

<b>Annual PHA Plan</b> <i>(Standard PHAs and Troubled PHAs)</i>	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires: 02/29/2016
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**Purpose.** 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, goals and objectives for serving the needs of low-income, very low-income, and extremely low-income families.

**Applicability.** Form HUD-50075-ST is to be completed annually by STANDARD PHAs or TROUBLED PHAs. PHAs that meet the definition of a High Performer PHA, Small PHA, HCV-Only PHA or Qualified PHA do not need to submit this form.

**Definitions.**

- (1) **High-Performer PHA** - A PHA that owns or manages more than 550 combined public housing units and housing choice vouchers, and was designated as a high performer on both of the most recent Public Housing Assessment System (PHAS) and Section Eight Management Assessment Program (SEMAP) assessments if administering both programs, or PHAS if only administering public housing.
- (2) **Small PHA** - A PHA that is not designated as PHAS or SEMAP troubled, or at risk of being designated as troubled, that owns or manages less than 250 public housing units and any number of vouchers where the total combined units exceeds 550.
- (3) **Housing Choice Voucher (HCV) Only PHA** - A PHA that administers more than 550 HCVs, was not designated as troubled in its most recent SEMAP assessment and does not own or manage public housing.
- (4) **Standard PHA** - A PHA that owns or manages 250 or more public housing units and any number of vouchers where the total combined units exceeds 550, and that was designated as a standard performer in the most recent PHAS or SEMAP assessments.
- (5) **Troubled PHA** - A PHA that achieves an overall PHAS or SEMAP score of less than 60 percent.
- (6) **Qualified PHA** - A PHA with 550 or fewer public housing dwelling units and/or housing choice vouchers combined, and is not PHAS or SEMAP troubled.

A. PHA Information					
A.1	PHA Name: <u>Housing Authority of the City of Rochester</u>		PHA Code: <u>NH008</u>		
	PHA Type: <input checked="" type="checkbox"/> Standard PHA <input type="checkbox"/> Troubled PHA				
	PHA Plan for Fiscal Year Beginning: (MM/YYYY): <u>01/01/2022</u>				
	PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above)				
	Number of Public Housing (PH) Units <u>232</u>		Number of Housing Choice Vouchers (HCVs) <u>182</u>		Total Combined
	Units/Vouchers <u>414</u>				
	PHA Plan Submission Type: <input checked="" type="checkbox"/> Annual Submission <input type="checkbox"/> Revised Annual Submission				
<p>Availability of Information. PHAs must have the elements listed below in sections B and C readily available to the public. A PHA must identify the specific location(s) where the proposed PHA Plan, PHA Plan Elements, and all information relevant to the public hearing and proposed PHA Plan are available for inspection 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 their official website. PHAs are also encouraged to provide each resident council a copy of their PHA Plans.</p>					
<input type="checkbox"/> PHA Consortia: (Check box if submitting a Joint PHA Plan and complete table below)					
	Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program
					PH      HCV
	Lead PHA:				

B	Annual Plan Elements
B.1	<p><b>Revision of PHA Plan Elements.</b></p> <p>(a) Have the following PHA Plan elements been revised by the PHA?</p> <p>Y N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Statement of Housing Needs and Strategy for Addressing Housing Needs</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Financial Resources.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Rent Determination.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Operation and Management.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Grievance Procedures.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Homeownership Programs.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Community Service and Self-Sufficiency Programs.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Safety and Crime Prevention.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Pet Policy.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Asset Management.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Substantial Deviation.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Significant Amendment/Modification</p> <p>(b) If the PHA answered yes for any element, describe the revisions for each revised element(s):</p> <p>N/A</p> <p>(c) The PHA must submit its Deconcentration Policy for Field Office review.</p>
B.2	<p><b>New Activities</b></p> <p>(a) Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year?</p> <p>Y N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hope VI or Choice Neighborhoods.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Mixed Finance Modernization or Development.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Demolition and/or Disposition.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Designated Housing for Elderly and/or Disabled Families.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Conversion of Public Housing to Tenant-Based Assistance.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Conversion of Public Housing to Project-Based Assistance under RAD.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Occupancy by Over-Income Families.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Occupancy by Police Officers.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Non-Smoking Policies.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Project-Based Vouchers.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Units with Approved Vacancies for Modernization.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Other Capital Grant Programs (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants).</p> <p>(b) If any of these activities are planned for the current Fiscal Year, describe the activities. For new demolition activities, describe any public housing development or portion thereof, owned by the PHA for which the PHA has applied or will apply for demolition and/or disposition approval under section 18 of the 1937 Act under the separate demolition/disposition approval process. If using Project-Based Vouchers (PBVs), provide the projected number of project based units and general locations, and describe how project basing would be consistent with the PHA Plan.</p>
B.3	<p><b>Civil Rights Certification.</b></p> <p>Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
B.4	<p><b>Most Recent Fiscal Year Audit.</b></p> <p>(a) Were there any findings in the most recent FY Audit?</p> <p>Y N</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>(b) If yes, please describe:</p> <p>See Attached - Attachment B.4</p>

