### Authority Budget of: Gloucester Township Housing Authority

State Filing Year

2021

For the Period:

January 1, 2021 to December 31, 2021

gthousing authority.org **Authority Web Address** 



Division of Local Government Services

### 2021 (2021-2022) HOUSING AUTHORITY BUDGET

**Certification Section** 

### 2021 (2021-2022)

### GLOUCESTER TOWNSHIP HOUSING AUTHORITY

(Name)

### HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM January 1, 2021 TO December 31, 2021

For Division Use Only

### CERTIFICATION OF APPROVED BUDGET

It is hereby certified that the approved Budget made a part hereof complies with the requirements of law and the rules and regulations of the Local Finance Board, and approval is given pursuant to <u>N.J.S.A.</u> 40A:5A-11.

State of New Jersey
Department of Community Affairs
Director of the Division of Local Government Services

By: Date:

CERTIFICATION OF ADOPTED BUDGET
It is hereby certified that the adopted Budget made a part hereof has been compared with the approved Budget previously certified by the Division, and any amendments made thereto. This adopted Budget is certified with respect to such amendments and comparisons only.
and the same of th

State of New Jersey
Department of Community Affairs
Director of the Division of Local Government Services

Ву:	Date:	

### 2021 (2021-2022) PREPARER'S CERTIFICATION

### GLOUCESTER TOWNSHIP HOUSING AUTHORITY (Name)

### HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:1/1/2021

TO:12/31/2021

It is hereby certified that the Housing Authority Budget, including both the Annual Budget and the Capital Budget/Program annexed hereto, represents the members of the governing body's resolve with respect to statute in that: all estimates of revenue are reasonable, accurate and correctly stated; all items of appropriation are properly set forth; and in itemization, form and content, the budget will permit the exercise of the comptroller function within the Housing Authority.

It is further certified that all proposed budgeted amounts and totals are correct. Also, I hereby provide reasonable assurance that all assertions contained herein are accurate and all required schedules are completed and attached.

Preparer's Signature:	1 WW/V		
Name:	William Katchen, CPA		1.40
Title:	Accountant V		
Address:	596 Anderson Avenue 07010	e, Suite 303, Cl	iffside Park, NJ
Phone Number:	201-943-4449	Fax Number:	201-943-5099

### **2021 (2021 - 2022) APPROVAL CERTIFICATION**

### GLOUCESTER TOWNSHIP HOUSING AUTHORITY

(Name)

### **AUTHORITY BUDGET**

FISCAL YEAR:

FROM:

1/1/2021

TO:

12/31/2021

It is hereby certified that the Authority Budget, including all schedules appended hereto, are a true copy of the Annual Budget and Capital Budget/Program approved by resolution by the governing body of the Gloucester Township Housing Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the 10th day of November, 2020

It is further certified that the recorded vote appearing in the resolution represents not less than a majority of the full membership of the governing body thereof.

Officer's Signature:	Mlvano				
Name:	Maria Iwano				
Title:	Executive Director				
Address:	405 Woodbury Turners Blackwood, NJ 08012	ville Road, Suite	1		
Phone Number:	856-227-5077 Fax Number: 856-227-2993				
E-mail address	m.iwano@gthousingaut	hority.org			

### INTERNET WEBSITE CERTIFICATION

Authority'	's Web Address:	Gthousingauthority.or	g
All authoriti	es shall maintain o	either an Internet website	or a webpage on the municipality's or county's Interne
		, -	be to provide increased public access to the authority
operations a	nd activities. N.J.	S.A. 40A:5A-17.1 require	s the following items to be included on the Authority'
website at a	minimum for pub	lic disclosure. Check the	boxes below to certify the Authority's compliance with
N.J.S.A. 40A	<u>\:5A-17.1</u> .		
//			
四/	A description of	the Authority's mission ar	nd responsibilities
ď/	The budgets for	the current fiscal year and	immediately preceding two prior years
	The most recent	Comprehensive Annual F	inancial Report (Unaudited) or similar financial
	information (Sin	illar information are iter	ns such as Revenue and Expenditures Pie Charts or
	other types of C	harts, along with other i	nformation that would be useful to the public in
/	understanding	the finances/budget of th	ne Authority)
_/	The committee (A		at the Audit Communic of the most mount force was and
	= :	=	ot the Audit Synopsis) of the most recent fiscal year and
	immediately two	prior years	
$\Box$	The Authority's	rules, regulations and offic	cial policy statements deemed relevant by the governing
france d	•		residents within the authority's service area or
/	jurisdiction	· · · · · · · · · · · · · · · · · · ·	,
	J		
$\square'$	Notice posted pu	rsuant to the "Open Public	Meetings Act" for each meeting of the Authority,
/	setting forth the	time, date, location and ag	enda of each meeting
_/	TOTAL 1		a table translate Catally
L_4	= =	•	the Authority including all resolutions of the board and
	their committees	, for at least three consecu	tive fiscal years
П	The name, mailin	ıg address, electronic mail	address and phone number of every person who
<u></u>	a'	_	ement over some or all of the operations of the
	Authority	and and the second of the second	onto the come of the or the operations of the
/	,		
	A list of attorney	s, advisors, consultants an	d any other person, firm, business, partnership,
	corporation or ot	her organization which re-	ceived any remuneration of \$17,500 or more during the
	preceding fiscal	ear for any service whats	oever rendered to the Authority.
It is hereby co	ertified by the below	v authorized representativ	e of the Authority that the Authority's website or webpage
			requirements of N.J.S.A. 40A:5A-17.1 as listed above. A
	-	s signifies compliance.	
Name of Off	icer Certifying con	ipliance	Maria Iwano
Title of Offic	er Certifying com	oliance	Acting Executive Director
			N / N . 0 a
Signature			MILLEUS

