### 2019 HOUSING AUTHORITY BUDGET

**Certification Section** 

2.	Long Branch	
×	(Name)	ÇFF NV S

### HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM <u>07/01/2019</u> TO <u>06/30/2020</u>

### 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 N.J.S.A. 40A:5A-11.

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

By: Paul D. Cwest CPA, RMA Date: 7/15/2019

### 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.

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

By: Paul D. Curch CPA, RMA Date: 8/5/2019

### 2019 PREPARER'S CERTIFICATION

Long B	ranch	
	(Name)	

### HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:

07/01/2019

TO:

06/30/2020

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:	Con	<u> </u>	
Name:	Cindy Toy		
Title:	Comptroller		
Address:	2 Hope Lane, Long	Branch, NJ 07740	
Phone Number:	732-571-6632	Fax Number:	732-222-1809
E-mail address	ctoy@lbhousing.org	3	

### 2019 APPROVAL CERTIFICATION

Long	Branch	
	(Name)	

### HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:

07/01/2019

TO:

06/30/2020

It is hereby certified that the Housing 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 <a href="Long Branch">Long Branch</a> Housing Authority, at an open public meeting held pursuant to <a href="N.J.A.C.">N.J.A.C.</a> 5:31-2.3, on the <a href="20th">20th</a> day of <a href="May">May</a>, <a href="2019">2019</a>.

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:	Glary 12	(h)	
Name:	Gloria Wright (		
Title:	Executive Director		
Address:	2 Hope Lane, Long B	Franch, NJ 07740	
Phone Number:	732-222-3747 ext 115	Fax Number:	732-222-1809
E-mail address	gwright@lbhousing.c	org	

### INTERNET WEBSITE CERTIFICATION

Authority's \	Veb Address: www.lbhousing.org
All authorities website. The	shall maintain either an Internet website or a webpage on the municipality's or county's internet purpose of the website or webpage shall be to provide increased public access to the authority's activities. N.J.S.A. 40A:5A-17.1 requires the following items to be included on the Authority's minimum for public disclosure. Check the boxes below to certify the Authority's compliance with
X	A description of the Authority's mission and responsibilities
, X	Commencing with 2013, the budgets for the current fiscal year and immediately preceding two prior years
	The most recent Comprehensive Annual Financial Report (Unaudited) or similar financial information
Ň	Commencing with 2012, the complete annual audits of the most recent fiscal year and immediately two prior years
X	The Authority's rules, regulations and official policy statements deemed relevant by the governing body of the authority to the interests of the residents within the authority's service area or jurisdiction
À	Notice posted pursuant to the "Open Public Meetings Act" for each meeting of the Authority, setting forth the time, date, location and agenda of each meeting
X	Beginning January 1, 2013, the approved minutes of each meeting of the Authority including all resolutions of the board and their committees, for at least three consecutive fiscal years
	The name, mailing address, electronic mail address and phone number of every person who exercises day-to-day supervision or management over some or all of the operations of the Authority
	A list of attorneys, advisors, consultants <u>and any other person</u> , firm, <u>business</u> , <u>partnership</u> , <u>corporation or other organization</u> which received any remuneration of \$17,500 or more during the preceding fiscal year <u>for any service whatsoever</u> rendered to the Authority.
webnage as	certified by the below authorized representative of the Authority that the Authority's website or identified above complies with the minimum statutory requirements of N.J.S.A. 40A:5A-17.1 as A check in each of the above boxes signifies compliance.

Name of Officer Certifying compliance

Title of Officer Certifying compliance

Signature

Gloria Wright

Page C-4

### 2019 HOUSING AUTHORITY BUDGET RESOLUT

### Long Branch

(Name)

RESOLUTION # DATE ITEM #

FISCAL YEAR:

FROM:

07/01/2019

TO:

06/30/2020

WHEREAS, the Annual Budget and Capital Budget for the Long Branch Housing Authority for the fiscal year beginning, 7/1/2019 and ending, 06/30/2020 has been presented before the governing body of the Long Branch Housing Authority at its open public meeting of 5/20/2019; and

WHEREAS, the Annual Budget as introduced reflects Total Revenues of \$ 13,975,581, Total Appropriations, including any Accumulated Deficit if any, of \$ 13.942.413 and Total Unrestricted Net Position utilized of \$0; and

WHEREAS, the Capital Budget as introduced reflects Total Capital Appropriations of \$833,300 and Total Unrestricted Net Position planned to be utilized as funding thereof, of \$ 0 ; and

WHEREAS, the schedule of rents, fees and other charges in effect will produce sufficient revenues, together with all other anticipated revenues to satisfy all obligations to the holders of bonds of the Authority, to meet operating expenses, capital outlays, debt service requirements, and to provide for such reserves, all as may be required by law, regulation or terms of contracts and agreements; and

WHEREAS, the Capital Budget/Program, pursuant to N.J.A.C. 5:31-2, does not confer any authorization to raise or expend funds; rather it is a document to be used as part of the said Authority's planning and management objectives. Specific authorization to expend funds for the purposes described in this section of the budget, must be granted elsewhere; by bond resolution, by a project financing agreement, by resolution appropriating funds from the Renewal and Replacement Reserve or other means provided by law.

NOW, THEREFORE BE IT RESOLVED, by the governing body of the Long Branch Housing Authority, at an open public meeting held on 5/20/2019 that the Annual Budget, including all related schedules, and the Capital Budget/Program of the Long Branch Housing Authority for the fiscal year beginning, 7/1/2019 and ending, 6/30/2020 is hereby approved; and

BE IT FURTHER RESOLVED, that the anticipated revenues as reflected in the Annual Budget are of sufficient amount to meet all proposed expenditures/expenses and all covenants, terms and provisions as stipulated in the said Housing Authority's outstanding debt obligations, capital lease arrangements, service contracts, and other pledged agreements; and

BE IT FURTHER RESOLVED, that the governing body of the Long Branch Housing Authority will consider the Annual Bugget and Capital Budget/Program for adoption on 6/17/2019 .