B.5	<p><b>Progress Report.</b></p> <p>Provide a description of the PHA's progress in meeting its Mission and Goals described in the PHA 5-Year and Annual Plan.</p> <p>The RHA continues to review various options to add affordable housing within our community. The past year, the RHA has worked with the City of Rochester to find land that would be suitable for additional housing along with alternate funding sources.</p>
B.6	<p><b>Resident Advisory Board (RAB) Comments.</b></p> <p>(a) Did the RAB(s) provide comments to the PHA Plan?</p> <p>Y   N  <input type="checkbox"/> <input type="checkbox"/></p> <p>(c) If yes, comments must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the RAB recommendations and the decisions made on these recommendations.</p> <p>Attached is the RAB minutes from the 2020 meeting. The meeting was held at the Wellsweep Acres Community Room to ensure social distancing while we work through the pandemic. All suggestions and recommendations brought to management's attention at the meeting were reviewed and either taken under advisement or acted upon based on availability of funding and staffing.</p>
B.7	<p><b>Certification by State or Local Officials.</b></p> <p><u>Form HUD 50077-SL, Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan</u>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
B.8	<p><b>Troubled PHA.</b></p> <p>(a) Does the PHA have any current Memorandum of Agreement, Performance Improvement Plan, or Recovery Plan in place?</p> <p>Y   N   N/A  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>(b) If yes, please describe:</p> <p>N/A</p>
<p><b>Statement of Capital Improvements - Required for all PHAs completing this form that administer public housing and receive funding from the Capital Fund Program (CFP)</b></p>	
C.1	<p><b>Capital Improvements.</b> Include a reference here to the most recent HUD-approved 5-Year Action Plan (HUD-50075.2) and the date that it was approved by HUD.</p> <p>The RHA 2021- 2026 Five Year Action Plan was approved by HUD on April 14, 2021</p>

Attachment 1 – 2B – New Activities

The Housing Authority of the City of Rochester (RHA) is currently working with a consultant to put together a Demolition/Disposition application to HUD to Dispose of Wyandotte Falls, a 72-unit low rent public housing facility. This property is located within a floodway/floodplain which provides a risk to the residents and the property of possible flooding. The RHA will seek Tenant Protection Vouchers for all 72 units with the intent to build a new facility within Rochester and project base all units at the new facility. If the RHA is unable to project base all units, the RHA may review other options for conversion including but no limited to RAD. The new development financing is unknown at this point, however, Mixed Financing may be used or other funding sources that may be available to preserve the units.

The RHA may request from HUD approval to take a unit offline at Cold Spring Manor to house a police officer to keep crime down in that area. This may be requested due to the increase in crime at that public housing community.

The RHA will work with HUD to approve vacancies to be taken offline for modernization activities. The RHA also reserves the right to apply for Grants that may become available.



Executive Director

Stacey Price

## Rochester Housing Authority

77 Olde Farm Lane

Rochester, NH 03867

Office #: (603) 332-4126 Fax #: (603) 332-0039

email: hollyb@rhanh.org

### Housing Authority of the City of Rochester, NH

### Resident Advisory Board Minutes

Held 10:00 am on 9/23/20 at the WA Community Room

The RHA Resident Advisory Board, includes representatives from each of the RHA public housing sites, meets once a year to review and comment on the RHA One-Year and Five-Year Plans and to provide input on the RHA operations.

#### **Board Members Present:**

Arthur Trahan- Wyandotte Falls

Pauline Brierly- E. Rochester

Sandy valley-Gonic

Sally Dyer- Wellsweep Acres-

Gary Grant- Cold Spring Manor- Absent

Holly Beauchesne- Public Housing Manager

Stacey Price- Executive Director

The Executive Director, Stacey Price, went over:

- 1) Covid 19 has affected the RHA funding and projects. Some projects have been put on hold because of the pandemic. Touched on the procedures that the RHA has put into place to protect the resident- Maintenance sanitizing high touch areas 7days a week, keeping community rooms closed, staff wearing masks, working from home or staggard in office to maintain safety, office closed to public but the ability to have a meeting with tenants if necessary, uploading files so that all staff can have secure access to tenant information even when working from home.
- 2) RHA continues to work with HUD to find the best conversion for Public Housing.
- 3) It has been difficult to fill vacancies at locations especially WF. Explained the future possibility of selling WF and build a new building or buildings for the current residents. It has been a challenge to find land in the downtown area.
- 4) Update on the Charles Street property that was donated to RHA. The project is at a standstill because of the pandemic. However, RHA has applied for vouchers for a Foster Youth program to assist foster kids that are aging out of the program. This program would provide housing and a platform to learn life skills.
- 5) The RHA has started accepting electronic debiting of rents.
- 6) Application portal soon to be up and running.
- 7) The RHA has started the bedbug inspection again. The staff and inspector take precautions such as wearing masks and asking tenant to step out of the unit or in

another room to prevent contact. The delay of inspections previously had allowed for an increase in bedbug activity.