### 2021 (2021-2022) HOUSING AUTHORITY BUDGET

Narrative and Information Section

### 2021 (2021 – 2022) HOUSING AUTHORITY BUDGET RESOLUTION GLOUCESTER TOWNSHIP HOUSING AUTHORITY

	FISCAL YEAR:	FROM:	1/1/202	21 TO:	12/31/2021	
WHEREAS, the Annual January 1, 2021 and en Housing Authority at it	nding, December 31, 2	021 has been	presented befor	Authore the governing l	rity for the fiscal year beginning ody of the Gloucester Townsl	ng, hip
WHEREAS, the Annu Accumulated Deficit it and	al Budget as introduc any, of \$ 80,000 and	ed reflects To Total Unrestr	tal Revenues of ricted Net Posi-	of \$ 80,000 , Tot tion utilized of	al Appropriations, including a	<b>in</b> y ;
WHEREAS, the Capita Net Position planned to	al Budget as introduced be utilized as funding	d reflects Tota thereof, of \$_	l Capital Appro	opriations of \$ ; and	_0 and Total Unrestrict	ted
anticipated revenues to	o satisfy all obligations equirements, and to pr	s to the holder	rs of bonds of	the Authority, to	revenues, together with all oth meet operating expenses, capi d by law, regulation or terms	ital
funds; rather it is a deauthorization to expend	ocument to be used as d funds for the purpos t financing agreement,	s part of the : es described i	said Authority'n this section of	s planning and n of the budget, mu	authorization to raise or expensionagement objectives. Species be granted elsewhere; by because and Replacement Reservations.	ific ond
public meeting held of	on November 10, 202 e Gloucester Townsh	0 that the A	nnual Budget,	including all rel	ip Housing Authority, at an opated schedules, and the Capi eginning, 1/0/2021 and ending	ital
BE IT FURTHER RES meet all proposed expoutstanding debt obliga	oenditures/expenses ar	nd all covena	nts, terms and	provisions as st	udget are of sufficient amount ipulated in the said Authorit lagreements; and	t to ty's
BE IT FURTHER REAnnual Budget and Car	SOLVED, that the gov pital Budget/Program f	verning body of adoption or	of the Glouces January 12, 20	021	sing Authority will consider	the
(Secretary's Signature)			•	////0/ (Date)	<u> </u>	
Governing Body	Recorded	Vote				
Member:	Aye	Nay	Abstain	Absent		
Commissioner Carlame						
Commissioner Marks	10			X		
Commissioner Orner	<b>×</b>			×		
Commissioner Piccolo				*		
Commissioner Rossell	<b>×</b>					
Commissioner Wilson	<b>V</b> .					

### 2021 (2021-2022) HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS GLOUCESTER TOWNSHIP HOUSING AURTHORITY

(Name)

### **AUTHORITY BUDGET**

FISCAL YEAR:

FROM:1/1/2021

TO:12/31/2021

C

Answer all questions below. Attach additional pages and schedules as needed.

- 1. Complete a brief statement on the 2021/2021-2022 proposed Annual Budget and make comparison to the 2020/2020-2021 adopted budget for each Revenues and Appropriations. Explain any variances over +/-10% (As shown on budget pages F-2 and F-4 explain the reason for changes for each revenue and appropriation changing more than 10%) for each individual revenue and appropriation line item. Explanations of variances should include a description of the reason for the increase/decrease in the budgeted line item, not just an indication of the amount and percent of the change. Attach any supporting documentation that will help to explain the reason for the increase/decrease in the budgeted line item. (Example Rate Increase authorized by resolution or by HUD). Audit fees reduced to reflect expected costs of service and other administrative increased for expected overall cost of management of property.
- 2. Describe the state of the local/regional economy and how it may impact the proposed Annual Budget, including the planned Capital Budget/Program. Example would be effect on a recession in the economy on the housing Authority The local economy has been affected by the COVID-19 Pandemic. Although, the local economy is continuing to remain stable it is dealing with the Pandemic as best it can.
- 3. Describe the reasons for utilizing Unrestricted Net Position in the proposed Annual Budget, i.e. rate stabilization, debt service reduction, to balance the budget, etc. If the Authority's budget anticipates a use of Unrestricted Net Position, this question must be answered. Unrestricted net position is not anticipated to be utilized in the proposed budget.
- 4. Identify any sources of funds transferred to the County/Municipality as a Pilot Payments, or a shared service and explain the reason for the transfer Housing Authorities cannot transfer Unrestricted Net Position (i.e.: to balance the County/Municipality budget, etc.). None.
- 5. The proposed budget must not reflect an anticipated deficit from 2021/2021-2022 operations. If there exists an accumulated deficit from prior years' budgets (and funding is included in the proposed budget as a result of a prior deficit) explain the funding plan to eliminate said deficit (N.J.S.A. 40A:5A-12). If the Authority has a net deficit reported in its most recent audit, it must provide a deficit reduction plan in response to this question. The Authority does not have an accumulated deficit.

(Prepare a response to deficits in most recent audit report pertaining to Deficits to Unrestricted Net Position caused by recording <u>Pension and Post-Employment Benefits liabilities as required by GASB 68 and GASB 75</u>).

### HOUSING AUTHORITY CONTACT INFORMATION AUTHORITY CONTACT INFORMATION 2021 (2021-2022)

Please complete the following information regarding this Authority. <u>All</u> information requested below must be completed.

Name of Authority:	Gloucester Township Housing Authority					
Federal ID Number:	22-2382072				·····	
Address:	405 Woodbury Turnersv	ille Road				
City, State, Zip:	Blackwood			NJ	08012	
Phone: (ext.)	856-227-5077	Fax	:	856-22	27-2993	
Preparer's Name:	William Katchen, CPA					
Preparer's Address:	596 Anderson Avenue, S	Suite 303				
City, State, Zip:	Cliffside Park			NJ	07010	
Phone: (ext.)	201-943-4449	201-94	43-5099			
E-mail:	bill@katchencpa.com				_	
Chief Executive Officer:(1)	Maria Iwano					
(1)Or person who performs the	s these functions under another Title					
Phone: (ext.)	856-227-5077 Fax: 856-227-2993				27-2993	
E-mail:	m.iwano@gthousingauth	ority.org		····		
	TTTTT TT . I OD A					
Chief Financial Officer(1)	William Katchen, CPA	***.1				
(1) Or person who performs th				. 042 606	20	
Phone: (ext.)		Fax:	20.	01-943-5099		
E-mail:	bill@katchencpa.com					
Name of Auditor:					· · · · · · · · · · · · · · · · · · ·	
Name of Firm:						
Address:						
	100					
City, State, Zip:						
Phone: (ext.)		Fax	:			
E-mail:						

### HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

### GLOUCESTER TOWNSHIP HOUSING AUTHORITY

(Name)

**FISCAL** 

		YEAR:	FROM:1/1/2021	TO:12/31/2021
	-	-	ly and attach additional info	*
1)			s employed in (Use Most I W-3, Transmittal of Wage	Recent W-3 Available 2019 or 2020) as and Tax Statements: 0
2)				on the Authority's Form W-3, (Use Most
			020) Transmittal of Wage a	
3)				ning body: 7 (Even if not all
	commissioners ha	ve been appo	inted (Total Commission	ers are either 5 or 7 as per statute for
	your Authority)			
4)				ning body:0(Maximum is 2)
5)	Did any person list on Page N-4 during	ed on Page N- the current fis	4 have a family or business cal year?No <i>If "yes</i>	relationship with any other person listed," attach a description of the relationship
			luals involved and their pos	
6)				osure Statement for the current fiscal year
				ne has passed 2020 or 2021) because of
	•		-	1? (Checked to see if individuals actually
	-	_	_	sources/fds.html before answering)
				who failed to file a Financial Disclosure
71		•	the reason for their failure	
7)				nt or former commissioners, officers, key If "yes," attach a list of those individuals,
				e amount due to the Authority.
8)			iness transaction with one	
_				ighest compensated employee? No
				cer, key employee, or highest compensated
	employee?N			
				cer, key employee, or highest compensated
			reof) was an officer or direct of	
				on of the transaction including the name npensated employee (or family member
				ship to the individual or family member;
			transaction was subject to	
9)	-		_	iums, directly or indirectly, on a personal
				y life insurance, annuity, or endowment
				nember of the transferor's family, or any
	other person designa	ated by the tran	sferorNo <i>If "yes,</i> "	" attach a description of the arrangement,
	the premiums paid,	and indicate tl	ne beneficiary of the contra	ct.
10)				tion for all persons listed on Page N-4.
			-	following: 1) review and approval by the
				of compensation data for comparable
	_	-	· - ·	performance evaluation; 4) independent
	- ,	-		ontract. Attach a narrative of your
	Authorities procee	tures for all i	individuals listed on <u>Pag</u>	e N-4 (2 of 2). No employees.

age N-3 (1 of 2)

11)	Did the Authority pay for meals or catering during the current fiscal year? No If "yes," attach
	a detailed list of all meals and/or catering invoices for the current fiscal year and provide an explanation for each expenditure listed.
12)	Did the Authority pay for travel expenses for any employee or individual listed on Page N-4?  No If "yes," attach a detailed list of all travel expenses for the current fiscal year and provide an explanation for each expenditure listed.
	provide an explanation for each experiment crisical
13)	Did the Authority provide any of the following to or for a person listed on Page N-4 or any other employee of the Authority?  a. First class or charter travelNo  b. Travel for companionsNo
	c. Tax indemnification and gross-up payments No
	d. Discretionary spending account No
	e. Housing allowance or residence for personal useNo
	f. Payments for business use of personal residenceNo
	g. Vehicle/auto allowance or vehicle for personal useNo
	h. Health or social club dues or initiation feesNo
	i. Personal services (i.e.: maid, chauffeur, chef) No
	If the answer to any of the above is "yes," attach a description of the transaction including the name
	and position of the individual and the amount expended.
14)	Did the Authority follow a written policy regarding payment or reimbursement for expenses incurred
	by employees and/or commissioners during the course of Authority business and does that policy
	require substantiation of expenses through receipts or invoices prior to reimbursement?Yes
	If "no," attach an explanation of the Authority's process for reimbursing employees and commissioners
	for expenses. (If your authority does not allow for reimbursements indicate that in answer)
15)	Did the Authority make any payments to current or former commissioners or employees for severance or termination? No If "yes," attach explanation including amount paid.
16)	Did the Authority make any payments to current or former commissioners or employees that were
,	contingent upon the performance of the Authority or that were considered discretionary bonuses?  NoIf "yes," attach explanation including amount paid.
17)	Did the Authority comply with its Continuing Disclosure Agreements for all debt issuances outstanding
·	by submitting its audited annual financial statements, annual operating data, and notice of material events to the Municipal Securities Rulemaking Board's Electronic Municipal Marketplace Access
	(EMMA) as required? NA If "no," attach a description of the Authority's plan to ensure compliance with its Continuing Disclosure Agreements in the future. (If no bonded Debt answer is Not Applicable) (Loans from a Bank or State Agencies are not bonded Debt)
	Did the Authority receive any notices from the Department of Environmental Protection or any other
ĺ	entity regarding maintenance or repairs required to the Authority's systems to bring them into compliance with current regulations and standards that it has not yet taken action to remediate?
	No If "yes," attach explanation as to why the Authority has not yet undertaken the required
	maintenance or repairs and describe the Authority's plan to address the conditions identified.
19)	Did the Authority receive any notices of fines or assessments from the Department of Environmental
	Protection or any other entity due to noncompliance with current regulations (i.e.: sewer overflow,
	etc.)?No If "yes," attach a description of the event or condition that resulted in the fine or
	assessment and indicate the amount of the fine or assessment.
20)	Did the Authority receive any notices of fines or assessments from the Department of Housing and
	Urban Development or any other entity due to noncompliance with current regulations? NoNo
	If "yes," attach a description of the event or condition that resulted in the fine or assessment and indicate
	the amount of the fine or assessment.
21)	Has the Authority been deemed "troubled" by the Department of Housing and Urban Development?
	No If "yes," attach an explanation of the reason the Authority was deemed "troubled" and
	describe the Authority's plan to address the conditions identified.

### AUTHORITY SCHEDULE OF COMMISSIONERS, OFFICERS, KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES AND INDEPENDENT CONTRACTORS GLOUCESTER

(Name)

FISCAL YEAR:

FROM:1/1/2021

TO:12/31/2021

Complete the attached table for all persons required to be listed per #1-4 below.