Gloria Wright, Secretai Executive Director

Governing Body

Aye Member:

Carl Jennings Andres Mejer

Donald Covin Michael Winnick

Maritza Berrios Dorthia Johnson

Nekesha Marshall

Recorded Vote

Nay

Abstain

Absent

Moved: Marshall Becond: Winni CK

### **Resolution 05-08-2019**

Gloria Wright, Secretary Date
Executive Director

Carl Jennings, Chairperson

Andres Mejer, Vice-Chairperson

Donald Covin, Commissioner

Michael Winnick, Commissioner

Nekesha Marshall, Commissioner

Dorthia Johnson, Commissioner

Maritza Berrios, Commissioner

Description of the last of the

### **2019 ADOPTION CERTIFICATION**

### Long Branch (Name)

### HOUSING AUTHORITY BUDGET

**FISCAL YEAR:** 

FROM:

07/01/2019

TO:

06/30/2020

It is hereby certified that the Housing Authority Budget and Capital Budget/Program annexed hereto is a true copy of the Budget adopted by the governing body of the Long Branch Housing Authority, pursuant to N.J.A.C. 5:31-2.3, on the 15th day of July, 2019.

	Waria XI	right	
Officer's Signature:	1 parasi	*// ///	
Name:	Gloria Wright	0	
Title:	Executive Director		
Address:	2 Hope Lane, Long	Branch, NJ 07740	
Phone Number:	732-222-3747 ext 115	Fax Number:	732-222-1809
E-mail address	gwright@lbhousing	g.org	

### 2019 ADOPTED BUDGET RESOLUTION

### Long Branch (Name)

RESOLUTION # DATE ITEM #

### HOUSING AUTHORITY

FISCAL YEAR:

FROM:

07/01/2019

TO:

06/30/2020

WHEREAS, the Annual Budget and Capital Budget/Program for the Long Branch Housing Authority for the fiscal year beginning 7/1/2019 and ending, 6/30/2020 has been presented for adoption before the governing body of the Long Branch Housing Authority at its open public meeting of 7/15/2019; and

WHEREAS, the Annual Budget and Capital Budget as presented for adoption reflects each item of revenue and appropriation in the same amount and title as set forth in the introduced and approved budget, including all amendments thereto, if any, which have been approved by the Director of the Division of Local Government Services; and

WHEREAS, the Annual Budget as presented for adoption reflects Total Revenues of \$ 14,135,559, Total Appropriations, including any Accumulated Deficit, if any, of \$ 14,102,391 and Total Unrestricted Net Position utilized of \$ 0; and

WHEREAS, the Capital Budget as presented for adoption reflects Total Capital Appropriations of \$ 673,572 and Total Unrestricted Net Position planned to be utilized of \$ 0;

NOW, THEREFORE BE IT RESOLVED, by the governing body of Long Branch Housing Authority for the fiscal year beginning 7/1/2019 and ending, 6/30/2020 has been presented for adoption before the Housing Authority, at an open public meeting held on 7/15/2019 that the Annual Budget and Capital Budget/Program of the Long Branch Housing Authority for the fiscal year beginning, 7/1/2019 and, ending, 6/30/2020 is hereby adopted and shall constitute appropriations for the purposes stated; and

BE IT FURTHER RESOLVED, that the Annual Budget and Capital Budget/Program as presented for adoption reflects each item of revenue and appropriation in the same amount and title as set forth in the introduced and approved budget, including all amendments thereto, if any, which have been approved by the Director of the Division of Local Government Services, N.J. Department of Community Affairs.

Executive Director

Recorded Vote

Aye

Nay

Abstain

Absent

(15,2019 (Date)

Carl Jennings Andres Mejer

Governing Body

Member:

Donald Covin

Michael Winnick

Maritza Berrios Dorthia Johnson

Nekesha Marsha

### **Resolution 07-06-2019**

Carl Jennings, Chairman

Carl Jennings, Chairman

Nekesha Marshall, Vice-Chairwomen

Donald Covin, Commissioner

Dorthia Johnson, Commissioner

Maritza Berrios, Commissioner

### 2019 HOUSING AUTHORITY BUDGET

**Narrative and Information Section** 

### 2019 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS Long Branch

### **AUTHORITY BUDGET**

FISCAL YEAR:

FROM:

07/01/2019

TO:

06/30/2020

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

1. Complete a brief statement on the 2019/2019-2020 proposed Annual Budget and make comparison to the 2018/2018-2019 adopted budget for each operation. Explain any variances over +/-10% (As shown on budget page F-4 explain the reason for changes for each appropriation changing more than 10%) for each line item by operation. 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. For example, if anticipated service charges have increased 15% due to an increase in rates, provide documentation of how the increase occurred (Example Rate Increase authorized by resolution or by HUD).

·Line item explanation: see attachment.

2. Complete a brief statement on the impact the proposed Annual Budget will have on Anticipated Revenues, especially service charges and on the general purpose/component unit financial statements. Explain significant increases or decreases, if any. An increase or decrease is considered significant if it is over +/-10% (As shown on budget page F-2 explain reason for change for each revenue changing more than 10%) from the current year adopted budget.

·Line item explanation: see attachment.

3. Describe the state of the local/regional economy and how it may impact the proposed Annual Budget, including the planned Capital Budget/Program.

The Authority is exploring potential development projects in cooperation with local government. If these projects were successful, they will generate development revenue, job opportunities, and property management capacity for the Authority.

4. 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.

There is no utilization of Unrestricted Net Position in the proposed Annual Budget.

5. Identify any sources of funds transferred to the County/Municipality as a budget subsidy or a shared service and explain the reason for the transfer (i.e.: to balance the County/Municipality budget, etc.).