- 8) HUD has given a waiver to annual inspections of the units. These inspections require staff to be in a unit for a prolonged period of time and to touch multiple high touch surfaces. The RHA will send out a notice asking tenants to report any health and safety issues and will continue with annual inspections when it is safe to do so.
- 9) 2017, 2018, 2019, 2020, 2021 Budgets & 5 year action plan.
- 10) Projects in plan including but not limited to- WA: Install hood ranges, replace emergency lights in halls, , paint stair railings all properties, kitchen cabinet replacement, CSM – replace stair treads, create parking lot for maintenance equipment and land scape, change the laundry room entry system. WF- continue bathroom renovations, look into new entry system, replace closet doors, replace fire doors in halls.
- 11) Completed: Insulation by CAP at various properties, WF & CSM upon turn over remodeling bathrooms, moved zone valves at CSM, Sidewalk and parking lot Sealcoating, boiler replacement continued at WA, repairs to entry doors at WA, CSM repairs to back door canopies.
- 12) Officer Blair retired and the RHA has welcomed Officer Mundy to the team.

Sally Dyer ( WA)-

- Handrails cause paint splinters.
- Flooring.

Arthur Trahan (WF)-

- transportation for tenants to appointments
- people camping out and hanging out down by river.
- Add more camera's in the building.

Pauline Brierly ( E. Roch)-

- Boards on trash enclosure old and weathered.
- Tenants smoking on steps.

Sandra Valley ( Gonic)-

- parking is an issue with guest parking in tenant lot.
- Secure doors on units- feels the locks can be opened with a credit card.

Gary Grant (CSM)- Absent

**Section III - Federal Award Findings and Questioned Costs**

**Finding 2019-001**

Status: In Process.

Information on Universe Population Size: 188 units

Sample Size: 19 tenant files reviewed

Noncompliance Information: Nineteen tenant files were selected for testing. Four of the nineteen did not have support for timely annual inspections included in the tenant file.

Repeat Finding: No.

Statement of Condition: Nineteen tenant files were selected for testing. Four of the nineteen did not have support for timely annual inspections included in the tenant file.

Criteria: Unit inspections should be performed annually and documented.

Cause: Management did not follow its policies and procedures related to completing and documenting annual inspections.

Effect: The Housing Authority doesn't have documentation to support that the four units were inspected.

Recommendation: We recommend that internal controls be reviewed and updated to make sure that unit inspections occur annually and are documented.

Management's Response: Management will ensure that there are controls in place to be sure that annual inspections are performed and documented in a timely manner.

**Section III - Federal Award Findings and Questioned Costs (Continued)**

**Finding 2019-002**

Status: In process.

Information on Universe Population Size: 188 units

Sample Size: 19 tenant files reviewed

Noncompliance Information: Nineteen tenant files were selected for testing. Four of the nineteen did not have the correct utility allowance on the HUD Form 50058.

Repeat Finding: Yes.

Statement of Condition: Four of nineteen files tested did not have the correct utility allowance on HUD Form 50058

Criteria: Utility allowances used on the HUD Form 50058 should agree to the current Utility Allowance Schedule.

Cause: Management did not review the utility allowances on the HUD Form 50058 to ensure they were correct.

Effect: Incorrect utility allowances were used in calculating the tenant rent on the HUD Form 50058.

Recommendation: We recommend that management review the utility allowances after they have been uploaded to ensure the correct amounts are being used in calculating tenant rent on the HUD Form 50058.

Management's Response: Management will review utility allowances after they have been uploaded to ensure the correct amounts are being used in calculating tenant rent on the HUD Form 50058.

**Section III - Federal Award Findings and Questioned Costs (Continued)**

**Finding 2019-003**

Status: In process.

Information on Universe Population Size: 188 units

Sample Size: 19 tenant files reviewed

Noncompliance Information: Nineteen tenant files were selected for testing. Three of the nineteen did not have the correct payment standard amount on the HUD Form 50058.

Repeat Finding: No.

Statement of Condition: Nineteen tenant files were selected for testing. Three of the nineteen

did not have the correct payment standard amount on the HUD Form 50058.

Criteria: The payment standard included on HUD Form 50058 should match approved payment standard amounts.

Cause: Management did not review the payment standard amount on the HUD Form 50058 to ensure they were correct.

Effect: Incorrect payment standards were used in calculating tenant rent on the HUD Form 50058.

Recommendation: We recommend that management review the payment standards after they have been input to ensure the correct amounts are being used in calculating tenant rent on the HUD Form 50058.

Management's Response: Management will review payment standards after they have been input to ensure the correct amounts are being used in calculating tenant rent on the HUD Form 50058.



Capital Fund Program - Five-Year Action Plan

Status: Approved

Approval Date: 04/14/2021

Approved By: NORMAN, KARA

Part I: Summary						
PHA Name : Housing Authority of the City of Rochester NH		Locality (City/County & State)				
PHA Number: NH008		<input checked="" type="checkbox"/> Original 5-Year Plan		<input type="checkbox"/> Revised 5-Year Plan (Revision No: )		
A.	Development Number and Name	Work Statement for Year 1 2021	Work Statement for Year 2 2022	Work Statement for Year 3 2023	Work Statement for Year 4 2024	Work Statement for Year 5 2025
	WELLSWEEP ACRES (NH008000001)	\$488,125.00	\$441,000.00	\$387,000.00	\$350,000.00	\$350,000.00