- 1) List all of the Authority's current commissioners and officers and amount of compensation from the Authority and any other public entities as defined below. Enter zero if no compensation was paid.
- List all of the Authority's key employees and highest compensated employees other than a commissioner or
  officer as defined below and amount of compensation from the Authority and any other public entities.
- 3) List all of the Authority's <u>former</u> officers, key employees and highest compensated employees who received more than \$100,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed.
- 4) List all of the Authority's <u>former</u> commissioners who received more than \$10,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed.
- Commissioner: A member of the governing body of the authority with voting rights. Include alternates for purposes of this schedule.
- Officer: A person elected or appointed to manage the authority's daily operations at any time during the year, such as the chairperson, vice-chairperson, secretary, or treasurer. For the purposes of this schedule, treat the authority's top management official and top financial official as officers. A member of the governing body may be both a commissioner and an officer for the purposes of this schedule.
- Key employee: An employee or independent contractor of the authority (other than a commissioner or officer) who meets both of the following criteria:
  - a) The individual received reportable compensation from the authority and other public entities in excess of \$150,000 for the most recent fiscal year completed; and
  - b) The individual has responsibilities or influence over the authority as a whole or has power to control or determine 10% or more of the authority's capital expenditures or operating budget.
- Highest compensated employee: One of the five highest compensated employees or independent contractors of the authority other than current commissioners, officers, or key employees whose aggregate reportable compensation from the authority and other public entities is greater than \$100,000 for the most recent fiscal year completed.
- Compensation: All forms of cash and non-cash payments or benefits provided in exchange for services, including salaries and wages, bonuses, severance payments, deferred payments, retirement benefits, fringe benefits, and other financial arrangements or transactions such as personal vehicles, meals, housing, personal and family education benefits, below-market loans, payment of personal or family travel, entertainment, and personal use of the Authority's property. Compensation includes payments and other benefits provided to both employees and independent contractors in exchange for services.
- Reportable compensation: (Use the Most Recent W-2 available 2019 or 2020. The aggregate compensation that is reported (or is required to be reported) on Form W-2, box 1 or 5, whichever amount is greater, and/or Form 1099-MISC, box 7, for the most recent calendar year ended 60 days before the start of the proposed budget year. For example, for fiscal years ending December 31, 2021, the most recent W-2 and 1099 should be used 2020 or 2019 (60 days prior to start of budget year is November 1, 2020, with 2019 being the most recent calendar year ended), and for fiscal years ending June 30, 2021, the calendar year 2020 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2021, with 2020 being the most recent calendar year ended).
- Other Public Entity: Any municipality, county, local authority, fire district, or other government unit, regardless of whether it is related in any way to the Authority either by function or by physical location.

Authority Schedule of Commissioners, Officers, Key Employees, Highest Compensated Employees and Independent Contractors (Continued)

	Total Compensation All Public Entities \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	Estimated amount of other compensation from Other Public Entities (final the benefits, pension, payment in lieu of health benefits, etc.)	
<b>4</b>	Reportable Compensation from Other Public Entities (W-2/1099)	
Q	Average Hours per Week Dedicated to Positions at Other Public In Entities Listed In Column O	•
a.	Positions held at Other Public (Column Column Colum	
0	Average Names of Other Hours per Public Entities where Individual is an Employee or Positions held Positions at Member of the at Other Public Other Public Governing Body (1) Entitles Listed in Entities Listed See note below None None None None None None None None	
N.	Total Compensation of from Authority \$ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
, N	Estimated amount of other compensation from the Authority (health benefits, pension, etc.)	
f ensation from -2/1099)	Other (auto allowance, expense account, payment in lieu of health benefits, etc.)	
ship Housing Authority December 31, 2021 Reportable Compensation from Authority (W-2/1099)	Base Salary/ Stipend Bonus	
Gloucoster Township Housing Authority to December 31, 2021 F. G. H. Reportable Compe Position Authority (W-	Former Highest Compensated Employee Key Employee	ļļ
January 1, 2021 	Average Hours per Week Dedicated to Position	
For the Period January 1, 2021	Title Chairperson Commissioner Commissioner Commissioner Commissioner Commissioner	
9	Name 1 Cynthia Carlamere 2 Steven Orner 3 Joanne Rossell 4 Stephen Piccolo 5 Scott Marks 6 Elliott Wilson 7 7 8 9 10 11 12 13 14	

(1) Insert "None" in this column for each individual that does not hold a position with another Public Entity

# Schedule of Health Benefits - Detailed Cost Analysis

Inout- X - In Box Below IF this Page is Non-Applicable	Glouce For the Period	Gloucester Township Housing Authority eriod January 1, 2021	lousing Authority 1, 2021	\$	Decemb	December 31, 2021	•	
	 # of Covered Members	Annual Cost Estimate per Employee	Total Cost Estimate	# of Covered Members	Annual Cost			
	(Medical & Rx) Proposed Budget	Proposed Budget	Proposed Budget	(Medical & Rx) Current Year	per Employee Current Year	Total Prior Year Cost	\$ Increase (Decrease)	% Increase (Decrease)
Active Employees - Health Benefits - Annual Cost								
Single Coverage		\$				. \$	· ·	#DIV/01
Farent & Child Employee & Spouse (or Partner)						• •		#DIV/01
Family			\$		,		•	#DIV/0I
Employee Cost Sharing Contribution (enter as negative - )							•	10/AIQ#
Subtotal	0		•	0		•		#DIV/0!
Commissioners - Health Benefits - Annual Cost								
Single Coverage						,	,	10/NIG#
Parent & Child	-		1			*	ì	10/NIQ#
Employee & Spouse (or Partner)			1			,	•	10/AIG#
Family			-			•	,	10/NG#
Employee Cost Sharing Contribution (enter as negative - )	z.		,				•	i0/AIC#
Subtotal	0	0 : : : : : : :	•	0	0	1		10/\la
Retirees - Health Benefits - Annual Cost								
Single Coverage			,					I0/AIG#
Parent & Child			•			1		I0/AIG#
Employee & Spouse (or Partner)			,			•	t	#DIA/OI
Family			*			-		#DIV/O
Employee Lost Sharing Contribution (enter as negative - )	C			C			•	#DIV/OI
Subjoral	n		•	O				#DIA/0!
GRAND TOTAL	0		× × × × × × × × × × × × × × × × × × ×	0	Andrew State of the Control of the C	\$	- \$	#DIV/0]
Is medical coverage provided by the SHBP (Yes or No)? (Place Answer in Box) Is brescription drug coverage provided by the SHBP (Yes or No)? (Place Answer in Box)	inswer in Box) (Place Answer in Box	<u> </u>		Yes or No Yes or No				