There is no sources of funds transferred to the County/Municipality as a budget subsidy or a shared service.

6. The proposed budget must not reflect an anticipated deficit from 2019/2019-2020 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. (Prepare a response to deficits caused by the implementation of GASB 68, 45)

The Authority as of June 30, 2018 reported accrued pension (GASB 68) and OPEB (GASB 75) liability amounts as follows:

Accrued OPEB Liability \$12,136,451
Accrued Pension Liability \$ 6,754,756
Total Liability \$18,891,207

The Unrestricted Net Position is \$2,121,589. There is no deficit.

### HOUSING AUTHORITY CONTACT INFORMATION 2019

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

Name of Authority:	Long Branch Housing Au	ithority		
Federal ID Number:	21-6000746			
Address:	2 Hope Lane			
City, State, Zip:	Long Branch		NJ	07740
Phone: (ext.)	732-222-3747	Fax:	732-22	22-1809
D. Warner	Cindy Toy			
Preparer's Name:	2 Hope Lane			
Preparer's Address:	2 Hope Lane			
City, State, Zip:	Long Branch		NJ	07740
Phone: (ext.)	732-222-3747 x 132	Fax:	732-22	22-1809
E-mail:	ctoy@lbhsouing.org			
- W. W			== <del>\</del>	
Chief Executive Officer:	Gloria Wright		722.00	22-1809
Phone: (ext.)	732-222-3747 x 115	Fax:	132-22	22-1809
E-mail:	gwright@lbhousing.org			
Chief Financial Officer:	Cindy Toy			
		ax: 7:	32-222-180	)9
Phone: (ext.)	132			N
E-mail:	ctoy@lbhsouing.org			
	Anthony Giampaolo			
Name of Auditor:		iomnoslo		
Name of Firm:	Hymanson, Parnes and G			
Address:	467 Middletown Lincroft	Koad		
City, State, Zip:	Lincroft	V	NJ	07738
Phone: (ext.)	732-842-4550	Fax:	732-84	2-4551
E-mail:	tony@hpgnj.com			

### HOUSING AUTHORITY INFORMATIONAL **QUESTIONNAIRE**

### **Long Branch**

7/1/2019

TO:

6/30/2020

	FISCAL YEAR:	FROM:	7/1/2019	TO:	6/30/2020
			. 1:6		
Ans	wer all questions below completely a	nd attach addit	ional information a	as required. 7-2 Avoilob	Jo 2017 or 2018) as
1.	n 1 - 4 - number of individuals en	nniovea in (U	se miosi keceni vi	-5 Availau	QQ 2017 01 2010) as
	reported on the Authority's Form W-i Provide the amount of total salaries a	3, I ransmillai	on wage and rax is	thority's Fo	rm W-3 (Use Most
2)	Provide the amount of total salaries a Recent W-3 Available 2017 or 2018	Transmittal	of Wage and Tax S	tatements.	\$2.810.446.09
	Recent W-3 Available 2017 or 2016 Provide the number of regular voting	mambers of the	be governing body.	7	<u> </u>
3)	Provide the number of regular voting Provide the number of alternate voting	a members of	the governing body	v: 0	
4)	- · · Dogo N / ho	we a family of	· business relations	nid willi ali	y other person listed
5)	D NI 4 Junior the current t	iscal vear?	no <i>it ves.</i>	anacn a	aescription of the
	1 : - leding the names of the	ne individuals	involvea ana ineir .	positions at	ine Auinoruy.
0	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d to tile a Fir	ianciai Disclosure	Statement 1	of the current fiscar
6)	To a Decemb Filing that Marc	h 31 2018 or	ZIIIY deadiine nas	s passeu zu.	10 OF ZULY) DECAUSE
	C. I . I . I	rity file the t	orm as required?	(Checked i	o see ii maividuais
	actually filed at http://www.state.n	j.us/dca/divis	sions/digs/resourc	es/ias.nun	i before answering)
	If "no" provide a lis	t of those ind	ividuals who faile	d to file a I	Financial Disclosure
	a i a demonstration as to th	e reason for th	eir failure to file.		
7)	- I A Marie horro any amount	s receivable II	om current or toril	er commiss	ioners, officers, key
,,	1 highart compensated	employees/	no 11	ves, ana	ch a usi of inose
	individuals, their position, the amo	ount receivabl	e, and a descript	ion of the	amount due to the
	4 .7 **.		*1	12	
8)	Was the Authority a party to a busine	ss transaction	with one of the following	igheet com	cs. consisted employee?
	a. A current or former commission	ner, officer, K	ey employee, of n	ignesi com	ensaica employee.
	b. A family member of a current	or former c	ommissioner offic	eer kev en	nplovee, or highest
	11orroo? no				
	c. An entity of which a current	or former co	ommissioner, offic	er, key em	ployee, or highest
	c. An entity of which a current compensated employee (or fami	ly member the	ereof) was an offic	er or direct	or indirect owner?
	_				
	to an of the above is "	yes," attach a	description of the	transaction	including the name
	· · · · · · · · · · · · · · · · · · ·	unlavee or hi	onest compensaied	i emplovee	for jumily member
	I A fals farthauity the name of	f the entity and	d relationsnip to th	e inaiviauai	or jumily member,
	· · · · · · · · · · · · · · · · · · ·	neaction was	иптест то а сотрен	uive via pro	cess.
9)	the most	recent tisca	vear pay premium	is. unccuy	of municomy, on a
	personal benefit contract? A person endowment contract that benefits, di	al benefit con	ectly the transfero	r a membe	r of the transferor's
	endowment contract that benefits, differently, or any other person designate	d by the trans	feror no	If "ves."	attach a description
	of the arrangement, the premiums pa	id by the trans	e the beneficiary of	the contrac	at.
	of the arrangement, the premiums par	in, with the total	2 Miles (2 M		

