a joint i tan and complete tal		
		PHA	Program(s) Included in	Programs Not in the		its in Each
	Participating PHAs	Code	the Consortia	Consortia	Program	T
					PH	HCV
	PHA 1:					
	PHA 2:					
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 c	only at 5-Ye	ear Plan update.			
	201					1 577.11
5.1	Mission. State the PHA's Mission for serv	ing the nee	ds of low-income, very low-inc	come, and extremely low inc	ome families i	the PHA's
	jurisdiction for the next five years:					
	This is not a Five-Year Plan					
	This is not a rive-real rian					
5.2	Goals and Objectives. Identify the PHA's	guantifiab	le goals and objectives that wil	ll enable the PHA to serve the	e needs of low-	income and
	very low-income, and extremely low-incom					
	the goals and objectives described in the pr	evious 5-Y	ear Plan.			
	This is not a Five-Year Plan					
	PHA Plan Update					
	(a) Identify all DIIA Plan alaments that he	b	rised by the DIIA since its lost	Amusal Dlan submission.		
	(a) Identify all PHA Plan elements that ha	ve been fev	rised by the PHA since its last.	Alliuai Pian subinission:		
	Our ACOP and Administrat	ive Plan ha	ave been amended to comply	with HIID required change	s. In addition	•
			ave been amenaea to compiy	with the Direction of the Commission		•
	1. Eligibility, Selection and Adm	issions Pol	icies, including Deconcentrat	ion and Wait List Procedu	res:	
	Financial Resources: Changes		d in our Supporting Document	ation		
	3. Rent Determination: No Chan					
	4. Operation and Management:		S			
6.0	5. Grievance Procedures: No Ch		11 15 W N G			
	6. Designated Housing for Elder7. Community Service: No Change		abled Families: No Changes.			
	8. Safety and Crime Prevention:		as			
	9. Pets: Modified to bring into cor		23			
	10. Civil Rights Certification: No					
	11. Fiscal Year Audit: The latest a		ailable for review			
	12. Asset Management: No Chang					
	13. Violence Against Women Act:	No Change	es			
	(b) Identify the specific location(s) where		nay obtain copies of the 5-Year	r and Annual PHA Plan. For	a complete lis	t of PHA
	Plan elements, see Section 6.0 of the in	structions.				
	Our Main Administrative Office at 161 I	Javic Road	Rangor MF We will nost o	uir nlan on a web site we ar	o in the proce	ss of
	developing.	zavis Kudu	, Dangor, ME. WE will post (our plan on a web site we at	c m me proce	35 U I
	Hope VI, Mixed Finance Modernization	or Develor	oment, Demolition and/or Dis	sposition, Conversion of Pu	blic Housing,	
	Homeownership Programs, and Project-					
7.0						
'."	One of these activities we are contemplatin	-		•	operty at the O	hio Street
	Property to the Bangor Housing Developme	ent Corpora	ntion for a low-income affordal	ble housing.		

			Demolition/Di	sposition Acti	vity Description	l			
	1a. Development name: Ohio1b. Development (project) nu		01						
	2. Activity type: Demolition		· 01						
		ition 🛛							
	3. Application status (select of Approved \square	ne)							
	Submitted, pendin	g approval]						
	Planned application 4. Date application approved.		nlanned for sub	mission: (10/1	/2012)				
	5. Number of units affected:	submitted, or	pranned for sub	mission. (10/1	./2012 <u>)</u>				
	6. Coverage of action (select	one)							
	☐ Part of the development☐ Total development								
	7. Timeline for activity:								
	a. Actual or projectb. Projected end d			2012					
		-							
	A second activity we are starting		•		C	e to our existin	g maintenanc	e facility.	
8.0	Capital Improvements. Pleas	-							
8.1	Capital Fund Program Annu complete and submit the Capital current and open CFP grant and	al Fund Progra	am Annual State						
	See Attachments								
	Capital Fund Program Five-								al
8.2	Fund Program Five-Year Action add latest year for a five year p						sis, e.g., drop	current year, and	
	See Attachment								
8.3	Capital Fund Financing Prog ☐ Check if the PHA proposes incurred to finance capital impr	to use any por	tion of its Capit	al Fund Progra	m (CFP)/Replac	ement Housing	g Factor (RHI	F) to repay debt	
	A. Housing Needs of Families Based upon the information con PHA, provide a statement of th provide the estimated number factor on the housing needs for indicate that no information is a	ntained in the one housing need of renter family each family ty	Consolidated Plans in the jurisdicties that have how pe, from 1 to 5,	an/s applicable tion by comple using needs. F with 1 being "	eting the following for the remaining for impact" and	ng table. In the characteristics	"Overall" N	eeds column, pact of that	
			Housing Needs		n the Jurisdiction	on			
	Family Type	Overall	Afford-	Supply	Quality	Access-	Size	Location	•
	2004 6 43 57	2.117	ability			ibility			-
	Income <= 30% of AMI Income >30% but <=50%	2,115 1,314	5	3	3	1	2	2 2	
9.0	of AMI								
	Income >50% but <80% of AMI	1,583	1	3	3	1	2	2	
	Elderly	1,046	1	1	1	1	1	2	•
	Families with Disabilities	*							
	Race/Ethnicity-Black Race/Ethnicity-Hispanic	*							-
	Race/Ethnicity-Native	*							•
	American	*							
	Race/Ethnicity- Asian/Pacific Is	*							
	What sources of information di inspection.)	d the PHA use	to conduct this	analysis? (Che	eck all that apply	; all materials	must be made	available for public	e
	Consolidated Plan of Priority Needs Sun	nmary Table	on/s City of Ba	ngor Consolid	lated Housing a	nd Communit	ty Developm	ent Plan and	
	Indicate ☑ U.S. Census data: th	year: 2000 ie Comprehens	sive Housing Af	fordability Stra	ategy ("CHAS")	dataset			
		1	0	,	- /				