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 2577-0274  
 02/28/2022

Part II: Supporting Pages - Physical Needs Work Statements (s)				
Work Statement for Year 1 2021				
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
	WELLSWEEP ACRES (NH008000001)			\$488,125.00
ID0023	CSM - Kitchen renovations(Dwelling Unit-Interior (1480)-Flooring (non routine),Dwelling Unit-Interior (1480)-Interior Painting (non routine),Dwelling Unit-Interior (1480)-Kitchen Cabinets,Dwelling Unit-Interior (1480)-Kitchen Sinks and Faucets)	Repair/Replace Kichen Cabinets in 25 units		\$125,000.00
ID0026	CSM - Trash Enclosures(Non-Dwelling Site Work (1480)-Dumpster and Enclosures)	Repair/Replace covered trash bins 7 buildings		\$20,000.00
ID0001	Operations(Operations (1406))	Operations to support PHA activities		\$60,000.00
ID0002	Administration(Administration (1410)-Salaries,Administration (1410)-Sundry)	PHA administration associated with CFP		\$25,000.00
ID0003	Fees and Costs(Contract Administration (1480)-Other Fees and Costs)	Consultant to manage program, prepare specifications (waste piping, stair treads and hall lights) conduct interviews and supervise A/E design on site work CSM.		\$36,000.00
ID0009	WSA - Facisa and soffit repairs(Dwelling Unit-Exterior (1480)-Siding,Dwelling Unit-Exterior (1480)-Soffits)	Remove and replace damaged or worn metal covered facia and soffit materials.		\$88,000.00

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development  
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 2577-0274  
 02/28/2022

Part II: Supporting Pages - Physical Needs Work Statements (s)				
Work Statement for Year		1	2021	
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
ID0060	CSM Laundry keyless entry system(Non-Dwelling Exterior (1480)-Doors)	Replace outmoded keyless entry and payment card system with new system (s) with long term software maintenance.		\$9,000.00
ID0062	WSA-Replace standard Tubs with walk in showers(Dwelling Unit-Interior (1480)-Tubs and Showers)	Remove orivginal tubs and replace withacceible walk in showeers with seats re use fixtures		\$100,000.00
ID0070	Contingency(Contract Administration (1480)-Contingency)	Contingency to be used were estimates are too low		\$7,190.00
ID0071	Complete site work and Building addition at CSM(Non-Dwelling Construction-New Construction (1480)-Storage Area)	additional funds to compete the Site work and storage utility building at Cold Spring Manor started in budget 2020.		\$17,935.00
	Subtotal of Estimated Cost			\$488,125.00

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 2577-0274  
 02/28/2022

Part II: Supporting Pages - Physical Needs Work Statements (s)				
Work Statement for Year 2 2022				
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
	WELLSWEEP ACRES (NH008000001)			\$441,000.00
ID0029	Operations(Operations (1406))	Operations to support PHA activities		\$60,000.00
ID0030	Fees and Costs(Contract Administration (1480)-Other Fees and Costs)	Consultant to manage program, prepare specifications (Flooring CSM), manage continuing contracts, Kitchen renovations CSM, conduct interviews and supervise A/E design for landscaping at CSM		\$50,000.00
ID0031	Administration(Administration (1410)-Salaries,Administration (1410)-Sundry)	PHA administration associated with CFP		\$20,000.00
ID0033	CSM - Kitchen renovations(Dwelling Unit-Interior (1480)-Flooring (non routine),Dwelling Unit-Interior (1480)-Interior Painting (non routine),Dwelling Unit-Interior (1480)-Kitchen Cabinets,Dwelling Unit-Interior (1480)-Kitchen Sinks and Faucets)	Repair/Replace Kichen Cabinets in 10 units		\$50,000.00
ID0034	WFMW - Closet doors(Dwelling Unit-Interior (1480)-Interior Doors)	Replace Closet Doors in 36 units		\$41,000.00
ID0035	CSM - Landscaping(Non-Dwelling Site Work (1480)-Landscape)	Landscape grounds 10 acres		\$25,000.00

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 2577-0274  
 02/28/2022

Part II: Supporting Pages - Physical Needs Work Statements (s)				
Work Statement for Year		2	2022	
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
ID0036	CSM - Security camera(Dwelling Unit-Site Work (1480)-Other)	Install Security cameras to cover exterior of buildings and grounds		\$75,000.00
ID0037	CSM - Floor tile replacement(Dwelling Unit-Interior (1480)-Bathroom Flooring (non cyclical),Dwelling Unit-Interior (1480)-Flooring (non routine))	Replace floor tile through out unit, asbestos abatement if necessary 10 units		\$30,000.00
ID0038	WSA - Floor tile(Dwelling Unit-Interior (1480)-Bathroom Flooring (non cyclical),Dwelling Unit-Interior (1480)-Flooring (non routine))	Install floor tile in Bathrooms and Kitchens.25 units		\$25,000.00
ID0063	Copy of WFMW Tubs(Dwelling Unit-Interior (1480)-Bathroom Flooring (non cyclical),Dwelling Unit-Interior (1480)-Tubs and Showers,Dwelling Unit-Interior (1480)-Bathroom Counters and Sinks)	Continue to Install walk in tubs in units on turn over. 5 units		\$65,000.00
	Subtotal of Estimated Cost			\$441,000.00