10) Explain the Authority's process for determining compensation for all persons listed on Page N-4. Include whether the Authority's process includes any of the following: 1) review and approval by the commissioners or a committee thereof; 2) study or survey of compensation data for comparable positions in similarly sized entities; 3) annual or periodic performance evaluation; 4) independent compensation consultant; and/or 5) written employment contract. Attach a narrative of your
Anthonities procedures for all employees.
11) Did the Authority pay for meals or catering during the current fiscal year? Yes If "yes," attach
a detailed list of all meals and/or catering invoices for the current fiscal year and provide an
a detailed usi of all means and or calcing invoices, and a series of all the series of the series and are series distant
explanation for each expenditure listed.  12) Did the Authority pay for travel expenses for any employee or individual listed on Page N-4?
ves If "yes," attach a detailed list of all travel expenses for the current fiscal year and
provide an explanation for each expenditure listed.
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 travel <u>no</u>
b. Travel for companions <u>no</u>
c. Tax indemnification and gross-up payments <u>no</u>
d. Discretionary spending accountno
e. Housing allowance or residence for personal use <u>no</u>
f. Payments for business use of personal residence <u>no</u>
g. Vehicle/auto allowance or vehicle for personal use <u>no</u>
h. Health or social club dues or initiation fees <u>no</u>
: Demonal 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
I a sition of the individual and the amount expended.
14) Did the Authority follow a written policy regarding payment or reimbursement for expenses incurred
by ampleyoes 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 1/
"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? <u>no</u> 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? N/A If "no," attach a description of the Authority's plan to
and a sempliance with its Continuing Disclosure Agreements in the future.
18) Did the Authority receive any notices from the Department of Housing and Urban Development or
the authority's regarding maintenance or repairs required to the Authority's facilities to bring them
into compliance with current regulations and standards that it has not yet taken action to remediate?
If "yes" attach explanation as to why the Authority has not yet undertaken the required
interpret or repairs and describe the Authority's plan to address the conditions identified.
10) Did the Authority receive any notices of fines or assessments from the Department of Housing and
Listen Davidonment or any other entity due to noncompliance with current regulations? no
If "yes," attach a description of the event or condition that resulted in the fine or assessment and
' 1' / 1' of the fine or assessment
20) He she 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 Long Branch

06/30/2020 07/01/2019 TO: FROM: FISCAL YEAR:

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 former 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.
- List all of the Authority's former 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 all 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: 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, 2019, the calendar year 2013 W-2 and 1099 should be used (60 days prior to start of budget year is November 1, 2014, with 2013 being the most recent calendar year ended), and for fiscal years ending June 30, 2019, the calendar year 2014 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2019, with 2014 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)

				Long Brai	nch Housi	Long Branch Housing Authority										
a	For the Period	July 1, 2019	n D		_	June 30, 2020		۔	Σ	z	0	۵	Ø	æ	v	-
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			d	Doellion	-	Keportable Compensation Irom Authority (W-2/ 1099)	V-2/ 1099	HIQU.				0.00				
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					_								2000		of other	
				Hi	_		ð	Other (auto	Estimated		Names of Other		Hours per	,	10000	
				ghe			æ	allowance, at	amount of other		Public Entities where		Week		compensation from	
							T)	exbense	compensation		Individual is an				Other Public Entitles	
		Average Hours			_		10	account,	from the		Employee or	Positions held at	_	Compensation	(health benefits,	
		-		En			Da	payment in	Authority	Total	Member of the	Other Public			pension, payment in	Total
		-		ensi nplo	For	Base Salary/	<u>i</u> i.		(health benefits,	Compensation	Governing Body (1) Entities Listed in Entities Listed	Entities Listed in		Public Entities	lieu of health	Compensation
Name	Title		fice	ye	me	Stipend Bonus		_	pension, etc.)	from Authority	See note below	Column O	in Column O	(W-2/ 1099)	benefits, etc.)	All Public Entities
1 Gloria Wright	Executive Director	35		-	S	\$ 101,091 \$	5	1	\$ 15,000	\$ 116,091 none	none		0	0	0	\$ 116,091
2 Carl Jennings	Chairman	•	نوز			0	0	0	0		0 City of Long Branch Dir of Recreation	Dir of Recreation	40	100,500	15,000	115,500
3 Donald Covin	Vice Chairman					0	0	0	0		0 Long Branch Board of President	f President	10	0	0	0 -
4 Michael Winnick	Commissioner					0	0	0	0		0 none		0	0	0	0
5 Dorthia Johnson	Commissioner	,	*			0	0	0	0		0 none		Đ	0	0	0
6 Andres Mejer	Commissioner	-200	×			0	0	0	0		0 none		0	O	0	0
7 Maritza Berrios	Commissioner		×			0	0	0	0		0 none		0	0	0	0
8 Nekesha Marshall	Commissioner	~.0	×			0	0	0	0		0 City of Long Branch	Library staff	40	39,710	15,000	54,710
9 Lou Carretta	Assist ED-maint	38	×			117,589	0	0	15,000	) 132,589 none	none		0	0	0	132,589
10 Cindy Toy	Comptroller	35	×			137,832	0	0	15,000	152,832 none	none		0	0	0	152,832
11										٥						0
12										0	_					0
13										0	_					0
14				1.5						0						0
15										0						0
Total:					٠,	\$ 356,512 \$	\$		\$ 45,000	) \$ 401,512	<b>←</b>			\$ 140,210	\$ 30,000	\$ 571,722
											Į i					