Other housing market st			
Indicate year Other sources: (list and	:: indicate year of information)		
	•		
This was the best information we	could obtain given local reso	ources.	
	Housing Needs of F	amilies on the Waiting List	
Waiting list type: (select one)			
Section 8 tenant-based assi	stance		
✓ Public Housing✓ Combined Section 8 and P	ublic Housing		
	or sub-jurisdictional waiting l	list (optional)	
If used, identify which	development/subjurisdiction:		T
	# of families	% of total families	Annual Turnover
Waiting list total	240		170 unit
Extremely low income <=30%	213	89%	
AMI Very low income	າາ	9%	
Very low income (>30% but <=50% AMI)	22	9%	
Low income	5	2%	
(>50% but <80% AMI)			
Families with children	46	19%	
Elderly families Families with Disabilities	18 74	8% 31%	
Race/ethnicity-White	111	46	
Race/ethnicity - Other	5	1%	
Race/ethnicity	NA		
Race/ethnicity	NA		
Characteristics by Bedroom		<u> </u>	
Size (Public Housing Only)			
1 BR	91	38%	10 units
2 BR	116	48%	52 units
2 DI		1.40/	75:4-
3 BR	33	14%	
3 BR 4 BR	0	0	0
3 BR 4 BR 5 BR	0	0	0
3 BR 4 BR	0 0 0	0	0
3 BR 4 BR 5 BR 5+BR Is the waiting list closed (select of the second select of the sel	0 0 0 0ne)? ⊠ No ☐ Yes	0	0
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of the select o	0 0 0 one)? ⊠ No ☐ Yes	0 0 0	0
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of the select o	0 0 0 one)? ⊠ No ☐ Yes D (# OF MONTHS)? to reopen the list in the PHA F	0 0 0 0 0 0 Plan year? No Yes	0 0 0
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of the select o	0 0 0 one)? ⊠ No ☐ Yes D (# OF MONTHS)? to reopen the list in the PHA F	0 0 0	0 0 0
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of the select o	0 0 0 one)? ☑ No ☐ Yes D (# OF MONTHS)? to reopen the list in the PHA F specific categories of families	0 0 0 Plan year? ☐ No ☐ Yes onto the waiting list, even if gen	0 0 0
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of the select o	0 0 0 one)? ☑ No ☐ Yes D (# OF MONTHS)? to reopen the list in the PHA F specific categories of families	0 0 0 0 0 0 Plan year? No Yes	0 0 0
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of yes: HOW LONG HAS IT BEEN CLOSED Does the PHA expect Does the PHA permit	0 0 0 0 0 0 0 0 0 0 0 0 0 0 (# OF MONTHS)? to reopen the list in the PHA F specific categories of families Housing Needs of F	0 0 0 Plan year? ☐ No ☐ Yes onto the waiting list, even if gen	0 0 0
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of yes: HOW LONG HAS IT BEEN CLOSED Does the PHA expect Does the PHA permit Waiting list type: (select one) Section 8 tenant-based assistance of the property of th	0 0 0 0 0 0 0 0 0 0 0 0 0 0 (# OF MONTHS)? to reopen the list in the PHA F specific categories of families Housing Needs of F	0 0 0 Plan year? ☐ No ☐ Yes onto the waiting list, even if gen	0 0 0
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of yes: HOW LONG HAS IT BEEN CLOSED Does the PHA expect Does the PHA permit Waiting list type: (select one) Section 8 tenant-based assisted Public Housing	0 0 0 0 0 0 President Agency (Appendix Content of the Content of	0 0 0 Plan year? ☐ No ☐ Yes onto the waiting list, even if gen	0 0 0
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of yes: HOW LONG HAS IT BEEN CLOSED Does the PHA expect Does the PHA permit Waiting list type: (select one)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 Plan year? ☐ No ☐ Yes onto the waiting list, even if gen	0 0 0
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of yes: HOW LONG HAS IT BEEN CLOSED Does the PHA expect Does the PHA permit Waiting list type: (select one)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 Plan year? ☐ No ☐ Yes onto the waiting list, even if gen amilies on the Waiting List	0 0 0 0 0 erally closed? □ No □
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of yes: HOW LONG HAS IT BEEN CLOSED Does the PHA expect Does the PHA permit Waiting list type: (select one)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 Plan year? ☐ No ☐ Yes onto the waiting list, even if gen amilies on the Waiting List	0 0 0
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of yes: HOW LONG HAS IT BEEN CLOSED Does the PHA expect Does the PHA permit Waiting list type: (select one) Section 8 tenant-based assipublic Housing Combined Section 8 and Public Housing Site-Based If used, identify which	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 Plan year? ☐ No ☐ Yes onto the waiting list, even if gen amilies on the Waiting List	erally closed? Annual Turnover
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of yes: HOW LONG HAS IT BEEN CLOSED Does the PHA expect Does the PHA permit Waiting list type: (select one) Section 8 tenant-based assipublic Housing Combined Section 8 and Public Housing Site-Based If used, identify which	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 Plan year? ☐ No ☐ Yes onto the waiting list, even if gen amilies on the Waiting List	erally closed? No
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of yes: HOW LONG HAS IT BEEN CLOSE) Does the PHA expect Does the PHA permit Waiting list type: (select one) Section 8 tenant-based assi Public Housing Combined Section 8 and P Public Housing Site-Based If used, identify which Waiting list total Extremely low income <=30% AMI	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 Plan year? ☐ No ☐ Yes onto the waiting list, even if gen amilies on the Waiting List list (optional) % of total families	erally closed? No Annual Turnover
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of yes: HOW LONG HAS IT BEEN CLOSED Does the PHA expect Does the PHA permit Waiting list type: (select one) Section 8 tenant-based assiphic Public Housing Combined Section 8 and Public Housing Site-Based If used, identify which waiting list total Extremely low income <=30% AMI Very low income	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 Plan year? ☐ No ☐ Yes onto the waiting list, even if gen amilies on the Waiting List list (optional) % of total families	erally closed? No Annual Turnover
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of yes: HOW LONG HAS IT BEEN CLOSED Does the PHA expect Does the PHA permit Waiting list type: (select one) Section 8 tenant-based assipublic Housing Combined Section 8 and Public Housing Site-Based If used, identify which Waiting list total Extremely low income <=30% AMI Very low income (>30% but <=50% AMI) Low income	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 Plan year? ☐ No ☐ Yes onto the waiting list, even if gen amilies on the Waiting List Western the Waiting of the Waiting List	erally closed? No Annual Turnover
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3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of yes: HOW LONG HAS IT BEEN CLOSED Does the PHA expect Does the PHA permit Waiting list type: (select one) Section 8 tenant-based assisted Public Housing Combined Section 8 and Public Housing Site-Based If used, identify which waiting list total Extremely low income <=30% AMI Very low income (>30% but <=50% AMI) Low income (>50% but <80% AMI) Families with children	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O Plan year? No Yes onto the waiting list, even if gen amilies on the Waiting List W of total families 94% 5% 1% 20%	erally closed? No Annual Turnover
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of yes: HOW LONG HAS IT BEEN CLOSED Does the PHA expect Does the PHA permit Waiting list type: (select one) Section 8 tenant-based assisted Public Housing Combined Section 8 and Public Housing Site-Based If used, identify which waiting list total Extremely low income <=30% AMI Very low income (>30% but <=50% AMI) Low income (>50% but <80% AMI) Families with children Elderly families	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O Plan year? No Yes onto the waiting list, even if gen amilies on the Waiting List Wo of total families	erally closed? No Annual Turnover
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of yes: HOW LONG HAS IT BEEN CLOSED Does the PHA expect Does the PHA permit Waiting list type: (select one) Section 8 tenant-based assisted Public Housing Combined Section 8 and Public Housing Site-Based If used, identify which waiting list total Extremely low income <=30% AMI Very low income (>30% but <=50% AMI) Low income (>50% but <80% AMI) Families with children Elderly families Families with Disabilities Race/ethnicity-White	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O Plan year? No Yes onto the waiting list, even if gen amilies on the Waiting List W of total families 94% 5% 1% 20% 5%	erally closed? Annual Turnover
3 BR 4 BR 5 BR 5 + BR Is the waiting list closed (select of yes: HOW LONG HAS IT BEEN CLOSED Does the PHA expect Does the PHA permit Waiting list type: (select one) Section 8 tenant-based assisted Public Housing Combined Section 8 and Public Housing Site-Based If used, identify which waiting list total Extremely low income <=30% AMI Very low income (>30% but <=50% AMI) Low income (>50% but <80% AMI) Families with children Elderly families Families with Disabilities Race/ethnicity-White Race/ethnicity - Black	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	erally closed? Annual Turnover
3 BR 4 BR 5 BR 5 HR Is the waiting list closed (select of yes: HOW LONG HAS IT BEEN CLOSE) Does the PHA expect Does the PHA permit Waiting list type: (select one) Section 8 tenant-based assi Public Housing Combined Section 8 and P public Housing Site-Based If used, identify which Waiting list total Extremely low income <=30% AMI Very low income (>30% but <=50% AMI) Low income (>50% but <80% AMI) Families with children Elderly families Families with Disabilities Race/ethnicity-White	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	erally closed? Annual Turnover

