

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

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

| | | |
|--|---|---|
| Part I: Summary | | |
| PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS | Grant Type and Number Capital Fund Program Grant No: NJ39P09250113 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2013 FFY of Grant Approval: 2013 |

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement ()
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
|------|--|----------------------|----------------------|--------------------------------|----------|
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | \$46,000 | | | |
| 3 | 1408 Management Improvements | \$5,000 | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$1,000 | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | \$15,000 | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | \$200,689.76 | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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

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

| Part I: Summary | | | | | | |
|---|--|---|---|---|---|--|
| PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS | | Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant: FFY of Grant Approval: | |
| Type of Grant | | | | | | |
| <input type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | <input type="checkbox"/> Revised Annual Statement () | | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> Final Performance and Evaluation Report | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | | |
| | | Original | Revised ² | Obligated | Expended | |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | \$18,310.24 | | | | |
| 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) | \$286,000 | | | | |
| 21 | Amount of line 20 Related to LBP Activities | | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | | |
| Signature of Executive Director | | | Signature of Public Housing Director | | | |
| Date | | | Date | | | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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| Part I: Summary | |
| PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS | Grant Type and Number Capital Fund Program Grant No: NJ39P09250112 Replacement Housing Factor Grant No: Date of CFFP: |
| FFY of Grant: 2012 FFY of Grant Approval: 2012 | |

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|--|--|
| Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input type="checkbox"/> Final Performance and Evaluation Report |
|--|--|

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
|------|--|----------------------|----------------------|--------------------------------|----------|
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | \$26,460 | \$26,460 | \$26,460 | \$0.00 |
| 3 | 1408 Management Improvements | \$0 | \$0 | \$0 | \$0 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$1,000 | \$1,000 | \$1,000 | \$95.34 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | \$17,000 | \$17,000 | \$0 | \$0 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | \$0 | \$72,771.48 | \$0 | \$0 |
| 10 | 1460 Dwelling Structures | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | \$222,771.48 | \$150,000 | \$0 | \$0 |
| 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.

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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

| Part I: Summary | | | | | |
|--|---|--|----------------------|---|----------|
| PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS | Grant Type and Number Capital Fund Program Grant No: NJ39P09250112 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2012 FFY of Grant Approval: 2012 | | | |
| Type of Grant | | | | | |
| <input type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | <input type="checkbox"/> Revised Annual Statement (revision no:) | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009 | | <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | \$18,775.52 | \$18,775.52 | \$18,775.52 | \$0 |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | \$286,007 | \$286,007 | \$46,235.52 | \$95.34 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security – Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security – Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director | | Date | | Signature of Public Housing Director | |
| | | | | Date | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

| Part III: Implementation Schedule for Capital Fund Financing Program | | | | | |
|---|---|-------------------------------|---|-----------------------------------|---|
| PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS | | | | Federal FFY of Grant: 2012 | |
| Development Number Name/PHA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | All Funds Expended (Quarter Ending Date) | | Reasons for Revised Target Dates ¹ |
| | Original Obligation End Date | Actual Obligation End Date | Original Expenditure End Date | Actual Expenditure End Date | |
| PHA wide | 3/11/2014 | | 3/11/2016 | | |
| 92-01 | 3/11/2014 | | 3/11/2016 | | |
| 92-05 | 3/11/2014 | | 3/11/2016 | | |
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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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