(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

June 30, 2020

to

Long Branch Housing Authority For the Period  $$\operatorname{July}$  1, 2019

		Annual Cost						
	# of Covered	Estimate per	Total Cost	# of Covered				
	Members	Employee	Estimate	Members	Annual Cost			
	(Medical & Rx)	Proposed	Proposed	(Medical & Rx)	per Employee	Total Prior Year	\$ Increase	% Increase
	<b>Proposed Budget</b>	Budget	Budget	Current Year	Current Year	Cost	(Decrease)	(Decrease)
Active Employees - Health Benefits - Annual Cost			ı		ŀ	ı	4	/02 V E
Single Coverage	5	\$ 11,962	\$ 59,810	m	ı,	\$ 34,236	ጉ	74.7%
Parent & Child	13	21,634	281,241	12		259,488	21,753	8.4%
Employee & Spouse (or Partner)	7	23,209	162,464	6	24,084	216,756	(54,292)	-25.0%
Family	6	32,370	291,326	9	26,460	158,760	132,566	83.5%
Employee Cost Sharing Contribution (enter as negative - )		,	(105,412)				] (105,412)	#DIV/0!
Subtotal	34		689,429	30		669,240	20,189	3.0%
Commissioners - Health Benefits - Annual Cost								
Single Coverage			•			**	•/	#DIV/0!
Parent & Child			(9)			*/	40	#DIV/0!
Employee & Spouse (or Partner)			*			(10)	996	#DIV/0i
Family			8				i.	#DIV/0]
Employee Cost Sharing Contribution (enter as negative - )								#DIV/0!
Subtotal		0		)	0			#DIV/0i
Retirees - Health Benefits - Annual Cost								
Single Coverage		7 3,153	22,073		7,944	47,664	(15,591)	-53.7%
Parent & Child			-1			80	*	#DIV/01
Employee & Spouse (or Partner)		5 11,729	58,644		5 18,888	94,440	(35,796)	-37.9%
Family			,				· 1	#DIV/0!
Employee Cost Sharing Contribution (enter as negative - )								#DIN/0i
Subtotal	1	12	80,717	11	1	142,104	4 (61,387)	-43.2%
							8	_
GRAND TOTAL	4	46	\$ 770,146	41	<b>н</b>	\$ 811,344	4 \$ (41,198)	-5.1%
Is medical coverage provided by the SHBP (Yes or No)? (Place Answer i	e Answer in Box)		ves	Tyes or No				
Is prescription drug coverage provided by the SHBP (Yes or No)? (Place Answer in Box)	)? (Place Answer in I	Box)	yes	Yes or No				

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

# Schedule of Accumulated Liability for Compensated Absences

Long Branch Housing Authority

ylnr

For the Period

July 1, 2019

to

June 30, 2020

Legal Basis for Benefit (check applicable items)

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

Agreement Employment laubivibal Resolution Agreement Labor Approved 156,600 **Absence Liability Dollar Value of** Compensated Accrued **Gross Days of Accumulated Compensated Absences at** beginning of Current Year Individuals Eligible for Benefit See attached detail The total Amount Should agree to most recently issued audit report for the Authority

156,600

Total liability for accumulated compensated absences at beginning of current year \$

# Schedule of Shared Service Agreements

Long Branch Housing Authority July 1, 2019 to

For the Period

June 30, 2020

Enter the shared service agreements	Enter the shared service agreements that the Authority currently engages in and identify the amount that is received/paid for those services.	in and identify the amount that is re	eceived/paid for those services.			Amount to be	
			Comments (Enter more specifics if	Agreement Effective	Agreement	Received by/ Paid from	
Name of Entity Providing Service	Name of Entity Receiving Service	Type of Shared Service Provided	needed)	Date	End Date	Authority	
Long Branch Housing Authority	Red Bank Housing Authority	Financial, Operational management, Redevlopment		1/1/2018	1/1/2018   12/31/2018   \$	\$ 90,000	
		47					
			If No Shared Services X this Box		_		1 5

### 2019 HOUSING AUTHORITY BUDGET

**Financial Schedules Section** 

### SUMMARY

For the Period	Long Bre July 1, 2019	Long Branch Housing Authority 1, 2019 to	; Authority to	June 30, 2020				
		FY 20.	FY 2020 Proposed Budget	Budaet		FY 2019 Adopted Budget	\$ Increase (Decrease) Proposed vs. Adopted	% Increase (Decrease) Proposed vs. Adopted
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operations	All Operations All Operations	II Operations
REVENUES								
Total Operating Revenues	\$ 3,667,127	τ.	\$ 9,951,255	\$ 482,728	\$ 14,101,110	\$ 16,299,520	\$ (2,198,410)	-13.5%
Total Non-Operating Revenues	34,449	×		1	34,449	68,072	(33,623)	-49.4%
Total Anticipated Revenues	3,701,576	E	9,951,255	482,728	14,135,559	16,367,592	(2,232,033)	-13.6%
APPROPRIATIONS								
Total Administration	1,757,614	Ē	608,806	164,750	2,531,170	3,558,197	(1,027,027)	-28.9%
Total Cost of Providing Services	1,914,243	16)	9,339,000	158,000	11,411,243	12,698,421	(1,287,178)	-10.1%
Total Principal Payments on Debt Service in Lieu of Depreciation	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX	120,000	115,000	5,000	4.3%
Total Operating Appropriations	3,671,857	Ÿ	9,947,806	322,750	14,062,413	16,371,618	(2,309,205)	-14.1%
Total Interest Payments on Debt Total Other Non-Operating Appropriations	XXXXXXXXXX XXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	39,978	45,009	(5,031)	-11.2% #DIV/0!
Total Non-Operating Appropriations	•	#:			39,978	45,009	(5,031)	-11.2%
Accumulated Deficit	9				D		.(E)	#DIV/0i
Total Appropriations and Accumulated Deficit	3,671,857		9,947,806	322,750	14,102,391	16,416,627	(2,314,236)	-14.1%
Less: Total Unrestricted Net Position Utilized			3			*		#DIV/0i
Net Total Appropriations	3,671,857		9,947,806	322,750	14,102,391	16,416,627	(2,314,236)	-14.1%
ANTICIPATED SURPLUS (DEFICIT)	\$ 29,719	\$	- \$ 3,449	\$ 159,978	\$ 33,168	\$ (49,035)	\$ 82,203	-167.6%

