Part I: Si	ummary									
	ITY OF THE TOWN OF	Grant Type and Number Capital Fund Program Grant No: NJ39P068 Replacement Housing Factor Grant No: Date of CFFP:	350111			FFY of Grant: 2011 FFY of Grant Approval:				
☐ Origina ☑ Perfort	Type of Grant ☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no:) ☑ Performance and Evaluation Report ☐ Final Performance and Evaluation Report									
Line	Summary by Development Ac	ccount	1	stimated Cost		l Actual Cost				
	The Land Company		Original	Revised ²	Obligated	Expended				
1	Total non-CFP Funds									
2	1406 Operations (may not exce	ed 20% of line 21) 3	\$2,000		\$2,000	\$2,000				
3	1408 Management Improvemer									
4	1410 Administration (may not e	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—ì	Nonexpendable								
12	1470 Non-dwelling Structures									
13	1475 Non-dwelling Equipment									
14	1485 Demolition									
15	1492 Moving to Work Demons	tration								
16	1495.1 Relocation Costs									
17	1499 Development Activities 1									

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Expires 4/30/2011

Part I: St	ımmary			FFY of Grant: 2011					
PHA Name HOUSING AUTHORI THE TOW DOVER	Grant Type and Number Capital Fund Program Grant No: NJ39P06850111 TY OF Replacement Howing Forter Grant No:	Capital Fund Program Grant No: NJ39P06850111 Replacement Housing Factor Grant No:							
Type of Gr	Type of Grant								
Origin	nal Annual Statement Reserve for Disasters/Emergenci	□ Re	vised Annual Statement (revision no:)					
Performance and Evaluation Report for Period Ending: 9/30/2013									
Line	Summary by Development Account		tal Estimated Cost		tal Actual Cost 1				
		Original	Revised ²	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								
Signatur	e of Executive Director Date	7/1/2014 S	Signature of Public Ho	using 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 Page	s								
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	Federal FFY of Grant: 2011		
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estima	nted Cost	st 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	
		- "					,		
							·		

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 Sch PHA Name: HOUSING AU			***		T 1 1707/ CO 1 0011
PHA Name: HOUSING AU	IHUKII Y UF I HE I	OWN OF DOVER			Federal FFY of Grant: 2011
Development Number Name/PHA-Wide Activities		l Obligated Ending Date)		s Expended Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NJ068	08/2/2013		08/2/2015		

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

Part I: S	ummary								
	Capital Fund Program Grant No: NJ39P060 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2012 FFY of Grant Approval:						
Type of Grant Original Annual Statement Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending: 9/30/2013 Final Performance and Evaluation Report Total Estimated Cost Total Actual Cost									
Line	Summary by Development Account		stimated Cost Revised ²						
1	Total non-CFP Funds	Original	Keviseu	Obligated	Expended				
1									
2	1406 Operations (may not exceed 20% of line 21) 3	\$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	I 485 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.

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

Part I: S	ummary			of Grant: 2012		
PHA Nam HOUSING AUTHOR THE TOV DOVER	Grant Type and Number Capital Fund Program Grant No: NJ39P06850112 Parlagement Howing Factor Grant No:	OF Capital Fund Program Grant No: NJ39P06850112 Replacement Housing Factor Grant No:				
Type of G	_					
	nal Annual Statement Reserve for Disasters/Emer	gencies	☐ Revised A	Annual Statement (revision no:)	
Perio	rmance and Evaluation Report for Period Ending: 9/30/2013		🔲 Final Per	formance and Evaluation Repo	1	
Line	Summary by Development Account	Total Estin		To	tal Actual Cost 1	
		Original	Revised ²	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					
Signatu	re of Executive Director	ate 7/1/2014 Signatu	re 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 Page	S						•		
PHA Name: HOUSING AUTHORITY OF THE TOWN OF DOVER Gra Capi CFF			rant Type and Number apital Fund Program Grant No: NJ39P06850112 FFP (Yes/ No): eplacement Housing Factor Grant No:			Federal	Federal FFY of Grant: 2012		
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estima		Total Actual		Status of Work
					Original	Revised	Funds Obligated	Funds Expended	
NJ068	General Operations		1406		\$2,000		\$2,000	\$2,000	
	Replacement of Cabinets & Main Room	ntenance	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	
				,					