Note: Remember to Enter an amount in rows for Employee Cost Sharing

# Schedule of Accumulated Liability for Compensated Absences

Gloucester Township Housing Authority

For the Period Ja

January 1, 2021

:1 to

December 31, 2021

Legal Basis for Benefit

Complete the below table for the Authority's accrued liability for compensated absences.

tnəməərgA (check applicable items) Employment leubivibal Resolution rspor Approved Absence Liability Dollar Value of Compensated Total liability for accumulated compensated absences at beginning of current year \$ **Gross Days of Accumulated** Compensated Absences at beginning of Current Year Individuals Eligible for Benefit

The total Amount Should agree to most recently issued audit report for the Authority

# Schedule of Shared Service Agreements

Amount to be Received by/ Paid from Authority Agreement End Date Agreement Effective Date December 31, 2021 Comments (Enter more specifics if Enter the shared service agreements that the Authority currently engages in and identify the amount that is received/paid for those services. needed) Gloucester Township Housing Authority January 1, 2021. Name of Entity Receiving Service Type of Shared Service Provided For the Period Name of Entity Providing Service If No Shared Services X this Box

### 2021 (2022) HOUSING AUTHORITY BUDGET

### **Financial Schedules Section**

### Revenue Schedule

Gloucester Township Housing Authority January 1, 2021 to

For the Period

December 31, 2021

THE		FY 202:	l Proposed	Budget		FY 2020 Adopted Budget	\$ Increase (Decrease) Proposed vs. Adapted	% increase (Decrease) Proposed vs. Adopted
*							<del></del>	
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operations	All Operations	All Operations
OPERATING REVENUES								
Rental Fees	<u>,</u>				, <u>.</u>		-	#DIV/0!
Homebuyers' Monthly Payments					\$ -	\$ -	\$ -	#DIV/0!
Dwelling Rental						•	-	#DIV/0!
Excess Utilities					-		-	#DIV/0!
Non-Dwelling Rental						-	-	#DIV/0!
HUD Operating Subsidy					_	_	-	#DIV/0!
New Construction - Acc Section 8						_	-	#DIV/01
Voucher - Acc Housing Voucher								#DIV/0!
Total Rental Fees								
Other Operating Revenues (List)  Management fees from tax credit entity	80,000				80,000	80,000		0.0%
Type in (Grant, Other Rev)	80,000				_	-	-	#DIV/01
Type in (Grant, Other Rev)					_	-	-	#DIV/0!
Type in (Grant, Other Rev)					_	-	-	#DIV/0!
Type in (Grant, Other Rev)						-	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	•	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/01
Type in (Grant, Other Rev)					-	•	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/01
Type in (Grant, Other Rev)					-	-	-	#DIV/0I
Type in (Grant, Other Rev)					-	•	-	#DIV/0!
Type in (Grant, Other Rev)					-	•	-	#DIV/01
Type in (Grant, Other Rev)					-	•	-	#DIV/0! #DIV/0!
Type in (Grant, Other Rev)					-	•	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)						_	_	#DIV/0!
Type in (Grant, Other Rev)	80,000	<u></u>	-		- 80,000	80,000		0.0%
Total Other Revenue  Total Operating Revenues	80,000				- 80,000	80,000	-	0.0%
NON-OPERATING REVENUES	80,000	<del></del>						,
Other Non-Operating Revenues (List)								
Type in	1				٦ .	-	_	#DIV/0!
Type in					-	-	-	#DIV/0!
Type in					-	-	-	#D1V/0!
Type in					-	-	-	#DIV/0!
Type in	1				-	-	-	#DIV/0!
Type in					<u> </u>			#DIV/0!
Total Other Non-Operating Revenue					<u> </u>			#DIV/0!
Interest on Investments & Deposits (List)								
Interest Earned					-	-	•	#DIV/0!
Penalties	1				-	-	•	#DIV/0!
Other		· · · · · · · · · · · · · · · · · · ·					-	#DIV/0!
Total Interest					<u> </u>		-	#DIV/0!
Total Non-Operating Revenues						- an ann	-	#DIV/0!
TOTAL ANTICIPATED REVENUES	\$ 80,000	<b>&gt;</b>	- \$ <i>-</i>	\$	- \$ 80,000	\$ 80,000	\$ -	0.0%

### Prior Year Adopted Revenue Schedule

### Gloucester Township Housing Authority

		FY 202	20 Adopted Bu	dget	
	Public Housing		Housing		Total Ali
	Management	Section 8	Voucher	Other Programs	Operations
OPERATING REVENUES				· · · · · · · · · · · · · · · · · · ·	
Rental Fees					
Homebuyers' Monthly Payments	-				\$ .
Dwelling Rental					,
Excess Utilities					
Non-Dwelling Rental					
HUD Operating Subsidy					
New Construction - Acc Section 8					
Voucher - Acc Housing Voucher					
Total Rental Fees		-	-	_	
Other Revenue (List)					
Management fees from tax credit entity	80,000	<del>- /</del>			80,000
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					•
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					
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Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					_
Type in (Grant, Other Rev)					_
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					_
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					_
Type in (Grant, Other Rev)			•		
Total Other Revenue	90.000		,		95,000
Total Operating Revenues	80,000 80,000	~	<del>-</del>	-	80,000
NON-OPERATING REVENUES	60,000		-	-	80,000
Other Non-Operating Revenues (List)					
Type in					
· · · · · · · · · · · · · · · · · · ·					-
Type in Type in					-
• • • • • • • • • • • • • • • • • • • •					-
Type in					-
Type in				1	-
Type in				1	-
Other Non-Operating Revenues	-		-		
nterest on Investments & Deposits					
Interest Earned					-
Penalties					-
Other		<del></del>			-
Total interest	**				
Total Non-Operating Revenues			<del> </del>		<del></del>
TOTAL ANTICIPATED REVENUES	\$ 80,000	<del>-</del> :	\$ -	\$ -	\$ 80,000