### CUT-OFF DATE : 03/23/2020

: MONTHLY

FREQUENCY

## STATE OF NEW JERSEY

815AP2-1

REPORT NO PAGE NO

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DEPARTMENT OF THE TREASURY

DIVISION OF PENSIONS AND BENEFITS

STATE HEALTH INFORMATION PROCESSING SYSTEM

MONTHLY ALPHA LIST FOR BILLING PERIOD 04/01/2020 - 04/30/2020 (202004) LOCAL/ACTIVE/MONTHLY

120600	- 01	LONG BRANCH CITY HOUSING AUTH	TY HOUSING		Ė	TAMENT	1 6 6 6 1	þ	ָּרְ אָנְאָנָהָרָרָ רָּ
NAME	1 1 1 1 1 1 1 1 1	NSS	DOB	EFF DA	SRV L EFF DATE	SRV L EFF DATE	COST	COST	COST
AMATO	DEIRDRE	L 143786582	19850123			317 P 20190201	00.00	00.00	37.60
AMEDU	DOROTHY	428042525	19590516	150 S 20200101	201 S 20200101	317 S 20190201	776.08	146.98	17.85
ARCE	MAX	G 140882141	19891212	011 P 20200101	201 P 20190501	317 P 20190501	1349.23	263.09	37.60
ASTACIO	DAVID	137624356	19661129	150 F 20190501	201 F 20190501	317 F 20190501	2165.26	410.07	50.75
ASTACIO	MERARI	582373366	19690218	(SPOUSE INFO)					
BANKS	SOPHIA	155602103	19680304	056 S 20190501	207 S 20190501	317 S 20190501	608.56	122.11	17.85
BLANCO	IRIS	V 145609139	19670219	150 P 20190501	201 P 20190501	317 P 20190501	1389.18	263.09	37.60
BROWN	CHARLES	J 142669110	19741026	011 F 20200101	201 F 20190101	317 F 20190201	2102.99	410.07	50.75
ROGG	NICOLE	153682887	19710821	(SPOUSE INFO)					
COX	TIMMY	L 143648450	19710514	150 F 20190731	201 F 20190731	317 F 20200101	2165.26	410.07	50.75
COX	CAROLYN	138623364	19730809	(SPOUSE INFO)					
DAVIS	DONNA	147686711	19680101	150 P 20100701	201 P 20100701	317 P 20190201	1389.18	263.09	37.60
EPPS	JAMAL	M 137622839	19730422	050 P 20190105	201 P 20190105	317 P 20190201	1458.81	263.09	37.60
GONZALEZ-SANTIA MORENA	MORENA	B 153115201	19760927	150 F 20200101	201 F 20190101	317 F 20190201	2165.26	410.07	50.75
SANTIAGO	LUIS	148669435	19771025	(SPOUSE INFO)					
HICKS	NICHELL	138747769	19670322	150 P 20190501	201 P 20190501	317 P 20190501	1389.18	263.09	37.60
JABLIN	JODY	078440491	19580411	050 M 20191207	201 M 20191207	317 M 20191207	1629.96	293.96	31.04
JABLIN	RENEE	102520296	19581128	(SPOUSE INFO)					
COHNSON	JAMIE	142608757	19620809	011 P 20200101	201 P 20190501	317 P 20190501	1349.23	263.09	37.60
LAKHANI	NEEL	379926535	19830325	150 M 20190501	201 M 20190501	317 M 20200101	1552.16	293.96	31.04
LAKHANI	MIRITA	077967289	19820724	(SPOUSE INFO)					
LAWS	DAVID	J 148702600	19651206	011 S 20200101	201 S 20200101	317 S 20190201	753.76	146.98	17.85
LEZIN	GERALD	F 591685177	19570320	150 S 20190501	201 S 20190501	317 S 20190501	776.08	146.98	17.85
MARINO	DANIEL	P 150742526	19670413			317 S 20190201	00.00	00.00	17.85
MORALES	TIFFANY	M 135881250	19890903	011 P 20200101	201 P 20130817	317 P 20190201	1349.23	263.09	37.60
NARVAEZ	ISIDORO	M 582115187	19630613	150 M 20200101	201 M 20190501	317 M 20190501	1552.16	293.96	31.04
MONTANEZ	NYDIA	M 138642717	19610120	(SPOUSE INFO)					

