

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 TOWN OF DOVER		Grant Type and Number Capital Fund Program Grant No: NJ39P06850111 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 type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2013 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$2,000		\$2,000	\$2,000	
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	\$2,000		\$2,000	\$2,000	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	\$30,592.01		\$30,592.01	\$30,592.01	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

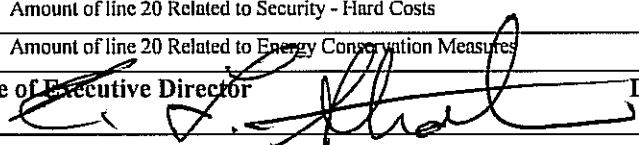
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> HOUSING AUTHORITY OF THE TOWN OF DOVER	<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P06850111 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2013		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	\$19,083.99		\$19,083.99	\$14,661.74
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)	\$53,676		\$53,676	\$49,253.75
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				
<b>Signature of Executive Director</b> 		<b>Date 7/1/2014</b>		<b>Signature of Public Housing Director</b>  <b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY OF THE TOWN OF DOVER			Grant Type and Number Capital Fund Program Grant No: NJ39P06850111 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	Funds Obligated	Funds Expended	
NJ068	General Operations	1406		\$2,000		\$2,000	\$2,000	
	Fees & Costs	1430		\$2,000		\$2,000	\$2,000	
	Replacement of Cabinets	1460		\$30,592.01		\$30,592.01	\$30,592.01	
	Debt Service	1501		\$19,083.99		\$19,083.99	\$14,661.74	
	TOTAL			\$53,676		\$53,676	\$49,253.75	

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: HOUSING AUTHORITY OF THE TOWN OF DOVER				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 <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NJ068	08/2/2013		08/2/2015		

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

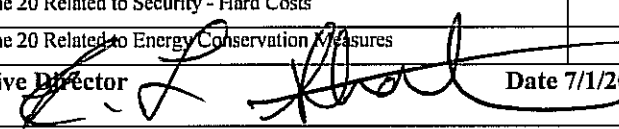
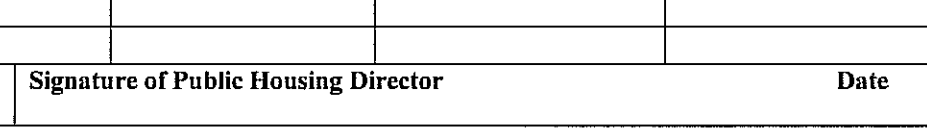
Part I: Summary					
PHA Name: HOUSING AUTHORITY OF THE TOWN OF DOVER		Grant Type and Number Capital Fund Program Grant No: NJ39P06850112 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2012 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2013 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$2,000		\$2,000	\$2,000
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				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$28,800.85		\$28,800.85	\$28,800.85
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> HOUSING AUTHORITY OF THE TOWN OF DOVER	<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P06850112 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2012</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2013		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	\$18,647.15		\$18,647.15	
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)	\$49,448		\$49,448	\$30,800.85
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				
<b>Signature of Executive Director</b> 		<b>Date 7/1/2014</b>		<b>Signature of Public Housing Director</b> 	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY OF THE TOWN OF DOVER			Grant Type and Number Capital Fund Program Grant No: NJ39P06850112 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2012		
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	Funds Obligated	Funds Expended	
NJ068	General Operations	1406		\$2,000		\$2,000	\$2,000	
	Replacement of Cabinets & Maintenance Room	1460		\$28,800.85		\$28,800.85	\$28,800.85	
	Debt Service	1501		\$18,647.15		\$18,647.15		
	TOTAL			\$49,448		\$49,448	\$30,800.85	

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: HOUSING AUTHORITY OF THE TOWN OF DOVER				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 <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NJ068	03/12/2014		03/12/2016		

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



Part I: Summary						
PHA Name: Housing Authority Town of Dover		Grant Type and Number Capital Fund Program Grant No: NJ39P06850113 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2013 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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2013 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$2,000		\$2,000		
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					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	\$27,481.46		\$27,481.46	\$23,977.14	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

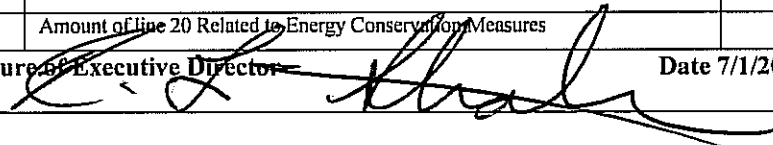
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

<sup>4</sup> RHF funds shall be included here.