### Appropriations Schedule

For the Period

Gloucester Township Housing Authority
January 1, 2021 to December 31, 2021

\$ Increase

% increase

····		FY	2021 Propo	sed Budget		FY 2020 Adopted Budget	(Decrease) Proposed vs. Adopted	(Decrease) Proposed vs. Adopted
	Public Housing	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operations	All Operations	Ali Onerations
OPERATING APPROPRIATIONS	Management	Section 8	vollener	Other Flograms	Орегания	Оренавия	70 operations	
Administration					_			
Salary & Wages					\$ -	\$ -	\$ -	#DIV/0!
Fringe Benefits					-	-	•	#DIV/0!
Legal					-	-	-	#DIV/0!
Staff Training					-	-	-	#DIV/0!
Travel					-	-	-	#DIV/0!
Accounting Fees					-	-		#DIV/0!
Auditing Fees	5,000				5,000	10,000	(5,000)	-50.0%
Miscellaneous Administration*	75,000				75,000	70,000	5,000	7.1%
Total Administration	80,000	_	-		80,000	80,000		0.0%
Cost of Providing Services					_			
Salary & Wages - Tenant Services					-	-	-	#DIV/0!
Salary & Wages - Maintenance & Operation	1				-	-	-	#DIV/01
Salary & Wages - Protective Services	1				-	-	-	#DIV/0!
Salary & Wages - Utility Labor	1				-	-	-	#DIV/0!
Fringe Benefits					-	-	-	#DIV/0!
Tenant Services						-	-	#DIV/0!
Utilities					-	=	-	#DIV/0!
Maintenance & Operation					=	•	-	#DIV/0!
Protective Services					-	•	~	#DIV/0!
Insurance					-	-	-	#DIV/0!
Payment in Lieu of Taxes (PILOT)					-	-	-	#DIV/0!
Terminal Leave Payments	Ì				-	-	-	#DIV/0!
Collection Losses						-	-	#DIV/0!
Other General Expense					-	-	-	#DIV/01
Rents	1				-	-	-	#DIV/0!
Extraordinary Maintenance					-	-	-	#DIV/0!
Replacement of Non-Expendible Equipment					-	-	-	#DIV/0!
Property Betterment/Additions							_	#DIV/0!
Miscellaneous COPS*							.*	#DIV/0!
Total Cost of Providing Services	-					-	-	#DIV/0!
Total Principal Payments on Debt Service in Lieu of								
Depreciation		xxxxxxxxxx	XXXXXXXXXX	XXXXXXXXXX	-	<u>.</u>		#DIV/0!
Total Operating Appropriations	80,000	-	-		80,000	80,000	-	0.0%
NON-OPERATING APPROPRIATIONS						***************************************		
Total Interest Payments on Debt	XXXXXXXXXX	xxxxxxxxx	XXXXXXXXXX	XXXXXXXXXXX		-	-	#DiV/0!
Operations & Maintenance Reserve				4	٦ -	-	-	#DIV/0!
Renewal & Replacement Reserve					-	-	-	#DIV/0!
Municipality/County Appropriation	1				_	-	-	#DIV/0!
Other Reserves	1				·			#D!V/0!
Total Non-Operating Appropriations	-		-		-	-	-	#DIV/0!
TOTAL APPROPRIATIONS	80,000	-	-	-	80,000	80,000	-	0.0%
ACCUMULATED DEFICIT					-	-		#DIV/0!
TOTAL APPROPRIATIONS & ACCUMULATED	<del>/</del>							
DEFICIT	000,08	_	-		80,000	80,000	_	0.0%
UNRESTRICTED NET POSITION UTILIZED	50,050							
Municipality/County Appropriation	-	_	-			-	_	#DIV/0!
Other					] -	÷	-	#DIV/0!
Total Unrestricted Net Position Utilized			-			-	-	#D(V/0!
TOTAL NET APPROPRIATIONS	\$ 80,000	\$ -	5 -	\$ -	\$ 80,000	\$ 80,000	\$ -	0.0%
to the tiet of their and inglish						<del></del>		
* Miscellaneous line items may not exceed 5% of to	ntal operating appr	opriations show	n below. If amou	nt in miscellaneous is a	reater than the amoun	t shown below, then		
the line item must be itemized above.	.to: obciocii9 abbi	Cp000010 311014						
5% of Total Operating Appropriations	\$ 4,000.00	s -	s -	ş -	\$ 4,000.00			
239 of 10 tal operating Appropriations	-,,000,00	7	-	•				