### STATE OF NEW JERSEY : 03/23/2020

: MONTHLY

CUT-OFF DATE FREQUENCY

DEPARTMENT OF THE TREASURY

815AP2-1  $\vdash$ . .. REPORT NO PAGE NO

DIVISION OF PENSIONS AND BENEFITS

MONTHLY ALPHA LIST FOR BILLING PERIOD 04/01/2020 - 04/30/2020 (202004) STATE HEALTH INFORMATION PROCESSING SYSTEM

LOCAL/RETIRED/MONTHLY

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NAME		SSNDOB	SRV LEVL EFF DATE	SRV LVL EFF DTE	COSI	COST	-CONTRIBUTION-
BRANDT	PATRICIA	A 056400831 19481206	181 S-Y 20200101		329.53	00.00	00.0
BUCK	ELEANOR	M 138342415 19421105	181 S-Y 20200101		329.53	00.00	00.00
CAMPIONE	CHRISTOPHE	J 151442578 19520220	181 M-YY 20200201		659.07	00.00	00.00
CAMPIONE	CAROLE	138480808 19530509	(SPOUSE INFO)				
CARRETTA	TOD	0 136449754 19501010	050 M-YN 20200301		1019.49	00.00	00.0
CARRETTA	MICHELE	148488240 19560620	(SPOUSE INFO)				
GOODE	KATHY	J 141563051 19581212	050 S 20110201		858.87	00.00	00.00
HASKINS-KELLY	VICTORIA	F 150609876 19640808	150 S 20200301		146.81-	00.00	00.00
LAU	WILLIAM	J 141346914 19431225	181 M-YY 20200101		659.07	00.00	00.00
LAU	EILEEN	157344276 19430410	(SPOUSE INFO)				
MAYERS-HEERY	MARGARETTA	A S 153282218 19380825	182 S-Y 20200101		314.26	00.00	00.00
MORRELL	STELLA	M 138481218 19540621	181 M-YY 20200101		659.07	00.00	00.00
MORRELL	ALBERT	154483035 19540429	(SPOUSE INFO)				
NILL	KAREN	K 151361274 19451109	182 S-Y 20200101		314.26	00.00	00.00
PAREKH	LAVANYA	112629877 19550809	050 M-NY 20180401		1019,49	00.00	00.00
PAREKH	PRABODH	154649534 19520604	(SPOUSE INFO)				
PHILLIPS	RANDOLPH	142322730 19430709	182 S-Y 20200101		314.26	00.00	00.00
SCALZO	BERNITA	R 151227225 19320312	182 S-Y 20200101		314.26	00.00	00.00
SIMEONE	ANGELO	C 120283864 19360320	182 M-YY 20200101		628.54	00.00	00.00
SIMEONE	EILEEN	109348415 19460123	(SPOUSE INFO)				
TABUADA	PONCIAMO	131806176 19521219	182 M-YY 20200201		628.54	00.00	00.00
TABUADA	LUCIA	131806174 19510916	(SPOUSE INFO)				
TOY	CINDY	S 114704353 19610925	150 M-NN 20191101		1777.73	00.00	00.00
TOY	ALVIN	108544791 19610527	(SPOUSE INFO)				

9,679.16

TOTAL BILL

16

TOTAL EMPLOYEES

### 2019 LONG BRANCH

(Name)

### HOUSING AUTHORITY CAPITAL BUDGET/ PROGRAM

### 2019 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

### Long Branch (Name)

FROM:

FISCAL YEAR:

07/01/2019

06/30/2020

TO:

			Sudget/Program annexed hereto J.A.C. 5:31-2.2, along with the uthority, on the <u>20th</u> day of
		R	
I lis hereby cer elected <u>NOT</u> to adopt a Cap 5:31-2.2 for the follo	ital Budget /Program for	oody of the the aforesaid fis	Housing Authority have cal year, pursuant to N.J.A.C.
Officer's Signature:	Derios	nel 1	
Name:	Gloria Wright		
Title:	Executive Director		
Address:	2 Hope Lane, Long Br	anch, NJ 07740	
Phone Number:	732-222-3747 ext 115	Fax Number:	732-222-1809
E-mail address	gwright@lbhousing.or	g	

### 2019 CAPITAL BUDGET/PROGRAM MESSAGE

### **Long Branch** Housing Authority

FISCAL YEAR:

FROM:

07/01/2019

TO:

06/30/2020

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 the Capital Budget/Program been prepared in consultation with or reviewed by, the local and county planning board(s), governing body(ies), or other affected governmental entity(ies) of the jurisdiction(s) served by the Housing Authority? Yes.
- 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?

  Yes.
- 3. Has the Housing Authority prepared a long-term (10-20 years) infrastructure needs assessment? Yes.
- 4. Are any of the capital projects/project financings being undertaken in a community that has a State Plan designated center? If so, please describe the relationship of same to the center's goals and objectives.
  No.
- Describe the impact on the schedule of rents and/or user charges if the proposed capital projects are undertaken. Indicate the impact on current and future year's schedules.
   There is no change on the schedule of rents / user charges.
- 6. Have the projects been reviewed and approved by HUD? Yes.

Add additional sheets if necessary.

### **Proposed Capital Budget**

### Long Branch Housing Authority

For the Period

July 1, 2019

to

June 30, 2020

			Fui	nding Sources		
			Renewal &			
	Estimated Total	<b>Unrestricted Net</b>	Replacement	Debt		Other
	Cost	Position Utilized	Reserve	Authorization	Capital Grants	Sources
D. I.C. III						
Public Housing Management	\$ 673,572				\$ 673,572	
Dwelling structure improvement	3.5/5.5					
Type in Description	1					
Type in Description	1/2					
Type in Description	672.572	-			673,572	-
Total	673,572					
Section 8	_					
Type in Description	*					
Type in Description						
Type in Description	=					
Type in Description						
Total						
Housing Voucher	-					
Type in Description	=	1				
Type in Description	=					
Type in Description						
Type in Description				8		¥
Total		<u> </u>				
Other Programs	_					
Type in Description						
Type in Description						
Type in Description	<b>9</b>					
Type in Description						-
Total		-	<u>~</u>	\$ -	\$ 673,572	\$ -
TOTAL PROPOSED CAPITAL BUDGET	\$ 673,572	ş -	\$ -	Ş -	7 0/5/5/2	11

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

For the Period

Long Branch Housing Authority

July 1, 2019

to

June 30, 2020

Fiscal Year Beginning in

	Estimated Total Cost	Current Bu	_	021	2022	20	23	2024	2025
Public Housing Management	¢ 2.040.217	\$ 67	3,572 \$53	12,957 \$	624,450	\$ 4:	10,065 \$	411,968	\$ 416,305
Dwelling structure improvemen	\$ 3,049,317	Ş 07.	5,5,2	,	•				
Type in Description	5		-						
Type in Description	·		-						
Type in Description	- 2 040 317		3,572 5:	12,957	624,450	4:	10,065	411,968	416,305
Total	3,049,317		3,372 3.						
Section 8									
Type in Description	=								
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Type in Description			- 21				720		
Total		D		18					
Housing Voucher									
Type in Description	- X		20						
Type in Description	1 <u>4</u> 1								
Type in Description	•								
Type in Description		-					•		(#)
Total									
Other Programs				_					
Type in Description			-						
Type in Description	-		:=:						
Type in Description	170								
Type in Description				1747			•	4	
Total				12,957 \$	624,450	\$ 4	10,065 \$	411,968	\$ 416,305
TOTAL	\$ 3,049,317	\$ 67	73,572 \$5	15,331 4	024,430			A CONTRACTOR OF THE PARTY OF TH	