	Race/ethnicity			
	Characteristics by Bedroom	NA	NA	NA
	Size (Public Housing Only)	1471	1471	141
	1 BR			
	2 BR			
	3 BR	+		
	4 BR 5 BR			
	5+ BR	+		
	Is the waiting list closed (selec	t one)? No X Ves		
	If yes: HOW LONG HAS IT BEEN CLOS Does the PHA expect Does the PHA perm	ED (# OF MONTHS)? CLC et to reopen the list in the it specific categories of fa	PHA Plan year? No X Yamilies onto the waiting list, ever in the waiting list, ever in the phase of the PHA's strategy for the PHA's stra	en if generally closed? No Yes The addressing the housing needs of families in the second se
Strai Prov UPC	submission with the 5-Year Plantegy for Addressing Needs ide a brief description of the PHA's COMING YEAR, and the Agency's Strategies	s strategy for addressing s s reasons for choosing th	the housing needs of families ir is strategy.	gh Performing PHAs complete only for And the state of the purisdiction and on the waiting list IN THE
Stra	I: Shortage of affordable housing tegy 1. Maximize the number of et all that apply			ent resources by:
	Reduce turnover time for var Reduce time to renovate public I Seek replacement of public I Seek replacement of public I Maintain or increase section jurisdiction Undertake measures to ensur Maintain or increase section poverty concentration Maintain or increase section Participate in the Consolidat Other (list below) tegy 2: Increase the number of a et all that apply Apply for additional section Leverage affordable housing	cated public housing unit blic housing units housing units lost to the incousing units lost to the instance and the lease-up rates by estable access to affordable howards lease-up rates by mark lease-up rates by effected Plan development profordable housing units. 8 units should they become resources in the community of the lease lea	nventory through mixed finance nventory through section 8 repl dishing payment standards that ousing among families assisted to teting the program to owners, pa tively screening Section 8 appli- cess to ensure coordination with	e development acement housing resources will enable families to rent throughout the by the PHA, regardless of unit size required articularly those outside of areas of minority accents to increase owner acceptance of program in broader community strategies
	l: Specific Family Types: Famili	es at or below 30% of r	nedian	
	tegy 1: Target available assistand et all that apply	ce to families at or belov	w 30 % of AMI	
		ng requirements for familices aimed at families wit		public housing tenant-based section 8 assistance
		ho are elderly, disabled, o	or displaced will be offered hou	date the application is received in the housing sing before other single persons. This preference
	l: Specific Family Types: Familitegy 1: Target available assistance			

	Select all that apply
	 □ Employ admissions preferences aimed at families who are working □ Adopt rent policies to support and encourage work □ Other: (list below)
	The Bangor Housing Authority will continue to house families based on the time and date the application is received in the housing authority office. Families who are elderly, disabled, or displaced will be offered housing before other single persons. This preference applies to both our public housing and Section 8 programs.
	Need: Specific Family Types: The Elderly
	Strategy 1: Target available assistance to the elderly: Select all that apply
	 Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below)
	Need: Specific Family Types: Families with Disabilities
	Strategy 1: Target available assistance to Families with Disabilities: Select all that apply
	Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, should they become available Affirmatively market to local non-profit agencies that assist families with disabilities Other: (list below)
	Need: Specific Family Types: Races or ethnicities with disproportionate housing needs
	Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs: Select if applicable
	Not Applicable
	☐ Affirmatively market to races/ethnicities shown to have disproportionate housing needs ☐ Other: (list below)
	Strategy 2: Conduct activities to affirmatively further fair housing Select all that apply
	Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those
	units Market the section 8 program to owners outside of areas of poverty /minority concentrations Other: (list below)
	Other Housing Needs & Strategies: (list needs and strategies below)
	(2) Reasons for Selecting Strategies Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:
	Funding constraints Staffing constraints Limited availability of sites for assisted housing Extent to which particular housing needs are met by other organizations in the community Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA Influence of the housing market on PHA programs Community priorities regarding housing assistance Results of consultation with local or state government Results of consultation with residents and the Resident Advisory Board Results of consultation with advocacy groups Other: (list below)
10.0	Additional Information. Describe the following, as well as any additional information HUD has requested.
-	(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.
	The following table reflects the progress we have made in achieving our goals and objectives:

Goal One: Be a High Performer under PHAS and SEMAP for each	of the next five years.
Objective	Progress
Maintain a waiting list for both programs so that there are an optimal number of applicants that is reviewed every six months.	The waiting lists for both programs are sufficient.
Maintain an average public housing unit turnover rate of 14 calendar	Currently averaging less than 5 days.
days or less.	
Achieve an FSS participation rate of at least 25 families.	Currently have 20 families participating.
Maintain a Housing Choice Voucher lease-up rate of at least 96%.	Accomplished.
Maintain Police Office Liaison Program with the Bangor Police	Accomplished.
Department.	

Goal Two: Utilize the Bangor Housing Development Corporation to acquire or develop 100 units of affordable housing, both rental and/or ownership.

Objective Progress

Apply for any and all HUD NOFA for additional Housing Choice Vouchers.

Determine a practical strategy to achieve this goal by June 30, 2011. In progress.

Goal Three: Maintain the resident service partnerships that we currently have and develop five new partnerships over the next five years in order to enhance our residents' quality of life.

Objective Progress

In progress

Goal Four: Enhance the image of the Bangor Housing Authority.	
Objective	Progress
Develop a history and achievement of the Bangor Housing Authority by December 31.2010.	Not accomplished.
Ensure that there are at least 12 positive stories about the Bangor Housing Authority or its residents in the local media in a year.	Trying to accomplish.
Ensure that senior staff and/or commissioners address at least 6 public forums a year about the contributions of the Bangor Housing Authority.	Trying to accomplish.
Organize an annual regional meeting with other nearby housing authorities and stakeholders about the roles and responsibilities of housing authorities in the current environment	Meeting regularly with other housing authority EDs.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

Substantial deviations and significant amendments or modifications are defined as discretionary changes in the plans or policies of the Housing Authority of the City of Bangor that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

- 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.

Violence Against Women Act Report

A goal of the Bangor Housing Authority is to fully comply with the Violence Against Women Act (VAWA). It is our objective to work with others to prevent offenses covered by VAWA to the degree we can.

The Bangor Housing Authority provides or offers the following activities, services, or programs, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking.

We have an internal social services coordinator who assists in these situations. We also have an assigned City of Bangor police officer. Finally we can refer people to Spruce Run.

The Bangor Housing Authority provides or offers the following activities, services, or programs that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing.

We offer safe housing on a first come, first served basis. We can currently house these target people as soon as we can complete their verifications.

The Bangor Housing Authority provides or offers the following activities, services, or programs to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

We have an internal social services coordinator who assists in these situations. We also have an assigned City of Bangor police officer. Finally we use of the services of Spruce Run.

The Bangor Housing Authority has the following procedures in place to assure applicants and residents are aware of their rights under the Violence Against Women Act.

We brief all new participants of their rights prior to entering the program and are always available for private consultations on their rights and responsibilities under VAWA.

Attachment A

Bangor Housing Authority

Annual Plan Fiscal Year 2012

Comments of the Resident Advisory Board

The Bangor Housing Authority shared the elements of the Annual Plan with its Resident Advisory Board (RAB).

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

Michael Myatt, Executive Director

Bangor Housing Authority

October 5, 2011

Attachment B

Bangor Housing Authority

Annual Plan Fiscal Year 2012

Challenged Elements

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

Michael Myatt, Executive Director Bangor Housing Authority

October 5, 2011

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

Office of Public and Indian Housing

U.S. Department of Housing and Urban Development

Capital	Capital Fund Financing Program				OMB No. 2577-0226
		The second secon			Expires 3/31/2014
Part I: S	Part I: Summary				
PHA Name:	Grant Type and Number				FFY of Grant: 2012
Bangor ME009	Housing Authority Capital Fund Program Grant No: Replacement Housing Factor Grant Date of CFFP:	ME36P009-501-12			FFY of Grant Approval:
Type of G	rant				
Origin	Original Annual Statement Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:	on no:	
Line	Summary by Development Account	Total Est	Total Estimated Cost		Total Actual Cost 1
		Original	Bayisad ²	Obligated	Fynandad
_	Total non-CFP Funds		page 1	Conganca	rypraca
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	91,595.00			
S	1411 Audit				
9	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
6	1450 Site Improvement	220,000.00			
10	1460 Dwelling Structures	604,355.00			
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.