### **Prior Year Adopted Appropriations Schedule**

Gloucester Township Housing Authority

_			FY 2020 Adopted Budg	ret	
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations
OPERATING APPROPRIATIONS					
Administration					1.
Salary & Wages				•	\$ -
Fringe Benefits					-
Legal					-
Staff Training					-
Travel					_
Accounting Fees	10,000		1		10,000
Auditing Fees	10,000 70,000				70,000
Miscellaneous Administration*	80,000				80,000
Total Administration	80,000				50,000
Cost of Providing Services					_
Salary & Wages - Tenant Services Salary & Wages - Maintenance & Operation					_
Salary & Wages - Protective Services					_
Salary & Wages - Hotelawe Services Salary & Wages - Utility Labor					_
Fringe Benefits				٠	-
Tenant Services					-
Utilities					-
Maintenance & Operation	'				-
Protective Services					-
Insurance					-
Payment in Lieu of Taxes (PILOT)					-
Terminal Leave Payments					-
Collection Losses					•
Other General Expense					-
Rents					-
Extraordinary Maintenance					-
Replacement of Non-Expendible Equipment					-
Property Betterment/Additions					-
Miscellaneous COPS*					-
Total Cost of Providing Services				-	
Total Principal Payments on Debt Service in Lieu of	f				
Depreciation	XXXXXXXXXXXXX	XXXXXXXXXXXXX	X XXXXXXXXXXXXXX	XXXXXXXXXXXXX	<del>_</del>
Total Operating Appropriations	80,000		<u> </u>		80,000
NON-OPERATING APPROPRIATIONS					
Total Interest Payments on Debt	XXXXXXXXXXXXXX	XXXXXXXXXXXXX	x xxxxxxxxxxxxx	XXXXXXXXXXXXXXXX	•
Operations & Maintenance Reserve					
Renewal & Replacement Reserve					•
Municipality/County Appropriation					-
Other Reserves	L				
Total Non-Operating Appropriations	80,000				80,000
TOTAL APPROPRIATIONS	80,000				
ACCUMULATED DEFICIT					
TOTAL APPROPRIATIONS & ACCUMULATED	80,000		_	_	80,000
DEFICIT	80,000				00,000
UNRESTRICTED NET POSITION UTILIZED  Municipality/County Appropriation	_			-	-
Other		<u> </u>			-
Other Total Unrestricted Net Position Utilized	L				-
TOTAL NET APPROPRIATIONS	\$ 80,000	\$	- \$ -	\$ -	\$ 80,000
TOTAL BLI MITTOL MISTORIA	- 20,000	7	<del>-</del>	<u> </u>	
* Miscellaneous line items may not exceed 5% of t	otal operating appro-	oriations shown he	elow. If amount in misce	ellaneous is greater ti	han the amount
own below, then the line item must be itemized				<b>.</b>	
5% of Total Operating Appropriations	\$ 4,000.00	\$ -	\$ -	\$ -	\$ 4,000.00
The second of the second					

# Debt Service Schedule - Principal

TANTA STATE OF SERVICE AND A STATE OF SERVICE AND SERV	>	<b>5</b>	Gloucester Township Housing Authority	using Authority					
II Authority nas no uebi A this box	<			Fiscal Year Ending in	ng in				
	Adopted Budget Year 2020	Proposed Budget Year 2021	2022	2023	2024	2025	2026	Thereafter	Total Principal Outstanding
Type in Issue Name Type in Issue Name									1 I
Type in issue Name Type in issue Name									t 1
TOTAL PRINCIPAL		-	г	1	•	•		•	-
LESS: HUD SUBSIDY									1
NET PRINCIPAL			\$	\$	- \$	٠ .	Ş	٠.	. \$
Indicate the Authority's most recent bond rating and the year of the rating by ratings service.  Moody's Fitch Stand	nd rating and the year o	f the rating by rating. Fitch	s service. Standard & Poors						
Bond Rating Year of Last Rating									
	lf no R	If no Rating type in Not Applicable	olicable						

### Debt Service Schedule - Interest

		Total Interest Payments Outstanding		7 1	\$
		Thereafter		7	
		2026		1	\$ -
		2025		1	\$ .
		2024			\$ 1
Authority	Fiscal Year Ending in	2023			\$
Gloucester Township Housing Authority	Fisco			-	\$ -
Gloucester Tov		2022			\$
		Proposed Budget Year 2021		g - Transfer of the state of th	- \$
	×	Adopted Budget Year 2020			\$
	If Authority has no debt X this box		Type in Issue Name Type in Issue Name Type in Issue Name Type in Issue Name	TOTAL INTEREST LESS: HUD SUBSIDY	NET INTEREST

# Net Position Reconciliation

Gloucester Township Housing Authority

For the Period

January 1, 2021

December 31, 2021 2

### FY 2021 Proposed Budget

	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations
TOTAL NET POSITION BEGINNING OF CURRENT YEAR (1)	\$ 454	÷	. \$	\$	\$ 454
Less: Invested in Capital Assets, Net of Related Debt (1)					r
Less: Restricted for Debt Service Reserve (1)				-	f
Less: Other Restricted Net Position (1)					ŧ
Total Unrestricted Net Position (1)	454	ţ	•		454
Less: Designated for Non-Operating Improvements & Repairs		·····································			
Less: Designated for Rate Stabilization			٠		ţ
Less: Other Designated by Resolution					i
Plus: Accrued Unfunded Pension Liability (1)					ı
Plus: Accrued Unfunded Other Post-Employment Benefit Liability (1)					1
Plus: Estimated Income (Loss) on Current Year Operations (2)					1
Plus: Other Adjustments (attach schedule)	-				,
UNKESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET	454	j	•	:	454
Unrestricted Net Position Utilized to Balance Proposed Budget	1	1	,	ı	1
Unrestricted Net Position Utilized in Proposed Capital Budget	•	i	ŧ	1	•
Appropriation to Municipality/County (3)	1	1	į	r	ı
Total Unrestricted Net Position Utilized in Proposed Budget	1	\$	1		Marketinary the description was an exemple in the description of the d
PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR					
(4)	\$ 454 \$	· \$	. \$	٠.	\$ 454

4,000 (4) If Authority is projecting a deficit for any operation at the end of the budget period, the Authority must attach a statement explaining its plan to reduce the deficit, including the timeline for elimination of the deficit, if not already detailed in the budget narrative section. 4,000 \$ Maximum Allowable Appropriation to Municipality/County

Total of all operations for this line item must agree to audited financial statements.
 Include budgeted and unbudgeted use of unrestricted net position in the current year's operations.

<sup>(3)</sup> Amount may not exceed 5% of total operating appropriations. See calculation belaw.