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 2577-0274  
 02/28/2022

Part II: Supporting Pages - Physical Needs Work Statements (s)				
Work Statement for Year 3 2023				
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
	WELLSWEEP ACRES (NH008000001)			\$387,000.00
ID0040	Operations(Operations (1406))	Operations to support FHA activities		\$70,000.00
ID0041	Fees and Costs(Contract Administration (1480)-Other Fees and Costs)	Consultant to manage program, prepare specifications (CSM entrance doors & steps, WSA new door hardware),manage continuing contracts WFMW Tubs & CSM kitchen renovations conduct interviews.		\$30,000.00
ID0042	Administration(Administration (1410)-Salaries,Administration (1410)-Sundry)	PHA administration associated with CFP		\$20,000.00
ID0043	CSM - Entrance steps(Dwelling Unit-Exterior (1480)-Landings and Railings)	Replace Front and rear entrance steps and rails. 15 units		\$37,000.00
ID0044	CSM - Entrance Doors(Dwelling Unit-Exterior (1480)-Exterior Doors)	Replace front and rear entrance doors 30 units		\$45,000.00
ID0045	WSA - Entrance hardware(Dwelling Unit-Interior (1480)-Interior Doors)	Replace unit entrance hardware front and rear 100 units		\$70,000.00

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 2577-0274  
 02/28/2022

Part II: Supporting Pages - Physical Needs Work Statements (s)				
Work Statement for Year		3	2023	
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
ID0046	WFMW Tubs(Dwelling Unit-Interior (1480)-Bathroom Flooring (non cyclical),Dwelling Unit-Interior (1480)-Tubs and Showers,Dwelling Unit-Interior (1480)-Bathroom Counters and Sinks)	Continue to Install walk in tubs in units on turn over. 5 units		\$65,000.00
ID0047	CSM - Kitchen renovations(Dwelling Unit-Interior (1480)-Flooring (non routine),Dwelling Unit-Interior (1480)-Interior Painting (non routine),Dwelling Unit-Interior (1480)-Kitchen Cabinets,Dwelling Unit-Interior (1480)-Kitchen Sinks and Faucets)	Repair/Replace Kichen Cabinets in 12 units		\$50,000.00
	Subtotal of Estimated Cost			\$387,000.00

Capital Fund Program - Five-Year Action Plan

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 02/28/2022

Part II: Supporting Pages - Physical Needs Work Statements (s)				
Work Statement for Year 4 2024				
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
	WELLSWEEP ACRES (NH008000001)			\$350,000.00
ID0050	Operations(Operations (1406))	Operations to support PHA activities		\$70,000.00
ID0051	Fees and Costs(Contract Administration (1480)-Other Fees and Costs)	Consultant to manage program, prepare specifications (Landscaping & interior water piping WFMW, WSA Water entrances), manage continuing contracts Entrances & Floor tile CSM, conduct interviews,		\$30,000.00
ID0052	Administration(Administration (1410)-Salaries,Administration (1410)-Sundry)	PHA administration associated with CFP		\$20,000.00
ID0055	CSM - Entrance steps(Dwelling Unit-Exterior (1480)-Landings and Railings)	Replace Front and reentrance steps. 25 units		\$70,000.00
ID0056	WSA- Water Supply piping(Dwelling Unit-Exterior (1480)-Other)	Replace existing water supply entrances as needed. 5 buildings		\$60,000.00
ID0058	CSM - Floor tile replacement(Dwelling Unit-Interior (1480)-Bathroom Flooring (non cyclical),Dwelling Unit-Interior (1480)-Flooring (non routine))	Replace floor tile through out unit, asbestos abatement if necessary 10 units		\$50,000.00



Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 2577-0274  
 02/28/2022

Part II: Supporting Pages - Physical Needs Work Statements (s)				
Work Statement for Year 4 2024				
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
ID0064	CSM - Continue replacing kitchencabinets(Dwelling Unit-Interior (1480)-Kitchen Cabinets)	Replace upper kitchen cabinets 8 units		\$16,000.00
ID0065	WSA Redoo hand rails (Dwelling Unit-Interior (1480)-Other)	Re do the hand rails in the public stairways		\$34,000.00
	Subtotal of Estimated Cost			\$350,000.00

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 2577-0274  
 02/28/2022

Part II: Supporting Pages - Physical Needs Work Statements (s)				
Work Statement for Year 5 2025				
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
	WELLSWEEP ACRES (NH008000001)			\$350,000.00
ID0061	Operations(Operations (1406))	PHA Operations		\$60,000.00
ID0066	PHA Wide Administration(Administration (1410)-Salaries,Administration (1410)-Sundry)	Support the staff cost in administration of grant		\$20,000.00
ID0067	Fees and Costs(Contract Administration (1480)-Other Fees and Costs)	Hire consultants and A/E expertise to manage grant		\$31,000.00
ID0068	WSA Landscaping(Dwelling Unit-Site Work (1480)-Landscape)	Landscape the entire site at Well Sweep Acres		\$19,000.00
ID0069	WSA Re do Kitchen counters & Cabinets(Dwelling Unit-Interior (1480)-Kitchen Cabinets,Dwelling Unit-Interior (1480)-Kitchen Sinks and Faucets)	Replace original kitchen cabinets and counter tops 50 units		\$220,000.00
	Subtotal of Estimated Cost			\$350,000.00