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

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

Expires 4/30/2011						Total Actual Cost 1	Expended												Date	
		FFY of Grant Approval:		Revised Annual Statement (revision no:	Final Performance and Evaluation Report	Total Ac	Obligated								· ·				rector	
		FFY of G		Revised Annu	Final Perforn	Total Estimated Cost	Revised 2												Signature of Public Housing Director	
						Total Estir	Original						915,950.00						Signatu	
		ME36P009-501-12 nt No:		Reserve for Disasters/Emergencies	ıding:			ce paid by the PHA	ce paid Via System of			8% of line 20)	lines 2 - 19)	ctivities	n 504 Activities	ty - Soft Costs	ty - Hard Costs	V Conservation Measures	Date	7.26-11
	mary	Grant Type and Number Capital Fund Program Grant No: ME36P009-501-12 Replacement Housing Factor Grant No: Date of CFFP:		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	1502 Contingency (may not exceed 8% of line 20)	Amount of Annual Grant:: (sum of lines 2 - 19)	Amount of line 20 Related to LBP Activities	Amount of line 20 Related to Section 504 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 Energy Conservation Measures	Signature of pacceptive Director	100
	Part I: Summary	PHA Name: Bangor Housing Authority ME009	Type of Grant	Original .	Performa	Line Su		18a 15	18ba 9(<u> </u>		19 15	20 A	21 A	22 A	23 A	24 A	25 A	Signature	1

FFY 2012 Annual Action Plan CFP 501-12

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

Part II: Supporting Pages PHA Name: Bangor Housing Authority ME009	ity ME009	Grant Type and Capital Fund Pro, CFFP (Yes/ No): Replacement Hou	Grant Type and Number Capital Fund Program Grant No: ME36P009-501-12 CFFP (Yes/ No): Replacement Housing Factor Grant No:	ME36P009- nt No:	501-12	Federal I	Federal FFY of Grant:	2012	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost	ted Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
PHA/AMP Wide	Administration of Capital Fund Program Funds	spun ₋	1410	Lump	91,595.00				
AMP-4 Nason Park	Site & Parking Lot Improvement		1450	50 Units	220,000.00				
AMP~1 Capehart	Replace Siding		1460	62 Bldgs.	604,355.00				

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

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

Annual Statement/Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages									
PHA Name: Bangor Housing Authority ME009	ity ME009	Grant Tyl Capital Fu CFFP (Ye	Grant Type and Number Capital Fund Program Grant No: ME36P009-501-12 CFFP (Yes/No):	: ME36P009-	501-12	Federal	Federal FFY of Grant: 2012	2012	
		Keplaceme	Keplacement Housing Factor Grant No:	rant No:					
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	
the state of the s									
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¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program	dule for Capital Fund	Financing Program				
PHA Name: Bangor Housing Authority ME009	ME009				Federal FFY of Grant: 2012	T
Development Number Name/PHA-Wide Activities		All Fund Obligated (Quarter Ending Date)	All Funds (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates ¹	1
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		1
PHA/AMP Wide 1410 Administration	09/30/2014		09/30/2016			T
AMP~4 Nason Park 1450 Site Improvements	09/30/2014		09/30/2016			
						1
AMP~1 Capehart 1460 Dwelling Structures	09/30/2014		09/30/2016			
						T

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

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

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

	Federal FFY of Grant: 2012	Reasons for Revised Target Dates ¹	End										
		All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date										
		All Fun (Quarter	Original Expenditure End Date					To the second se					
Financing Program		All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date										
edule for Capital Fund	ME009	All Fund (Quarter F	Original Obligation End Date										
Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name: Bangor Housing Authority ME009	Development Number Name/PHA-Wide Activities		The state of the s	The state of the s	e manifestation de la constantina del constantina de la constantina del constantina de la constantina						THE PROPERTY OF THE PROPERTY O	

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.

Pa	Part I: Summary			Total Carlotte Commission Commiss		
PH	PHA Name/Number		Locality (City/County & State)	Sounty & State)	Original 5-Year Plan	Revision No:
RA	BANGOR HOUSING AUTHORITY ME009	RITY ME009	Bangor/Penobscot, Maine			
	Development Number and	Work Statement	Statement for	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
Ą.	Name	Year	FFY: 2013	FFY: 2014	FFY: 2015	FFY: 2016
		FFY: 2012				
В.	Physical Improvements Subtotal	Accordal Statement	824,355.00	824,355.00	824,355.00	824,355.00
Ċ	Management Improvements					
D.	PHA-Wide Non-dwelling					
	Structures and Equipment					
凹	Administration		91,595.00	91.595.00	91.595.00	91 595 00
<u>н</u>	Other				2	
G.	Operations					
H.	Demolition					
	Development					
Ξ.	Capital Fund Financing –		The second secon			The state of the s
	Debt Service					
Ά,	Total CFP Funds		915.950.00	915.950.00	915 950 00	015 050 00
ij	Total Non-CFP Funds				00.00	00:00:00
Σ̈́	Grand Total	915,950.00	915,950.00	915,950.00	915,950.00	915.950.00
					2222222	00000/604/

Pa	Part I: Summary (Continuation)	ation)				
PH.	PHA Name/Number BANGOR HOLISING ALITHOBITY MEANS	DITY MEDOO	Locality (City/c	Locality (City/county & State)	Original 5-Year Plan	Revision No:
	OHIOV DUIGOUING	INIT I MEDUS	Daligor/Feliobscot, Maine			
	Development Number and Name	Work Statement for	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
;		Year 1	5102	FF Y: 2014	FFY: 2015	FFY: 2016
		FFY: 2012				
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		Statement				
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Part II: Sur	Part II: Supporting Pages – Physical Needs Work Statement(s)	al Needs Work Stater	nent(s)			
Work Statement for	Work Statement for Year: FFY:	ent for Year:	2 2013	Work State	Work Statement for Year:	3
Year 1 FFY	Development	Quantity	Estimated Cost	Development	Quantity	Estimated Cost
2012	General Description of Major Work Categories			Number/Name General Description of Major Work Catagories		
	1460			1460		The state of the s
Antwast 8statement	AMP~1 Capehart; Oil Tank Replacement	426 Units	403,355.00	AMP~1 Capehart; Replace Windows Type I Units	32 Units	195,000.00
	AMP~1 COCC Admin Building; Roof Replacement	l Building	200,000.00	AMP~1 Capehart; Correct Front & Rear Stoops	32 Units	54,355.00
	AMP~4 Nason Park; Roof Replacement	1 Building	221,000.00	AMP~4 Nason Park; Replace Kitchen Floors, Cabinets, & Appliances	50 Units	250,000.00
				AMP~1 Capehart; Hot Water Energy Conservation Measures	442 Units	125,000.00
				1475		
				AMP~1 Administration & Maintenance Facilities;	2 Buildings	100,000.00
				AMP~4 Nason Park; Emergency Generator	1 Building	100,000.00
	Subto	Subtotal of Estimated Cost FFY 2013	\$ 824,355.00	Sub	Subtotal of Estimated Cost \$ FFY 2014	824,355.00