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

| Part I: Summary | | | | | | |
|--|--|---|----------------------|--------------------------------|--|--|
| PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS | | Grant Type and Number Capital Fund Program Grant No: NJ39P09250111 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant: 2011 FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (Rev. #3) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | | |
| | | Original | Revised ² | Obligated | Expended | |
| 1 | Total non-CFP Funds | | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | \$62,000 | \$62,000 | \$62,000 | \$30,479.71 | |
| 3 | 1408 Management Improvements | \$9,000 | \$0 | \$0.00 | \$0.00 | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$3,000 | \$1,000 | \$1,000.00 | \$98.80 | |
| 5 | 1411 Audit | | | | | |
| 6 | 1415 Liquidated Damages | | | | | |
| 7 | 1430 Fees and Costs | \$20,000 | \$20,000 | \$13,500 | \$0.00 | |
| 8 | 1440 Site Acquisition | | | | | |
| 9 | 1450 Site Improvement | \$50,000 | \$24,485.00 | \$11,181.28 | \$11,181.28 | |
| 10 | 1460 Dwelling Structures | \$97,228.82 | \$10,641 | \$10,641 | \$10,641 | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | \$50,000 | \$173,102.82 | \$27,072.35 | \$27,072.35 | |
| 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.

| Part I: Summary | | | | | |
|---|---|--|----------------------|--|-------------|
| PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS | Grant Type and Number Capital Fund Program Grant No: NJ39P09250111 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2011 FFY of Grant Approval: 2011 | | | |
| Type of Grant | | | | | |
| <input type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | <input type="checkbox"/> Revised Annual Statement (revision no: 2) | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | \$19,234.18 | \$19,234.18 | \$19,234.18 | \$0.00 |
| 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) | \$310,463 | \$310,463 | \$144,628.81 | \$79,473.14 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director | | Date | | Signature of Public Housing Director | |
| | | | | Date | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

| Part II: Supporting Pages | | | | | | | | |
|---|---|----------------------------|--|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS | | | Grant Type and Number Capital Fund Program Grant No: NJ39P09250111 CFFP (Yes/ No): Replacement Housing Factor Grant No: | | | Federal FFY of Grant: 2011 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| HA Wide | General Operations | 1406 | | \$62,000 | \$62,000 | \$62,000 | \$30,479.71 | |
| HA Wide | Management Improvements | 1408 | | \$0 | \$0 | \$0.00 | \$0.00 | |
| 92-01 | Fees and Costs | 1430 | | \$20,000 | \$20,000 | \$13,500 | \$0.00 | |
| 92-07 | Replacement of utility doors | 1460 | 11 | \$10,641 | \$10,641 | \$10,641 | \$10,641 | |
| 92-01 | Resurface parking lot and restripe lines | 1450 | | \$146,030.47 | \$0.00 | \$0.00 | \$0.00 | |
| | Debt Service | 1501 | | \$19,234.18 | \$19,234.18 | \$19,234.18 | \$0.00 | |
| 92-01, 92-02, 92-03, 92-07 | Administration | 1410 | | \$1,000 | \$1,000 | \$1,000 | \$98.80 | |
| 92-07 | Replacement of countertops, sinks, faucets and traps in kitchens | 1460 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| 92-02, 92-03 | Replace boilers | 1465.1 | | \$27,072.35 | \$27,072.35 | \$27,072.35 | \$27,072.35 | |
| 92-05 | Install French drain system and landscape | 1450 | | \$24,485.00 | \$24,485.00 | \$11,181.28 | \$11,181.28 | |
| 92-02, 92-03 | Fees and costs | 1430 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| 92-01, 92-05 | Replacement of Hot Water Heaters | 1465.1 | | \$0.00 | \$146,030.47 | \$0.00 | \$0.00 | |
| | TOTAL | | | \$310,463 | \$310,463 | \$144,628.81 | \$79,473.14 | |
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¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

| Part III: Implementation Schedule for Capital Fund Financing Program | | | | | |
|---|---|-------------------------------|---|-----------------------------------|---|
| PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS | | | | Federal FFY of Grant: 2011 | |
| Development Number Name/PHA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | All Funds Expended (Quarter Ending Date) | | Reasons for Revised Target Dates ¹ |
| | Original Obligation End Date | Actual Obligation End Date | Original Expenditure End Date | Actual Expenditure End Date | |
| PHA Wide | 8/2/2013 | | 8/2/2015 | | |
| 92-02 | 8/2/2013 | | 8/2/2015 | | |
| 92-03 | 8/2/2013 | | 8/2/2015 | | |
| 92-01 | 8/2/2013 | | 8/2/2015 | | |
| 92-07 | 8/2/2013 | | 8/2/2015 | | |
| 92-05 | 8/2/2013 | | 8/2/2015 | | |
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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.