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 AU		Federal FFY of Grant: 2012							
Development Number Name/PHA-Wide Activities		l Obligated Ending Date)		s Expended Ending Date)	Reasons for Revised Target Dates ¹				
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date					
NJ068	03/12/2014		03/12/2016						
		<u>.</u>							
					· · ·				
		I	1	l					

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

Part I: S	Part I: Summary									
PHA Nam	e: Housing Authority Town	Grant Type and Number	•			FFY of Grant: 2013				
of Dover		Capital Fund Program Grant No: NJ39P068:	50113			FFY of Grant Approval:				
		Replacement Housing Factor Grant No:	20112							
		Date of CFFP:								
Type of Gr	Type of Grant									
☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no:										
□ Perform □				Trinal Performance and Evaluatio						
Line	Summary by Development A	recount		timated Cost		Actual Cost 1				
			Original	Revised ²	Obligated	Expended				
Ī	Total non-CFP Funds									
2	1406 Operations (may not exc	eed 20% of line 21) ³	\$2,000		\$2,000					
3	1408 Management Improveme	ents								
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 Equipmen	t								
14	1485 Demolition									
15	1492 Moving to Work Demon	stration								
16	1495.1 Relocation Costs									
17	1499 Development Activities									

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

⁴ RHF funds shall be included here.

Expires 08/31/2011

Part I: St	ımmary				
PHA Name Housing A Town of Do	Grant Type and Number uthority Conited Find Program Grant No. NIJ20206650113		Grant:2013 Grant Approval:		
Type of Gr					
	nal Annual Statement Reserve for Disasters/Emergene	ies	Revised And	nual Statement (revision no:)
Nerfor	rmance and Evaluation Report for Period Ending: 9/30/2013		Final Perfor	mance and Evaluation Report	
Line	Summary by Development Account	Total Esti	mated Cost		Actual Cost 1
		Original	Revised ²	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				
Signatur	Date	7/1/2014 Signate	ure of Public Housing D	irector	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.

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

Part II: Supporting Page	S									
PHA Name: Housing Authority Town of Dover		Capital F	Grant Type and Number Capital Fund Program Grant No: NJ39P06850113 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal	Federal FFY of Grant: 2013			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estima	ated Cost	Total Actual Cost		Status of Work	
Tronvicios			,		Original	Revised 1	Funds Obligated ²	Funds Expended ²		
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			
					0.15.606		710.626	#00 OFF 14		
		TOTAL			\$47,686		\$49,686	\$23,977.14		
							1			

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									
PHA Name: Housing Author		Federal FFY of Grant: 2013							
Development Number Name/PHA-Wide Activities		d Obligated Ending Date)	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					
NJ068	9/8/2015	-	9/8/2017						

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

Part I: Summary								
PHA Nam of Dover	Grant Type and Number Capital Fund Program Grant No: NJ39P06 Replacement Housing Factor Grant No: Date of CFFP:	850114			FFY of Grant: 2014 FFY of Grant Approval:			
☐ Origin ☑ Perfor	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		stimated Cost		al Actual Cost 1			
<u> </u>	Total non-CFP Funds	Original	Revised ²	Obligated	Expended			
1								
2	1406 Operations (may not exceed 20% of line 21) ³	\$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 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: St	ummary							
PHA Name Housing A Town of D	authority Grant Type and Number Grant No. MIZOP06850114			rant:2014 rant Approval:				
Type of Gr			_					
	nal Annual Statement	ies	☐ Revised Ann	ial Statement (revision no:)			
Nerfo	rmance and Evaluation Report for Period Ending:			nance and Evaluation Report				
Line	Summary by Development Account		imated Cost		etual Cost 1			
		Original	Revised ²	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	25 Amount of line 20 Related to theregy Conservation Measures							
Signatur	Signature of Executive Director Date 7/1/2014 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 Armual Statement.