Fart II: Sur	Fart II: Supporting Pages – Physical Needs Work Statement(s)	al Needs Work State	ement(s)			
work Statement for	Work Sta	Work Statement for Year: FFV.	4	Work Statement for Year:	ent for Year:	S
Voor 1 DEV	. T. T.	. (5107	FFY:		2016
real LFF	Development Number/Name	Quantity	Estimated Cost	Development Number/Name	Quantity	Estimated Cost
2012	General Description of Maior Work Categories			General Description of		
	1460			Major Work Categories		
Statefoent	AMP~1 Birch Circle; Kitchen Renovations	25 Units	130,000.00	AMP~1 Birch Circle; Parking Lot Security Light	4 Buildings	30,000.00
				unprovement		
				37.4		
				1460		
	AMP~1 Birch Circle; Bathroom Renovations	25 Units	130,000.00	AMP~I Griffin Park; Roof Replacement	10 Buildings	245,000.00
	AMP~1 Birch Circle; Replace Siding	4 Buildings	89,355.00	AMP~1 Griffin Park; Privacy Fence Replacement	50 Units	175,000.00
	AMP~1 Capehart; Replace Front & Rear Entrance & Storm Doors	442 Units	475,000.00	AMP~1 Capehart; Gutter/Rain Diverter Installation	442 Units	124,355.00
	-			AMD I Administration		
				Masonry Restoration &	1 Building	150 000 00
				Sealing	0	
				1475		
				PHA AMP Wide:		
				Roof Safety D-Hook /	109 Buildings	100.000.00
				Harness Installation)	
	Subt	Subtotal of Estimated Cost FFY 2015	\$ 824,355.00	Subi	Subtotal of Estimated Cost FFY 2016	\$ 824,355.00
			· ·			

Fart III: Su	Part III: Supporting Pages - Management Needs Work	Statement(s)		
Work Statement for	Work Statement for Year:	2	Work Statement for Year:	3
אלים ו הדינו		2013	FF Y:	2014
Year I FF Y 2012	Development Number/Name General Description of Maior Work Categories	Estimated Cost	Development Number/Name	Estimated Cost
			Careful of radjot work caregories	
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[[]SSAGENGENT				
				Parameter and the second secon
	1410			
	MIA / ANAB WEST A SECOND OF SECOND O			
	FRA / AMP Wide; Administration of Capital Fund Program Funds	91,595.00	PHA / AMP Wide; Administration of Capital Fund	91 595 00
	i Ogiani i unas		Program Funds	00.070,17
	Subtotal of Estimated Cost	\$ 91,595.00	 -	\$ 91,595.00
The state of the s	CTOT T T		FFY 2014	

Part III: Supporting Pages – Management Needs Work Statement(s) Work Statement for Year: Work Statement for Year: Work Statement for Year: FFY: Development Number/Name General Description of Major Work Categories General Description of Major Work Categories Major Work Statement for Year: General Description of Major Work Categories Major Work Categories General Description of Major Work Categories Major Work Categories General Description of Major Work Categories Major Work Categories General Description of Major Work Categories Major Work Categories General Description of Major Work Categories Major Work Categories General Description of Major Work Categories Major Work Categories General Description of Major Work Categories Major Work Categories General Description of Major Work Categories Hallo PHA / AMP Wide: Administration of Capital Fund Program Funds Program Funds Subtotal of Estimated Cost \$ 91,595.00 Subtotal of Estimated Cost		5	Estin	es						91,595.00		The state of the s					ost \$ 91.595.00
20st 395.00		Work Statement for Year: FFY.	Development Number/Name	Constant Description of Major Work Categorie				1410	PHA / AMP Wide: Administration of Capital Fund	Program Funds							Subtotal of Estimated C
Porting Pages – Management Needs Work Work Statement for Year: FFY: Development Number/Name General Description of Major Work Categories PHA / AMP Wide; Administration of Capital Fund Program Funds Subtotal of Estimated Cost	Statement(s)	4 2015	Estimated Cost														
	oporting Pages - Management Needs Work	Work Statement for Year: FFY:	Development Number/Name General Description of Major Work Categories				1410		PHA / AMP Wide; Administration of Capital Fund	Program Funds							

Annual Capital Capital	Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replace Capital Fund Financing Program	Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program	Factor and			n	.S. Department of H. Offfu	lousing a ce of Pul	U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226	ent ing 26
Part I:	Part I: Summary						The state of the s		Expires 3/31/2014	<u>+</u>
PHA Name: Bangor I ME009	PHA Name: Bangor Housing Authority ME009	Grant Type and Number Capital Fund Program Grant No: ME Replacement Housing Factor Grant No: Date of CFEP.	ME36P009-501-11					FFY of FFY of	FFY of Grant: 2011 FFY of Grant Approval:	
Type of Grant	rant									T
	nnual Statement	Reserve for Disasters/Emergencies		×	Revised Annual Statement (revision no: 01	ent (revision	no: 01 >			
⊠ Perfo	rmance and Evaluation Report	☐ Performance and Evaluation Report for Period Ending: 06/30/2011			Final Performance and Evaluation Renort	Evaluation R	enort			
Line	Summary by Development Account	Account		Total Estimated Cost	ated Cost			Total Actual Cost	Cost 1	Τ
			Original	- X	Revised ²		Obligated	Ġ	Expended	Τ
_	Total non-CFP Funds						0		- Daniel	T
2	1406 Operations (may r	1406 Operations (may not exceed 20% of line 21) ³								T
3	1408 Management Improvements	rovements	38,0	38,000.00		00		00		8
4	1410 Administration (m	1410 Administration (may not exceed 10% of line 21)	105,7	105,785.00	16	91,595.00		00		8 8
5	1411 Audit							-		3
9	1415 Liquidated Damages	Ses								
7	1430 Fees and Costs									
8	1440 Site Acquisition									T
6	1450 Site Improvement		829,4	829,442.00	824	824,355.00		00		18
01	1460 Dwelling Structures	es								3
=	1465.1 Dwelling Equipment-	ment—Nonexpendable								T
12	1470 Non-dwelling Structures	ıctures								Τ
13	1475 Non-dwelling Equipment	iipment								Τ
14	1485 Demolition									
15	1492 Moving to Work Demonstration	Jemonstration Jemonstration								
16	1495.1 Relocation Costs	S								Τ
17	1499 Development Activities	ivities 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.

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

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

						Expires 4/30/2011
Part I: S	Part I: Summary					
PHA Name: Bangor Housing Authority ME009		Grant Type and Number Capital Fund Program Grant No: ME36P009-501-11 Replacement Housing Factor Grant No: Date of CFFP;		FFY of Grant: 2011 FFY of Grant Appro	FFY of Grant Approval:	
Type of Grant	rant		American Control of the Control of t			
	Original Annual Statement	atement	ncies	☐ Revised Annual	Revised Annual Statement (revision no: 01	
N Perf	rmance and E	Performance and Evaluation Report for Period Ending: 06/30/2011		Final Performan	Final Performance and Evaluation Report	
Line	Summary b	Summary by Development Account	Total Estimated Cost		Total Act	Total Actual Cost 1
			Original	Revised 2	Obligated	Expended
18a	1501 Coll	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Coll	9000 Collateralization or Debt Service paid Via System of				
		Payment				
19	1502 Con	1502 Contingency (may not exceed 8% of line 20)	84,628.00	00		
20	Amount o	Amount of Annual Grant:: (sum of lines 2 - 19)	1,057855.00	915,950.00	00	00
21	Amount o	Amount of line 20 Related to LBP Activities			- The state of the	
22	Amount o	Amount of line 20 Related to Section 504 Activities				
23	Amount o	Amount of line 20 Related to Security - Soft Costs				
24	Amount o	Amount of line 20 Related to Security - Hard Costs				
25	Amount o	Amount of line 20 Related to Energy Conservation Measures				***************************************
Signatu	re of xega	Signature of Executive Director Date		Signature of Public Housing Director	ctor	Date
	1/1/	7.6	- 50 - 61			