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  
 2577-0274  
 02/28/2022

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Rochester NH		<b>Grant Type and Number</b> Capital Fund Program Grant No. NH01P00850119 Replacement Housing Factor Grant No. Date of CFFP:		<b>FFY of Grant:</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 checked="" 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 <sup>(1)</sup>	
		Original	Revised <sup>(2)</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$60,000.00	\$60,000.00		
3	1408 Management Improvement				
4	1410 Administration	\$15,000.00	\$15,000.00		
5	1480 General Capital Activity	\$387,632.00	\$390,182.00		
6	1492 MovingToWorkDemonstration				
7	1501 Collater Exp / Debt Srvc				
8	1503 RAD-CFP				
9	1504 Rad Investment Activity				
10	1505 RAD-CPT				
11	1509 Preparing for, Preventing and Responding to Coronavirus (1509)				

(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 include here

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Rochester NH		<b>Grant Type and Number</b> Capital Fund Program Grant No. NH01P00850119 Replacement Housing Factor Grant No. Date of CFFP:		<b>FFY of Grant:</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 checked="" 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 <sup>(1)</sup>	
		Original	Revised <sup>(2)</sup>	Obligated	Expended
12	9000 Debt Reserves				
13	9001 Bond Debt Obligation				
14	9002 Loan Debt Obligation				
15	RESERVED				
16	RESERVED				
17	RESERVED				
18a	RESERVED				
18ba	RESERVED				
19	RESERVED				
20	RESERVED				
21	Amount of Annual Grant: (sum of lines 2-20)	\$462,632.00	\$465,182.00		

(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  
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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  
 2577-0274  
 02/28/2022

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Rochester NH		<b>Grant Type and Number</b> Capital Fund Program Grant No. NH01P00850119 Replacement Housing Factor Grant No. Date of CFFP:		<b>FFY of Grant:</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 checked="" 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 <sup>(1)</sup>	
		Original	Revised <sup>(2)</sup>	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Activities				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b> /S/ MU1770	<b>Date</b> 09/24/2019	<b>Signature of Public Housing Director</b>	<b>Date</b>
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(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) RHP funds shall be include here

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Rochester NH		Grant Type and Number Capital Fund Program Grant No. NH01P00850119 Replacement Housing Factor Grant No. CFFP(Yes/No):				Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
NH008000001 - WELLSWEEP ACRES	CSM-Bathrooms (Dwelling Unit-Interior (1480)) Description : Complete Bathroom renovations. fungible from 501-16	1480		\$150,000.00	\$140,000.00			
NH008000001 - WELLSWEEP ACRES	Operations (Operations (1406)) Description : Fund Agency operations	1406		\$60,000.00	\$60,000.00			
NH008000001 - WELLSWEEP ACRES	WFMW - Fire (Non-Dwelling Interior (1480)) Description : Up grade Fire panel with 127 point addressable system.	1480		\$25,000.00	\$25,000.00			

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(2) To be completed for the Performance and Evaluation Report

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Rochester NH		Grant Type and Number Capital Fund Program Grant No. NH01P00850119 Replacement Housing Factor Grant No. CFFP(Yes/No):				Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
NH008000001 - WELLSWEEP ACRES	WFMW-Tubs (Dwelling Unit-Interior (1480)) Description : Continue to replace tubs with walk in units at turnover. Replace vanities and floor vinyl. 12 units	1480		\$101,000.00	\$93,550.00			
NH008000001 - WELLSWEEP ACRES	Fees and Costs (Contract Administration (1480)) Description : Fund consultant to manage budget, prepare specifications, conduct wage interviews, etc., investigate possibility of PV panels and RAD conversion. A & E services as needed to design individual activities.	1480		\$50,000.00	\$50,000.00			
NH008000001 - WELLSWEEP ACRES	Admin (Administration (1410)) Description : Bookkeeper and ED participation.	1410		\$15,000.00	\$15,000.00			

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(2) To be completed for the Performance and Evaluation Report

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Rochester NH		Grant Type and Number Capital Fund Program Grant No. NH01P00850119 Replacement Housing Factor Grant No. CFFP(Yes/No):				Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
NH008000001 - WELLSWEEP ACRES	CSM Smokes (Dwelling Unit-Interior (1480)) Description : Replace smoke/CO2 detectors in units at Cold Spring manor 60 units	1480		\$10,000.00	\$25,000.00			
NH008000001 - WELLSWEEP ACRES	Smokes WSA (Dwelling Unit-Interior (1480)) Description : Replace Smoke/CO2 Detectors in 100 units at Well Swee Acres	1480		\$10,000.00	\$25,000.00			
NH008000001 - WELLSWEEP ACRES	Smokes WFMW (Dwelling Unit-Interior (1480)) Description : Replace smoke/co2 detectors at Wyandotte Falls Millworks	1480		\$10,000.00	\$25,000.00			