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**

### Long Branch Housing Authority

For the Period

July 1, 2019

to

June 30, 2020

					Fui	nding Sources		
					Renewal &			
	Fetin	nated Total	Unrestricted N	let	Replacement	Debt		
	LJUI	Cost	Position Utiliz		Reserve	Authorization	<b>Capital Grants</b>	Other Sources
Public Housing Management							¢ 2.040.217	
Dwelling structure improvemer	\$	3,049,317					\$ 3,049,317	
Type in Description		<b>3</b> 60						
Type in Description		<b>.</b>						
Type in Description		49					3,049,317	
Total	Le:	3,049,317		-			3,049,517	
Section 8								
Type in Description		: <b>5</b> 5						
Type in Description		(48)						
Type in Description		372						
Type in Description		**					( <u>.</u>	-
Total			-	=		<u> </u>		
Housing Voucher								
Type in Description		***						
Type in Description		*						
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Type in Description							7.6	
Total		-						
Other Programs								
Type in Description		-						
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Total	-				\$	\$ -	\$ 3,049,317	\$ -
TOTAL	\$	3,049,317	\$		<u> </u>	7	7 -7-	
Total 5 Year Plan per CB-4	\$	3,049,317				acts listed above	match projects list	red on CB-4.
Balance check		- If	amount is other the	an zei	ro, verijy tnat proje	בנוג ווגופט שטטעפ ו	nucen projects nat	<del></del>

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.

### N-1.1

Appropriation Line Item Variance Explanations

### N-1.1

Appropriation Line Item Variance Explanations

- ·Admin salary & wages: Salary is reduced due to staff downsizing.
- ·Legal: The legal budget from component units is not included in this budget. There is no major change in the budget for Public Housing Management and Housing Voucher programs.
- Training & Travel: The training & travel budget from component units is not included in this budget. There is no major change in the budget for Public Housing Management and Housing Voucher programs.
- ·Accounting fees: The accounting budget from component units is not included in this budget. There is no major change in the budget for Public Housing Management and Housing Voucher programs.
- ·Auditing fees: The auditing budget from component units is not included in this budget. There is no major change in the budget for Public Housing Management and Housing Voucher programs.
- ·Misc. Administration: The misc. admin. budget from component units is not included in this budget. There is no major change in the budget for Public Housing Management and Housing Voucher programs.
- ·Salary & wages- Maintenance & Operation: The maintenance salary budget from component units is not included in this budget. There is no major change in the budget for Public Housing Management and Housing Voucher programs.
- ·Fringe Benefits: The fringe benefit budget from component units is not included in this budget. There is no major change in the budget for Public Housing Management and Housing Voucher programs.
- ·Tenant Services: The tenant service budget is reduced by \$2,000 based on 2018 actual spending.
- ·Maintenance & Operation: The maintenance budget from component units is not included in this budget. There is no major change in the budget for Public Housing Management and Housing Voucher programs.
- ·Insurance: The insurance budget from component units is not included in this budget. There is no major change in the budget for Public Housing Management and Housing Voucher programs. ·Terminal leave Payments: The budget is reduced due to staff downsizing.
- Other General expense: The other general expense budget from component units is not included in this budget. There is no major change in the budget for Public Housing Management and Housing Voucher programs.

### N-1.2

### Revenue Line Item Variance Explanations

### N-1.2

- ·Excess Utilities: More tenants sign up for air conditioners and microwave ovens.
- Non-Dwelling Rental: cell tower rental is under negotiation and is likely to be reduced.
- Other Revenue-insurance dividend: The dividend from Worker's compensation insurance is reduced.
- Other Revenue-COCC fee & CFP trsf: The operation surplus from Tax Credit projects is reduced due to higher maintenance expenses and developer equity distribution. So the COCC fee from Tax Credit projects is reduced accordingly.
- ·Other Revenue-developer/management fee: the revenue earned from component units is removed from the budget reporting.
- •ROSS grant: ROSS grant is awarded for three years from 2019 to 2022. The annual amount for grant revenue and expense is \$79,750.

N-3.10

**Compensation Determining Process** 

### N-3.10

- 1. The Board of Commissioners do not receive compensation from the Housing Authority.
- 2. The compensation for the Officer is reviewed and approved by the board annually. HUD compensation guideline is followed. There is a written employment contract approved by the board.
- 3. The step increase from promotion and increased responsibilities for employees is recommended by the executive director and approved by the personnel committee of the board. Employee evaluation is done every 6 months. The annual inflation adjustment is approved by the board and is applied to all employees.

N-3.11

Meal Expense Report

N-3.12

Travel expense paid

### N-4

### Excess Compensation Breakdown

N-6

Compensated Absence Schedule

### F-4

Miscellaneous Administration Expense Schedule

F-2

### Other Non-Funding Raising Revenue from Other Programs

Other Non-Funding Raising Revenue from Other Program \$3,000

Donation income to support the scholarship program of Executive Director, Tyrone Garrett. The detail deposit from 2015 is attached.

### F-2

### Grant-CFP Admin Revenue from Other Programs

Grant-CFP Admin Revenue of \$275,763 is from 2019 Capital Fund Program Grant. The revenue is the sum of line items of 1406 Operations (\$247,086) and 1410 Administration (\$28,677).

### CB-3

### Capital Fund Program Agreement