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| Part I: Summary | |
| PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS | Grant Type and Number Capital Fund Program Grant No: NJ39P09250110 Replacement Housing Factor Grant No: Date of CFFP: |
| FFY of Grant: 2010 FFY of Grant Approval: | |

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 3)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
|------|--|----------------------|----------------------|--------------------------------|--------------|
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | \$ 25,000 | \$26,784.93 | \$26,784.93 | \$26,784.93 |
| 3 | 1408 Management Improvements | \$ 10,000 | \$10,000 | \$10,000 | \$10,000 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$ 3,000 | \$2,479.28 | \$2,479.28 | \$927.66 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | \$ 11,500 | \$13,000 | \$13,000 | \$13,000 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | \$159,473.28 | \$151,834 | \$151,834 | \$151,834 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | \$145,000 | \$149,875.07 | \$149,875.07 | \$149,875.07 |
| 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.

| Part I: Summary | | | | | |
|---|---|--|---|--|--------------|
| PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS | Grant Type and Number Capital Fund Program Grant No: NJ39P09250110 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: | | | |
| Type of Grant | | | | | |
| <input type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | \$ 19,683.72 | \$19,683.72 | \$19,683.72 | \$0.00 |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | \$373,657 | \$373,657 | \$373,657 | \$352,421.66 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director | | | Signature of Public Housing Director | | |
| Date | | | Date | | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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| Part I: Summary | |
| PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS | Grant Type and Number Capital Fund Program Grant No: NJ39P09250109 Replacement Housing Factor Grant No: Date of CFFP: |
| FFY of Grant: 2009 FFY of Grant Approval: | |

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
|------|--|----------------------|----------------------|--------------------------------|--------------|
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | \$6,000 | \$6,000 | \$6,000 | \$6,000 |
| 3 | 1408 Management Improvements | \$7,000 | \$7,000 | \$7,000 | \$7,000 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$5,000 | \$5,000 | \$5,000 | \$5,000 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | \$21,000 | \$21,000 | \$21,000 | \$21,000 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | \$310,999.73 | \$318,001.73 | \$318,001.73 | \$318,001.73 |
| 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.

| Part I: Summary | | | | | |
|---|---|--|----------------------|---|--------------|
| PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS | Grant Type and Number Capital Fund Program Grant No: NJ39P09250109 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2009 FFY of Grant Approval: | | | |
| Type of Grant | | | | | |
| <input type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | <input type="checkbox"/> Revised Annual Statement (revision no:) | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | \$20,189.27 | \$20,189.27 | \$20,189.27 | \$15,260.42 |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | \$370,189 | \$377,191 | \$377,191 | \$372,262.15 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director | | Date | | Signature of Public Housing Director | |
| | | | | Date | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

| Part II: Supporting Pages | | | | | | | | |
|---|---|----------------------------|---|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS | | | Grant Type and Number Capital Fund Program Grant No: NJ39P09250109 CFFP (Yes/ No): Replacement Housing Factor Grant No: | | | Federal FFY of Grant: 2009 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 92-02 | Replace siding on buildings | 1460 | | \$148,090.80 | \$145,091.80 | \$145,091.80 | \$145,091.80 | |
| 92-03 | Replace siding on building | 1460 | | \$162,908.93 | \$172,909.93 | \$172,909.93 | \$172,909.93 | |
| 92-02/03 | A/E Services | 1430 | | \$21,000 | \$21,000 | \$21,000 | \$21,000 | |
| PHA Wide | Operations - Salaries | 1406 | | \$6,000 | \$6,000 | \$6,000 | \$6,000 | |
| PHA Wide | Management Improvements - computers | 1408 | | \$7,000 | \$7,000 | \$7,000 | \$7,000 | |
| 92-02/03 | Attorney fees/ advertisement | 1410 | | \$5,000 | \$5,000 | \$5,000 | \$5,000 | |
| | Debt Service | 1501 | | \$20,189.27 | \$20,189.27 | \$20,189.27 | \$15,260.42 | |
| | | | | | | | | |
| | | | | | | | | |
| | TOTAL | | | \$370,189 | \$377,191 | \$377,191 | \$372,262.15 | |
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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