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

Part II: Supporting Pages									
PHA Name: Bangor Housing Authority ME009	rity ME009	Grant Type and Capital Fund Proy CFFP (Yes/ No): Replacement Hou	Grant Type and Number Capital Fund Program Grant No: ME. CFFP (Yes/ No): Replacement Housing Factor Grant No:	ME36P009-501-11	501-11	Federal F	Federal FFY of Grant:	2011	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	ited Cost	Total Actual Cost	ost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA / AMP Wide	Continuation of Program with City of Bangor Police Department for Support / Security	ngor Police	1408	Lump	38,000.00	00	00	00	
PHA / AMP Wide	Administration of Capital Fund Program Funds	Funds	1410	Lump	105,785.00	91,595.00	00	00	
AMP~1 Griffin Park	Site & Parking Lot Improvement		1450	50 Units	217,806.00	215,306.00	00	00	
AMP~1 Capehart	Site, Walkway, Driveway Improvement		1450	442 Units	611,636.00	609,049.00			
PHA / AMP Wide	Contingency		1502	Lump	84,628.00	00	00	00	

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

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

Capital Fund Program, Capital Fund Program Replacement Housing Factor and

Annual Statement/Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages							The state of the s	TO TO THE POST OF	
PHA Name:		Grant Tyl	pe and Number	000075378	1, 100	Federal 1	Federal FFY of Grant:	2011	And the first things to the same of the sa
Bangor Housing Authority ME009	ity ME009	CFFP (Yes	Capital Fund Program Grant No: ME.367009-501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:	: I ME36PU09 . ant No:	301-11 301-111				
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	Çost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
THE COMPLETE OF THE COMPLETE O			THE PROPERTY OF THE PROPERTY O						
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	The second secon								
	The state of the s								
The state of the s	The state of the s								
									oppose particular and the second seco
	The second secon				***************************************			7	

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.

							T
	Federal FFY of Grant: 2011	Reasons for Revised Target Dates		Notice of Award 03-August-2011	Notice of Award 03-August-2011		
		All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date				
		All Fund (Quarter E	Original Expenditure End Date	08/02/2015	08/02/2015		
Financing Program		All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date				
edule for Capital Fund	ME009	All Fund (Quarter E	Original Obligation End Date	08/02/2013	08/02/2013		
Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name: Bangor Housing Authority ME009	Development Number Name/PHA-Wide Activities		PHA / AMP Wide 1410 Administration	AMP~1 ALL 1450 Site Improvement	THE STATE OF THE S	

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

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

	Federal FFY of Grant: 2011	Reasons for Revised Target Dates ^T	pu										
		All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date										
Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name: Bangor Housing Authority ME009		Original Expenditure End Date										
		All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date										
		All Fund (Quarter E	Original Obligation End Date								The state of the s		
		Development Number Name/PHA-Wide Activities		THE PARTY OF THE P		The second secon	The second secon			Programmed Programmed Control of the		venilla de la companya de la company	The state of the s

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.

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

Part I: Summary	ummary			A CALLEST CO.	Expires 3/31/2014
PHA Name: Bangor I ME009	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant Date of CFFP:	ME36P009-501-10		£	FFY of Grant: CFP 2010 FFY of Grant Approval:
Type of Grant					
Origin	☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies	⊠ Re	⊠ Revised Annual Statement (revision no: 04	on no: 04)	
⊠ Perfor	□ Performance and Evaluation Report for Period Ending: 06/30/2011	- Fin	Final Performance and Evaluation Report	1 Report	
Line	Summary by Development Account	Total Estimated Cost	ed Cost		Total Actual Cost 1
		Original Rev	Revised2	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)	106,732.00	106,732.00	106,732.00	106,732.00
5	1411 Audit				
9	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
6	1450 Site Improvement				
10	1460 Dwelling Structures	837,203.00	922,589.00	922,589.00	21.818.24
-	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 Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0226

Expires 4/30/2011 Date Expended 166,550.24 Total Actual Cost 00 2 Final Performance and Evaluation Report Revised Annual Statement (revision no: Obligated 1,067,321.00 FFY of Grant: CFP 2010 FFY of Grant Approval: Signature of Public Housing Director 8 1,067,321.00 Revised² Total Estimated Cost 00.00 1,067,321.00 Original 85,386.00 ☐ Reserve for Disasters/Emergencies Grant Type and Number
Capital Fund Program Grant No: ME36P009-501-10
Replacement Housing Factor Grant No:
Date of CFFP: Performance and Evaluation Report for Period Ending: 06/30/2011 9000 Collateralization or Debt Service paid Via System of Direct Payment Amount of line 29 Related to Energy Conservation Measures 1501 Collateralization or Debt Service paid by the PHA Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Soft Costs 1502 Contingency (may not exceed 8% of line 20) Amount of Annual Grant:: (sum of lines 2 - 19) Amount of line 20 Related to LBP Activities Summary by Development Account Signature of Executive Director Original Annual Statement Part I: Summary Bangor Housing Authority ME009 Type of Grant PHA Name: Line 18ba 18a 19 24 25 20 21 22 23

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. 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

Part II: Supporting Pages									
PHA Name: Bangor Housing Authority ME009	rity ME009	Grant Type and Capital Fund Pro CFFP (Yes/ No): Replacement Ho	Grant Type and Number Capital Fund Program Grant No: ME36P009-501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:	: ME36P009- 5 ant No:	501-10	Federal F	Federal FFY of Grant: C	CFP 2010	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	ıted Cost	Total Actual Cost	tso;	Status of Work
					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
PHA / AMP Wide	Continuation of Program with Bangor Police Department for Support / Security	r Police	1408	Lump	38,000.00	38,000.00	38,000.00	38,000.00	100%
PHA / AMP Wide	Administration of capital Fund Program Funds	am	1410	Lump	106,732.00	106,732.00	106,732.00	106,732.00	100%
									The second secon
AMP~1 Capehart	Kitchen Floor & Cabinet Replacement Phase III	11	1460	102 Units	812,203.00	900,770.76	900,770.76	0	
AMP~4 Nason Park	Replace Carpeting Halls & Lobbics		1460	50 units	25,000.00	21,818.24	21,818.24	21,818.24	100%
PHA / AMP Wide	Contingency		1502	Lump	85,386.00	0	0	0	
The state of the s									

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

² To be completed for the Performance and Evaluation Report.

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

Grant Type and Number Capital Fund Program Grant No: ME36P009-501-10 CFFP (Yes/No): Renlacement Housing Eactor Grant No:	Development Quantity Total Estimated Cost Total Actual Cost Status of Work Account No.	Original Revised Funds Funds Obligated Expended									
	Estimated Cos										
.009-501-10		Origi									
lo: ME36P	Quantit										
rpe and Number and Program Grant N ss/ No):	Development Account No.										
Grant Ty Capital Ft CFFP (Ye	. Work										
ty ME009	General Description of Major Work Categories										
Part II: Supporting Pages PHA Name: Bangor Housing Authority ME009	Development Number Name/PHA-Wide Activities										

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

² To be completed for the Performance and Evaluation Report.

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

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

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program	The state of the s		
PHA Name: Bangor Housi	Bangor Housing Authority ME009	6			Federal FFY of Grant: CFP 2010
Development Number Name/PHA-Wide Activities	All Fund (Quarter F	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	
PHA / AMP Wide 1408 Management Improvements	09/30/2012	08/31/2010	09/30/2014		
PHA / AMP Wide 1410 Administration	09/30/2012	08/31/2010	09/30/2014		
AMP~1 1460 Dwelling Structures	09/30/2012	08/31/2010	09/30/2014		
AMP~4 1460 Dwelling Structures	09/30/2012	08/30/2010	09/30/2014		

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

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

	Federal FFY of Grant: CFP 2010	Reasons for Revised Target Dates ¹										
		s Expended Inding Date)	Actual Expenditure End Date									
Part III: Implementation Schedule for Capital Fund Financing Program	Bangor Housing Authority ME009	All Funds Expended (Quarter Ending Date)	Original Expenditure End Date									
		All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date									
		All Fund (Quarter E	Original Obligation End Date									
Part III: Implementation Sch	PHA Name: Bangor Hous	Development Number Name/PHA-Wide Activities			ALAPAGA				THE PARTY OF THE P	The second secon		