2021 (2021-2022)
GLOUCESTER
TOWNSHIP
HOUSING
AUTHORITY

(Name)

HOUSING
AUTHORITY
CAPITAL
BUDGET/
PROGRAM

### 2021 (2021-2022) CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

### **Gloucester Township Housing Authority**

(Name)

FISCAL	FROM:1/1/2021	TO:12/31/2021
YEAR:	FROWE:1/1/2021	10:12/31/2021

enter X to the left if this parag	raph is applicable	
	g Authority Capital Budget/Program annexed hereto is	a true copy
of the Capital Budget/Program appro	ved, pursuant to N.J.A.C. 5:31-2.2, along with the Ann	nual Budget,
by the governing body of the	Housing Authority, on the	day of
,		
		•

### OR

[ X ] enter X to the left if this paragraph is applicable

It is hereby certified that the governing body of the Gloucester Township Housing Authority have elected **NOT** to adopt a Capital Budget /Program for the aforesaid fiscal year, pursuant to N.J.A.C. 5:31-2.2 for the following reason(s): The Authority's only source of revenue are management fees. There are no capital projects or assets.

Officer's Signature:	Merano	)	
Name:	Maria Iwano		
Title:	Acting Executive D	irector	
Address:	405 Woodbury Turn	nersville Road, Black	kwood, NJ 08012
Phone Number:	856-227-5077	Fax Number:	856-227-2993
E-mail address	m.iwano@gthousin	gauthority.org	

### 2021 (2021-2022) CAPITAL BUDGET/PROGRAM MESSAGE

### Gloucester Township Housing Authority

(Name)

FISCAL YEAR:

FROM:1/1/2021

TO:12/31/2021

This section is included in the Capital Budget pursuant to N.J.A.C. 5:31-2. It does not in itself confer any authorization to raise or expend funds. Rather, it is a document used as part of the Housing Authority's planning and management system. Specific authorization to spend funds for purposes described in this section must be granted elsewhere, by a separate financing agreement, security agreement, by resolution appropriating funds from the Renewal and Replacement Reserve, or other lawful means.

- 1. Has each municipality or county affected by the actions of the authority participated in the development of the capital plan and reviewed or approved the plans or projects included within the Capital Budget/Program (This may include the governing body or certain officials such as planning boards, Construction Code Officials) as to these Projects?
- 2. Has each capital project/project financing been developed from a specific plan or report and have the full life cycle costs of each been calculated?
- 3. Has a long-term (5 years or more) infrastructure needs and other capital items (Vehicles, Equipment) needs assessment been prepared?
- 4. If amounts are on Page CB-3 in the column Debt Authorizations. Indicate the primary source of funding the debt service for the Debt Authorizations (Example HUD Funding or Other sources)
- 5. Have the current capital projects been reviewed and approved by HUD?

Add additional sheets if necessary.

### **Proposed Capital Budget**

### **Gloucester Township Housing Authority**

For the Period

January 1, 2021

te

December 31, 2021

			Fu	nding Sources		
			Renewal &			
	Estimated Total	Unrestricted Net	Replacement	Debt	,	Other
	Cost	Position Utilized	Reserve	Authorization	Capital Grants	Sources
Public Housing Management		,			· · · · · · · · · · · · · · · · · · ·	
Type in Description	\$ -					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	~	_		-
Section 8						
Type in Description	-					
Type in Description	_					
Type in Description	-					
Type in Description	-					
Total	-	-	-			-
Housing Voucher			····			
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-		-	_		
Other Programs						
Type in Description	-					
- Type in Description	_					
Type in Description	-					
Type in Description	-					
Total		-	_	-	-	
TOTAL PROPOSED CAPITAL BUDGET	\$ -	\$	\$ -	\$ -	\$ - \$	-

Enter brief description of up to four projects for each operation above. For operations with more than four budgeted projects, please attach additional schedules. Input total amount of all projects for the operation on single line and enter "See Attached Schedule" instead of project description.

### 5 Year Capital Improvement Plan

Gloucester Township Housing Authority

For the Period

January 1, 2021

to

December 31, 2021

Fiscal Year Beginning in
--------------------------

	Estimat Co	ed Total ost	Current Budge Year 2021	et <b>2022</b>	2023	20	)24	2025	2026
Public Housing Management			<del></del>						
Type in Description	\$	-	\$	-				***************************************	
Type in Description		-		- [					
Type in Description		-		-					
Type In Description				-					
Total	-			_	-	_	-	-	
Section 8									
Type in Description				-					
Type in Description		-		-					
Type in Description		-		-					
Type in Description		-		-					
Total		-		-	-	_		-	
Housing Voucher									
Type in Description		-		-					·· · · · · · · · · · · · · · · · · · ·
Type in Description		-		-					
Type in Description		-		-					
Type in Description		-		-					
Total		-		-	-	-	_	-	
Other Programs									
Type in Description		*		~					
Type in Description		-		-					
Type in Description		_		-					
Type in Description		-		_					
Total		_		_	-	_	_		
TOTAL	\$	-	\$	- \$	- Ś	- \$	- \$	· • • • • • • • • • • • • • • • • • • •	\$

Project descriptions entered on Page CB-3 will carry forward to Pages CB-4 and CB-5. No need to re-enter project descriptions above.

### 5 Year Capital Improvement Plan Funding Sources

### Gloucester Township Housing Authority

For the Period

January 1, 2021

to

December 31, 2021

			Funding Sources				
	Estimated Total Cost		Renewal &				
			Unrestricted Net	Replacement	Debt Authorization	Capital Grants	Other Sources
			Position Utilized	Reserve			
Public Housing Management							
Type in Description	\$	-				·	
Type in Description		-	•				
Type in Description		-					
Type in Description		-					
Total		-		· <u>-</u>	<u> </u>		
Section 8	<del></del>						
Type in Description		_					
Type in Description		_					
Type in Description		_					
Type in Description		-				•	
Total		-					····
Housing Voucher							-
Type in Description		_					
Type in Description		_					
Type in Description		_					
Type in Description		_					
Total							
Other Programs					·		-
Type in Description	-	_					
Type in Description		_					
Type in Description		_		•			
Type in Description		_					
Total					<del></del>		
TOTAL	\$	<del></del>					
Total 5 Year Plan per CB-4	<del>'</del>		· · · · · · · · · · · · · · · · · · ·	\$ -	\$	\$ -	\$ -
Balance check	<b>&gt;</b>	-	mount is other than zei				

Project descriptions entered on Page CB-3 will carry forward to Pages CB-4 and CB-5. No need to re-enter project descriptions above.