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

| | | |
|--|---|---|
| Part I: Summary | | |
| PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS | Grant Type and Number Capital Fund Program Grant No: CFFP BOND Replacement Housing Factor Grant No: Date of CFFP: 8/15/07 | FFY of Grant: FFY of Grant Approval: |

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
|------|--|----------------------|----------------------|--------------------------------|--------------|
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | \$56,314 | \$54,460 | \$54,460 | \$54,460 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | \$457,081 | \$462,311.69 | \$462,311.69 | \$462,311.69 |
| 10 | 1460 Dwelling Structures | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

| Part I: Summary | | | | | |
|--|--|---|----------------------|---|--------------|
| PHA Name: | | Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant: FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | \$513,395 | \$516,771.69 | \$516,771.69 | \$516,771.69 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director | | | Date | Signature of Public Housing Director | |
| | | | | Date | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

| Part III: Implementation Schedule for Capital Fund Financing Program | | | | | |
|---|---|-------------------------------|---|--------------------------------|---|
| PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS | | | | Federal FFY of Grant: | |
| Development Number Name/PHA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | All Funds Expended (Quarter Ending Date) | | Reasons for Revised Target Dates ¹ |
| | Original Obligation End Date | Actual Obligation End Date | Original Expenditure End Date | Actual Expenditure End Date | |
| 92-02, 92-03 | 8/15/09 | 9/10/08 | 8/15/11 | 1/14/09 | |
| 92-05 | 8/15/09 | 7/15/09 | 8/15/11 | 11/13/09 | |
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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—Five-Year Action Plan

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

| Part I: Summary | | | | | | |
|---|--|---|--|--|--|--|
| PHA Name/Number Housing Authority of the County of Morris/NJ092 | | Locality (City/County & State) Morris County, NJ | | | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: 1 | |
| A. | Development Number and Name | Work Statement for Year 1 FFY <u>2013</u> | Work Statement for Year 2 FFY <u>2014</u> | Work Statement for Year 3 FFY <u>2015</u> | Work Statement for Year 4 FFY <u>2016</u> | Work Statement for Year 5 FFY <u>2017</u> |
| B. | Physical Improvements Subtotal | Annual Statement | \$232,094.66 | \$232,673.60 | \$233,222.70 | \$233,774.49 |
| C. | Management Improvements | | 5,000 | 5,000 | 5,000 | 5,000 |
| D. | PHA-Wide Non-dwelling Structures and Equipment | | | | | |
| E. | Administration | | 1,000 | 1,000 | 1,000 | 1,000 |
| F. | Other A/E | | 15,000 | 15,000 | 15,000 | 15,000 |
| G. | Operations | | 15,000 | 15,000 | 15,000 | 15,000 |
| H. | Demolition | | | | | |
| I. | Development | | | | | |
| J. | Capital Fund Financing – Debt Service | | 17,905.34 | 17,326.40 | 16,777.30 | 16,225.51 |
| K. | Total CFP Funds | | 286,000 | 286,000 | 286,000 | 286,000 |
| L. | Total Non-CFP Funds | | 0.00 | 0.00 | 0.00 | 0.00 |
| M. | Grand Total | | \$286,000 | \$286,000 | \$286,000 | \$286,000 |