¹Obligation 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:	Part I: Summary				Explies 3/31/2014
PHA Name: Bangor H ME009	Authority Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Gran Date of CFFP:	ME36P009-501-09			FFY of Grant: CFP 2009 FFY of Grant Approval:
Type of Grant					
Origin	☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies	□ Rev	Revised Annual Statement (revision no: 3	on no: 3)	
⊠ Perfo	☐ Performance and Evaluation Report for Period Ending: 06/30/2011		Final Performance and Evaluation Report	n Report	
Line	Summary by Development Account	Total Estimated Cost	ed Cost		Total Actual Cost 1
		Original Rev	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
4	1410 Administration (may not exceed 10% of line 21)	107,537.00		107,537.00	
5	1411 Audit				
9	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
6	1450 Site Improvement				
10	1460 Dwelling Structures	929,830.00		929.830.00	0 116.353.60
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 Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

261,890.60 Office of Public and Indian Housing OMB No. 2577-0226 U.S. Department of Housing and Urban Development Expires 4/30/2011 Expended Total Actual Cost ☐ Revised Annual Statement (revision no: 03 1,075,367.00 Final Performance and Evaluation Report Obligated FFY of Grant: CFP 2009 FFY of Grant Approval: Revised² **Total Estimated Cost** 1,075,367.00 Original ☐ Reserve for Disasters/Emergencies Grant Type and Number
Capital Fund Program Grant No: ME36P009-501-09
Replacement Housing Factor Grant No:
Date of CFFP: 9000 Collateralization or Debt Service paid Via System of Direct Payment Performance and Evaluation Report for Period Ending: 06/30/2011 1501 Collateralization or Debt Service paid by the PHA Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Soft Costs 1502 Contingency (may not exceed 8% of line 20) Amount of Annual Grant: (sum of lines 2 - 19) Amount of line 20 Related to LBP Activities Summary by Development Account Capital Fund Financing Program Original Annual Statement Part I: Summary Bangor Housing Authority ME009 Type of Grant PHA Name:

Line

18ba 18a

19

2 2

22 23 Date

Signature of Public Housing Director

Date

Amount of line 20 Related to Energy Conservation Measures

xecutive Director

Signatur

54

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

⁴ RHF funds shall be included here.

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

Part II: Supporting Pages PHA Name: Bangor Housing Authority ME009	rity ME009	Grant Type and Capital Fund Pro 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-	60-105	Federal	Federal FFY of Grant:	CFP 2009	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	ed Cost	Total Actual Cost	tso,	Status of Work
					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
PHA / AMP Wide	Continuation of Program with City of Bangor Police Department for Support	y of pport /	1408	Lump	38,000.00		38,000.00	38,000.00	100%
PHA / AMP Wide	Administration of Capital Fund Program Funds	rogram	1410	Lump	107,537.00		107,537.00	107,537.00	100%
AMP~1 Capehart	Kitchen Floor & Cabinet Replacement Phase II	ment	1460	102 Units	929,830.00		929,830.00	116,353.60	Progress
Angua di Antonio di An									

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.

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 PHA Name: Bangor Housing Authority ME009		Grant Typ Capital Fun CFFP (Yes Replaceme	Grant Type and Number Capital Fund Program Grant No: ME36P009-501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:	ME36P009.	501-09	Federal	Federal FFY of Grant:	CFP 2009	
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 completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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

	Federal FFY of Grant: CFP 2009	Reasons for Revised Target Dates ¹	ure End							
		All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date							
		All Fund (Quarter	Original Expenditure End Date	09/30/2013	09/30/2013		09/30/2013			
Financing Program	60	All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date	10/31/2009	10/31/2009		10/31/2009			
dule for Capital Fund	Bangor Housing Authority ME009	All Fund (Quarter I	Original Obligation End Date	09/30/2011	09/30/2011		09/30/2011			
Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name: Bangor Housi	Development Number Name/PHA-Wide Activities		PHA / AMP Wide 1408 Management Improvements	PHA / AMP Wide 1410 Administration	The state of the s	AMP~1 Capehart 1460 Dwelling Structures	The state of the s		

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

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

	Federal FFY of Grant: CFP 2009	Reasons for Revised Target Dates ¹										
		All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date									
		All Funds (Quarter E	Original Expenditure End Date									
Financing Program	66	All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date									
edule for Capital Fund	Bangor Housing Authority ME009	All Fund (Quarter E	Original Obligation End Date									
<u>=</u>	PHA Name: Bangor Hous	Development Number Name/PHA-Wide Activities							The second secon	The second secon		

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.

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

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0226

Expires 3/31/2014 133,903.00 1,205,132.00 FFY of Grant: CFRG 2009 FFY of Grant Approval: Expended Total Actual Cost 133,903.00 1,205,132.00 ☐ Revised Annual Statement (revision no: ☑ Final Performance and Evaluation Report 06/30/2011 Obligated **Total Estimated Cost** Revised² 133,903.00 1,205,132.00 Grant Type and Number
Capital Fund Program Grant No: ME36S009-501-09
Replacement Housing Factor Grant No:
Date of CFFP: Original ☐ Reserve for Disasters/Emergencies 1410 Administration (may not exceed 10% of line 21) 1406 Operations (may not exceed 20% of line 21)³ 1465.1 Dwelling Equipment—Nonexpendable Type of Grant
☐ Original Annual Statement
☐ Performance and Evaluation Report for Period Ending: 1492 Moving to Work Demonstration 1408 Management Improvements 1475 Non-dwelling Equipment 1470 Non-dwelling Structures Summary by Development Account 1499 Development Activities 1415 Liquidated Damages 1460 Dwelling Structures 1495.1 Relocation Costs 1450 Site Improvement Total non-CFP Funds 1440 Site Acquisition 1430 Fees and Costs Bangor Housing Authority 1485 Demolition 1411 Audit Part I: Summary PHA Name: ME009 Line 2 12 13 4 15 16 9 œ 6

To be completed for the Performance and Evaluation Report.

² 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

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

Part I: Summary	ummary				Expires 4/30/2011
PHA Name: Bangor Housing Authority ME009	Ousing Outsing Capital Fund Program Grant No: ME36S009-501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Gran	FFY of Grant: CFRG 2009 FFY of Grant Approval:	
Type of Grant	rant	And the second s			
Origi	Original Annual Statement Reserve for Disasters/Emergencies	S	Revised Annual	☐ Revised Annual Statement (revision no:	
Perfo	Performance and Evaluation Report for Period Ending:			☐ Final Performance and Evaluation Report 06/30/2011	2011
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	Cost 1
		Original	Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct				
	Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	1,339,035.00		1,339,035.00	1,339,035.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signatur	Signature of Executive Director	Signature of F	Signature of Public Housing Director	ctor	Date

Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages PHA Name: Bangor Housing Authority ME009	ity ME009	Grant Typ Capital Fu CFFP (Yes Replaceme	Grant Type and Number Capital Fund Program Grant No: ME36S009-501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:	: ME36S009-5	01-09	Federal I	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	ited Cost	Total Actual Cost	Sost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA/AMP Wide	Administration of CFRG Funds		1410	Lump	133,903.00		133,903.00	133,903.00	100%
AMP~1 Capehart	Floor & Kitchen cabinet Replacement		1460	336 Units	1,205,132.00		1,205,132.00	1,205,132.00	100%

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

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

² To be completed for the Performance and Evaluation Report.