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

⁴ RHF funds shall be included here.

OMB No. 2577-0226 Expires 08/31/2011

Part II: Supporting Pages									
PHA Name: Housing Authority Town of Dover C			Grant Type and Number Capital Fund Program Grant No: NJ39P06850114 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal l	Federal FFY of Grant: 2014		
Development Number Name/PHA-Wide Activities	ent Number General Description of Major Work A-Wide Categories		Development Account No.	Quantity	Total Estima	ted Cost	Total Actual (Cost	Status of Work
					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
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 Apa	rtments	1460		\$23,358.34				
	Debt Service		1501		\$17,787.66				
		TOTAL			\$49,646				
			•						

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

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.

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	
NJ068	5/13/2016		5/12/2018		
				110	

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

Part	Part I: Summary							
PHA Name/Number HOUSING AUTHORITY OF THE TOWN OF DOVER				County & State) IS COUNTY, NJ	⊠Original 5-Year Plan			
A.	Development Number and Name	Work Statement for Year 1 FFY 2014 -2015	Work Statement for Year 2 FFY <u>2015-2016</u>	Work Statement for Year 3 FFY <u>2016-2017</u>	Work Statement for Year 4 FFY <u>2017-2018</u>	Work Statement for Year 5 FFY 2018-2019		
B.	Physical Improvements Subtotal		\$25,899	\$31,422.16	\$27,071.66	\$27,847.56		
C.	Management Improvements		0	0	0	0		
D.	PHA-Wide Non-dwelling Structures and Equipment							
E.	Administration		\$500	\$500	\$500	\$500		
F.	Other	V////8/48/////	\$5,000	0	0	0		
G.	Operations	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	\$1,000	\$1,000	\$1,000	\$1,000		
H.	Demolition	<i>\(((((((((((((((((((</i>						
I.	Development	<i>\(((((((((((((((((((</i>						
J.	Capital Fund Financing — Debt Service		\$17,301	\$16,777.84	\$21,128.34	\$20,352.44		
K.	Total CFP Funds		\$49,700	\$49,700	\$49,700			
L.	Total Non-CFP Funds							
M.	Grand Total	\$49,646	\$49,700	\$49,700	\$49,700	\$49,700		

Work	W						
	•	ork Statement for Year _2	_	Work Statement for Year:3			
Statement for	FFY 2015-2016				FFY <u>2016-2017</u>		
Year 1 FFY	Development	Quantity	Estimated Cost	Development	Quantity	Estimated Cost	
2014-2015	Number/Name			Number/Name			
	General Description of			General Description of		<u> </u>	
	Major Work Categories			Major Work Categories			
	NJ068			Replacement of			
	Elevator Rehabilitation			Appliances			
		2 Elevators	\$25,899		20 units	\$31,422.16	

						-	
		•					
		·					
	Subt	otal of Estimated Cost	\$25,899	Subt	total of Estimated Cost	\$31,422.16	

Part II: Sup	porting Pages – Physic						
Work	Wor	k Statement for Year <u>4</u>		Work Statement for Year:5 FFY 2018-2019			
Statement for		FFY <u>2017-2018</u>					
Year 1 FFY	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	
		1111			NEEDL H. AL		
	,	`					
	Subt	otal of Estimated Cost	\$27,071.66	Sub	ototal of Estimated Cost	\$27,847.56	

Part III: Supporting Pages - Management Needs Work Statement(s)								
Work			Work Statement for Year: _3					
Statement for			FFY <u>2016-2017</u>					
Year 1 FFY	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				

Part III: Supporting Pages – Management Needs Work Statement(s)								
Work	Work Statement for Year		Work Statement for Year:5_					
Statement for	FFY <u>2017-2018</u>			FFY <u>2018-2019</u>				
Year 1 FFY	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				