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

(2) To be completed for the Performance and Evaluation Report



Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Rochester NH			Grant Type and Number Capital Fund Program Grant No. NH01P00850119 Replacement Housing Factor Grant No. CFFP(Yes/No):			Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
NH008000001 - WELLSWEEP ACRES	CSM Relocation (Contract Administration (1480)) Description : Temporary Relocation of Residents while bath room renovations occur	1480		\$6,632.00	\$6,632.00			
NH008000001 - WELLSWEEP ACRES	WFMW Security (Dwelling Unit-Interior (1480),Dwelling Unit-Exterior (1480)) Description : Add security cameras in public spaces.	1480		\$25,000.00				
	Total:			\$462,632.00	\$465,182.00			

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

(2) To be completed for the Performance and Evaluation Report

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
<b>PHA Name:</b> Housing Authority of the City of Rochester NH					<b>Federal FFY of Grant:</b>
<b>Development Number Name/PHA-Wide Activities</b>	<b>All Fund Obligated (Quarter Ending Date)</b>		<b>All Funds Expended (Quarter Ending Date)</b>		<b>Reasons for Revised Target Dates <sup>(1)</sup></b>
	<b>Original Obligation End Date</b>	<b>Actual Obligation End Date</b>	<b>Original Expenditure End Date</b>	<b>Actual Expenditure End Date</b>	

(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  
 2577-0274  
 02/28/2022

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Rochester NH		<b>Grant Type and Number</b> Capital Fund Program Grant No. NH01P00850120 Replacement Housing Factor Grant No. Date of CFFP:		<b>FFY of Grant:</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 checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1 )	
<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 <sup>(1)</sup>	
		Original	Revised <sup>(2)</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$60,000.00	\$60,000.00		
3	1408 Management Improvement				
4	1410 Administration	\$15,000.00	\$15,000.00		
5	1480 General Capital Activity	\$387,616.00	\$390,190.00		
6	1492 MovingToWorkDemonstration				
7	1501 Collater Exp / Debt Srvc				
8	1503 RAD-CFP				
9	1504 Rad Investment Activity				
10	1505 RAD-CPT				
11	1509 Preparing for, Preventing and Responding to Coronavirus (1509)				

(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 include here

Annual Statement/Performance and Evaluation Report  
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U.S. Department of Housing and Urban Development  
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 2577-0274  
 02/28/2022

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Rochester NH		<b>Grant Type and Number</b> Capital Fund Program Grant No. NH01P00850120 Replacement Housing Factor Grant No. Date of CFFP:		<b>FFY of Grant:</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 checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1 )	
<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 <sup>(1)</sup>	
		Original	Revised <sup>(2)</sup>	Obligated	Expended
12	9000 Debt Reserves				
13	9001 Bond Debt Obligation				
14	9002 Loan Debt Obligation				
15	RESERVED				
16	RESERVED				
17	RESERVED				
18a	RESERVED				
18ba	RESERVED				
19	RESERVED				
20	RESERVED				
21	Amount of Annual Grant: (sum of lines 2-20)	\$462,616.00	\$465,190.00		

(1) To be completed for the Performance and Evaluation Report

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<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Rochester NH		<b>Grant Type and Number</b> Capital Fund Program Grant No. NH01P00850120 Replacement Housing Factor Grant No. Date of CFFP:		<b>FFY of Grant:</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 checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1 )	
<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 <sup>(1)</sup>	
		Original	Revised <sup>(2)</sup>	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Activities				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b> <i>IS/MU1770</i>	<b>Date</b> <i>03/15/2021</i>	<b>Signature of Public Housing Director</b>	<b>Date</b>
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Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Rochester NH		Grant Type and Number Capital Fund Program Grant No. NH01P00850120 Replacement Housing Factor Grant No. CFFP(Yes/No):				Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
NH008000001 - WELLSWEEP ACRES	Operations (Operations (1406)) Description : Operations to support PHA activities	1406		\$60,000.00	\$60,000.00			
NH008000001 - WELLSWEEP ACRES	Administration (Administration (1410)) Description : PHA administration associated with CFP	1410		\$15,000.00	\$15,000.00			
NH008000001 - WELLSWEEP ACRES	Fees and Costs (Contract Administration (1480)) Description : Consultant to manage program, prepare specifications (waste piping, stair treads and hall lights) conduct interviews and supervise A/E design on site work CSM.	1480		\$31,000.00	\$31,000.00			

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

(2) To be completed for the Performance and Evaluation Report

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Rochester NH		Grant Type and Number Capital Fund Program Grant No. NH01P00850120 Replacement Housing Factor Grant No. CFFP(Yes/No):				Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
NH008000001 - WELLSWEEP ACRES	WFMW Tubs (Dwelling Unit-Interior (1480)) Description : Install walk in tubs in units on turn over. 10 units	1480		\$129,500.00	\$129,500.00			
NH008000001 - WELLSWEEP ACRES	CSM - Stair Treads (Dwelling Unit-Interior (1480)) Description : Replace worn stair treads in Town House units. 50 units	1480		\$55,000.00	\$55,000.00			
NH008000001 - WELLSWEEP ACRES	CSM - Create parking lot (Non-Dwelling Site Work (1480)) Description : Clear, grade and pave parking area add salt storage facility adjacent to maintenance facility at CSM	1480		\$80,000.00	\$80,000.00			

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

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Annual Statement/Performance and Evaluation Report  
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 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 2577-0274  
 02/28/2022