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			Status of Work																	
	FRG 2009		Sost	Funds Expended ²																
	Federal FFY of Grant: CFRG 2009		Total Actual Cost	Funds Obligated ²																
	Federal F	****	ated Cost	Revised ¹																
		01-09	Total Estimated Cost	Original																
		ME36S009-5 int No:	Quantity																	
	pe and Number	Capital Fund Program Grant No: ME36S009-501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:	Development Account No.																	
	Grant Ty	Capital Fu CFFP (Ye Replacem	or Work																	·
		ty ME009	General Description of Major Work Categories											Vertical Control of the Control of t						
Part II: Supporting Pages	PHA Name:	Bangor Housing Authority ME009	Development Number Name/PHA-Wide Activities							The state of the s							The second secon	and the state of t	Aut in	

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

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

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

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name: Bangor Housing Authority ME009	lopment NumberAll Fund ObligatedAll Funds ExpendedReasons for Revised Target Datesme/PHA-Wide(Quarter Ending Date)(Quarter Ending Date)	Original Actual Obligation Original Expenditure Actual Expenditure End Obligation End Date End Date Date	P Wide 03/17/2010 06/30/2009 03/17/2012 04/30/2011 04/30/2011	apehart 03/17/2010 06/30/2009 03/17/2012 04/30/2011 04/30/2011				
Part III: Implementation	PHA Name: Bangor Housing Author	Development Number Name/PHA-Wide Activities		PHA/AMP Wide 1410 Administration	AMP~1 Capehart 1460 Dwelling Structures	The state of the s			

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

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

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

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

U.S. Department of Housing and Urban Development

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Part I: S	Part I: Summary							Expires 3/31/2014	2014
PHA Name	700.								
Bangor ME009	Bangor Housing Authority ME009	Grant Type and Number Capital Fund Program Grant No: ME36P009-501-08 Replacement Housing Factor Grant No: Date of CFFP:	6P009-501-08				FFY	FFY of Grant: CFP 2008 FFY of Grant Approval:	
Type of Grant	rant								
Origin	Original Annual Statement	Reserve for Disasters/Emergencies		12		03	,		
□ Perfor	mance and Evaluation Report	☐ Performance and Evaluation Report for Period Ending: 06/30/2011		N [_	Timel Dorformenes and First	Asion no: U.S	_		
Line	Summary by Development Account	Account		Total Fe	Total Estimated Cost	non Keport	F	0-	
			Original		Davised ²		1 otal Actual Cost	INI COST	
_	Total non-CFP Funds				NO N	Obligated		Expended	
2	1406 Operations (may not exceed 20% of line 21) 3	sed 20% of line 21) 3							
3	1408 Management Improvements	ents		38 000 00	38 000 00		00 000		
4	1410 Administration (may not exceed 10% of line 21)	t exceed 10% of line 21)		105 785 00	0.000.00	•	38,000.00	38,000.00	90.00
5	1411 Audit			102,702,00	102,782.00		105,785.00	105,785.00	35.00
9	1415 Liquidated Damages								
7	1430 Fees and Costs								
8	1440 Site Acquisition								
6	1450 Site Improvement								
10	1460 Dwelling Structures			12 022 969	10 726 039		.000		
=	1465.1 Dwelling Equipment—Nonexpendable	-Nonexpendable		16:06:150	002,730.0		009,730.01	669,736.0	10.9
12	1470 Non-dwelling Structures			217,339,69	244 333 00		00 000		
13	1475 Non-dwelling Equipment	11		20.20.00	C.C.C.****		244,333.79	122,447.03	7.03
14	1485 Demolition								T
15	1492 Moving to Work Demonstration	stration							
91	1495.1 Relocation Costs								
17	1499 Development Activities 4								

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

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

Expires 4/30/2011	FFY of Grant: CFP 2008 FFY of Grant Approval:	Revised Annual Statement (revision no: 3)	Final Performance and Evaluation Report	Obligated Expended Fxnended						1,05/,855.00 935,968.04				CF 757 7	Director 0,000.42 0,650.42 0,650.42
	FFY of	Revised An	Total Estimated Cost	Original Revised 2					1 057 855 00	00.556,/50,1				6.656.42	ure of Public Ho
nmary	sing Crant Type and Number Capital Fund Program Grant No: ME36P009-501-08 Replacement Housing Factor Grant No: Date of CFFP:	Annual S	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)	Amount of Annual Grant: (sum of lines 2 - 19)	Amount of line 20 Related to LBP Activities	Amount of line 20 Related to Section 504 Activities	Amount of line 20 Related to Security - Soft Costs	Amount of line 20 Related to Security - Hard Costs	Amount of Jine 20 Related to Energy Conservation Measures	Signature of Experitive Director Date
Part I: Summary	PHA Name: Bangor Housing Authority ME009	Type of Grant Original	Ling		18a	18ba		16	20			23		25	Signature

Office of Public and Indian Housing $\operatorname{U.S.}$ Department of Housing and Urban Development

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and

Annual Statement/Performance and Evaluation Report

¹ To be completed for the Performance and Evaluation Report.
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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	rity ME009	Grant Type and Capital Fund Pro CFFP (Yes/ No). Replacement Ho	Grant Type and Number Capital Fund Program Grant No: ME36P009-501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:	o: ME36P009-5 6 rant No:	01-08	Federal	Federal FFY of Grant:	CFP 2008	
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	Funds Obligated ²	Funds Exnended ²	
PHA/AMP Wide	Continuation of Services with City of Bangor Police Department for Support / Security	Bangor rity	1408	Lump	38,000.00	38,000.00	38,000.00	38,000.00	100%
PHA/AMP Wide	Administration of Capital Fund Program Funds	am	1410	Lump	105,785.00	105,785.00	105,785.00	105,785.00	100%
AMP~1 Griffin Park	Bathroom Renovations		1460	50 Units	256 044 23	256 044 23	256 044 23	756 044 73	1000
AMP~1 Capehart	Replace Basement Steps (Select Units		1460	394 Units	310,014.21	310,014.21	310,014.21	310,014.21	100%
AMP~1 Wide	Smoke Detector & C/O Detector Installation Completion	allation	1460	442 Units	2,071.87	2,071.87	2,071.87	2,071.87	100%
AMP~1 Birch Circle	Roof Replacement		1460	4 Bldgs.	75,600.00	76,476.04	76,476.04	76,476.04	100%
AMP 1 Constant	Front & Rear Storm Door Replacement	nt	1460	25 Units	28,000.00	17,196.62	17,196.62	17,196.62	100%
AIVIF~1 Capellar	Excavation & Window Wells (Select Units)	Units)	1460	32 Units	25,000.00	7,908.66	7,908.66	7,908.66	100%
AMP~1 Capehart	Replace Privacy Fences		1470	426 Units	210,683.27	237,677.57	237,677.57	115,790.61	Progress
PHA/AMP Wide	COCC Administration Building Boiler Controls & Energy Conservation Upgrades	r rades	1470	Lump	6,656.42	6,656.42	6,656.42	6,656.42	100%

 $^{^1{\}rm To}$ be completed for the Performance and Evaluation Report or a Revised Annual Statement. $^2{\rm To}$ be completed for the Performance and Evaluation Report.

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form HUD-50075.1 (4/2008)

Part II: Supporting Pages								
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:	ME36P009 . unt No:	-501-08	Federal	Federal FFY of Grant:	CFP 2008	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	rk 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	
							1777	

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

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Annual Statement/Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report.

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

olementa	Federal FFY of Grant: CFP 2008	Reasons for Revised Target Dates ¹							
		All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date						
		All Funds (Quarter E	Original Expenditure End Date	06/30/2012	06/30/2012	06/30/2012	06/30/2012	06/30/2012	
	ME009	All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date	06/30/2010	06/30/2010	06/30/2010	06/30/2010	06/30/2010	
	Bangor Housing Authority ME009	All Func (Quarter E	Original Obligation End Date	06/30/2010	06/30/2010	06/30/2010	06/30/2010	06/30/2010	
	PHA Name: Bangor	Development Number Name/PHA-Wide Activities		PHA / AMP Wide 1408 Management Improvements	PHA / AMP Wide 1410 Administration	AMP~1 ALL 1460 Dwelling Structures	AMP~1 ALL 1470 Non-Dwelling Structures	PHA / AMP Wide 1470 Non-Dwelling Structures	

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

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

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

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.