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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 08/31/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority Town of Dover	<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P06850113 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2013</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2013		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	\$18,204.54		\$18,204.54	
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)	\$47,686		\$47,686	\$23,977.14
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 7/1/2014	Signature of Public Housing Director		Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority Town of Dover			Grant Type and Number Capital Fund Program Grant No: NJ39P06850113 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2013		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NJ068	General Operations	1406		\$2,000.00		\$2,000		
	Replacement of Cabinets	1460		\$27,481.46		\$23,977.14	\$23,977.14	
	Replacement of Carpets	1460		\$3,075.73		\$3,504.32		
	Debt Service	1501		\$18,204.54		\$18,204.54		
	TOTAL			\$47,686		\$49,686	\$23,977.14	

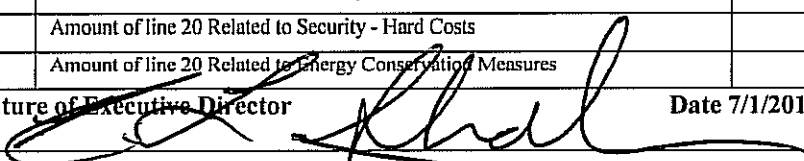
<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority Town of Dover				Federal FFY of Grant: 2013	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NJ068	9/8/2015		9/8/2017		

<sup>1</sup> 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.

<b>Part I: Summary</b>						
PHIA Name: Housing Authority Town of Dover		Grant Type and Number Capital Fund Program Grant No: NJ39P06850114 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2014 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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$1,000				
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	\$500				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	\$7,000				
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	\$23,358.34				
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority Town of Dover		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P06850114 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2014</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	\$17,787.66			
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)	\$49,646			
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 7/1/2014		Signature of Public Housing Director _____ Date _____	

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority Town of Dover		Grant Type and Number Capital Fund Program Grant No: NJ39P06850114 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2014			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NJ068	Operations	1406		\$1,000				
	Administration	1410		\$500				
	A/E for GPNA Audit and A/E for Carpeting	1430		\$7,000				
	Replacement of Carpeting in Apartments	1460		\$23,358.34				
	Debt Service	1501		\$17,787.66				
	<b>TOTAL</b>			\$49,646				

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>	
PHA Name: Housing Authority Town of Dover	Federal FFY of Grant: 2014

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NJ068	5/13/2016		5/12/2018		

<sup>1</sup> 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.


























<b>Part I: Summary</b>						
PHA Name/Number HOUSING AUTHORITY OF THE TOWN OF DOVER			Locality (City/County & State) DOVER/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 2014 -2015	Work Statement for Year 2 FFY 2015-2016	Work Statement for Year 3 FFY 2016-2017	Work Statement for Year 4 FFY 2017-2018	Work Statement for Year 5 FFY 2018-2019
B.	Physical Improvements Subtotal	Annual Statement \$25,358.54	\$25,899	\$31,422.16	\$27,071.66	\$27,847.56
C.	Management Improvements	0	0	0	0	0
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration	\$500	\$500	\$500	\$500	\$500
F.	Other	\$5,000	\$5,000	0	0	0
G.	Operations	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing -- Debt Service	\$17,301	\$17,301	\$16,777.84	\$21,128.34	\$20,352.44
K.	Total CFP Funds	\$49,646	\$49,700	\$49,700	\$49,700	
L.	Total Non-CFP Funds					
M.	Grand Total	\$49,646	\$49,700	\$49,700	\$49,700	\$49,700

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2014-2015	Work Statement for Year <u>2</u> FFY 2015-2016			Work Statement for Year: <u>3</u> FFY 2016-2017		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	NJ068 Elevator Rehabilitation	2 Elevators	\$25,899	Replacement of Appliances	20 units	\$31,422.16
		Subtotal of Estimated Cost	\$25,899		Subtotal of Estimated Cost	\$31,422.16

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year <u>4</u> FFY <u>2017-2018</u>			Work Statement for Year: <u>5</u> FFY <u>2018-2019</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	Replacement of Appliances	20 Units	\$27,071.66	Re-sealing and lining of parking lot & repair of sidewalks	Parking lot & sidewalks	\$27,847.56
	Subtotal of Estimated Cost		\$27,071.66	Subtotal of Estimated Cost		\$27,847.56

**Part III: Supporting Pages – Management Needs Work Statement(s)**

Work Statement for Year 1 FFY	Work Statement for Year <u> 2 </u> FFY <u> 2015-2016 </u>		Work Statement for Year: <u> 3 </u> FFY <u> 2016-2017 </u>	
	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost
	General Description of Major Work Categories		General Description of Major Work Categories	
	NJ068 No Management Improvements	\$0	NJ068 No Management Improvements	\$0
	Subtotal of Estimated Cost	\$0	Subtotal of Estimated Cost	\$ 0

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY	Work Statement for Year <u>4</u> FFY <u>2017-2018</u>		Work Statement for Year: <u>5</u> FFY <u>2018-2019</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
	NJ068 No Management Improvements	\$0	NJ068 No Management Improvements	\$0
				
				
				
				
				
				
				
				
				
				
				
				
				
				
				
				
				
				
				
				
				
				
	Subtotal of Estimated Cost	\$ 0	Subtotal of Estimated Cost	\$ 0