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Rochester NH		<b>Grant Type and Number</b> Capital Fund Program Grant No. NH01P00850121 Replacement Housing Factor Grant No. Date of CFFP:		<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input checked="" 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 <sup>(1)</sup>	
		Original	Revised <sup>(2)</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$60,000.00			
3	1408 Management Improvement				
4	1410 Administration	\$25,000.00			
5	1480 General Capital Activity	\$403,125.00			
6	1492 MovingToWorkDemonstration				
7	1501 Collater Exp / Debt Srvc				
8	1503 RAD-CFP				
9	1504 Rad Investment Activity				
10	1505 RAD-CPT				
11	1509 Preparing for, Preventing and Responding to Coronavirus (1509)				

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<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Rochester NH		<b>Grant Type and Number</b> Capital Fund Program Grant No. NH01P00850121 Replacement Housing Factor Grant No. Date of CFFP:		<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input checked="" 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 <sup>(1)</sup>	
		Original	Revised <sup>(2)</sup>	Obligated	Expended
12	9000 Debt Reserves				
13	9001 Bond Debt Obligation				
14	9002 Loan Debt Obligation				
15	RESERVED				
16	RESERVED				
17	RESERVED				
18a	RESERVED				
18ba	RESERVED				
19	RESERVED				
20	RESERVED				
21	Amount of Annual Grant: (sum of lines 2-20)	\$488,125.00			

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<b>Part I: Summary</b>						
<b>PHA Name:</b> Housing Authority of the City of Rochester NH		<b>Grant Type and Number</b> Capital Fund Program Grant No. NH01P00850121 Replacement Housing Factor Grant No. Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input checked="" 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 <sup>(1)</sup>		
		Original	Revised <sup>(2)</sup>	Obligated	Expended	
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504 Activities					
24	Amount of line 21 Related to Security - Soft Costs					
25	Amount of line 21 Related to Security - Hard Costs					
26	Amount of line 21 Related to Energy Conservation Measures					

<b>Signature of Executive Director</b> /S/ MU1770	<b>Date</b> 07/27/2021	<b>Signature of Public Housing Director</b>	<b>Date</b>
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Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Rochester NH		Grant Type and Number Capital Fund Program Grant No. NH01P00850121 Replacement Housing Factor Grant No. CFFP(Yes/No):				Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
NH008000001 - WELLSWEEP ACRES	Operations (Operations (1406)) Description : Operations to support PHA activities	1406		\$60,000.00				
NH008000001 - WELLSWEEP ACRES	Administration (Administration (1410)) Description : PHA administration associated with CFP	1410		\$25,000.00				
NH008000001 - WELLSWEEP ACRES	Fees and Costs (Contract Administration (1480)) Description : Consultant to manage program, prepare specifications (waste piping, stair treads and hall lights) conduct interviews and supervise A/E design on site work CSM.	1480		\$36,000.00				

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

(2) To be completed for the Performance and Evaluation Report

Part II: Supporting Pages								
<b>PHA Name:</b> Housing Authority of the City of Rochester NH		<b>Grant Type and Number</b> Capital Fund Program Grant No. NH01P00850121 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
NH008000001 - WELLSWEEP ACRES	WSA - Facias and soffit repairs (Dwelling Unit-Exterior (1480)) Description : Remove and replace damaged or worn metal covered facia and soffit materials.	1480		\$88,000.00				
NH008000001 - WELLSWEEP ACRES	CSM - Kitchen renovations (Dwelling Unit- Interior (1480)) Description : Repair/Replace Kichen Cabinets in 25 units	1480		\$125,000.00				
NH008000001 - WELLSWEEP ACRES	CSM - Trash Enclosures (Non-Dwelling Site Work (1480)) Description : Repair/Replace covered trash bins 7 buildings	1480		\$20,000.00				

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

(2) To be completed for the Performance and Evaluation Report

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Rochester NH		Grant Type and Number Capital Fund Program Grant No. NH01P00850121 Replacement Housing Factor Grant No. CFFP(Yes/No):				Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
NH008000001 - WELLSWEEP ACRES	CSM Laundry keyless entry system (Non-Dwelling Exterior (1480)) Description : Replace outmoded keyless entry and payment card system with new system (s) with long term software maintenance.	1480		\$9,000.00				
NH008000001 - WELLSWEEP ACRES	WSA-Replace standard Tubs with walk in showers (Dwelling Unit-Interior (1480)) Description : Remove orivginal tubs and replace withacceible walk in showeers with seats re use fixtures	1480		\$100,000.00				
NH008000001 - WELLSWEEP ACRES	Contingency (Contract Administration (1480)) Description : Contingency to be used were estimates are too low	1480		\$7,190.00				

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

(2) To be completed for the Performance and Evaluation Report

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Rochester NH		Grant Type and Number Capital Fund Program Grant No. NH01P00850121 Replacement Housing Factor Grant No. CFFP(Yes/No):				Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
NH008000001 - WELLSWEEP ACRES	Complete site work and Building addition at CSM (Non-Dwelling Construction-New Construction (1480)) Description : additional funds to compete the Site work and storage utility building at Cold Spring Manor started in budget 2020.	1480		\$17,935.00				
	Total:			\$488,125.00				

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

(2) To be completed for the Performance and Evaluation Report

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of Rochester NH					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 <sup>(1)</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

(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.