

Authority Budget of:

Cliffside Park Housing Authority

State Filing Year

2018

For the Period:

April 1, 2018

to

March 31, 2019

APPROVED COPY

www.cphousingauthority.com

Authority Web Address

Department Of



**Community
Affairs**

Division of Local Government Services

2018 HOUSING AUTHORITY BUDGET

Certification Section

2018

LOCAL GOVT SERVICES

2018 JAN 17 P 2:59

Cliffside Park Housing Authority

(Name)

RECEIVED

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM April 1, 2018 TO March 31, 2019

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. Gwat CPA, RMA Date: 3/1/2018

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. Gwat, CPA, RMA Date: 3/16/2018

2018 PREPARER'S CERTIFICATION

Cliffside Park Housing Authority
(Name)

LOCAL GOVT SERVICES
2018 JAN 17 P 2:59

HOUSING AUTHORITY BUDGET RECEIVED

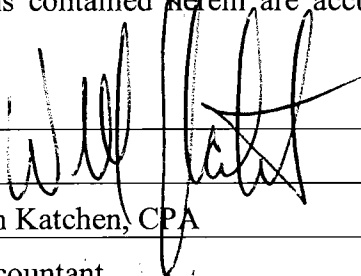
FISCAL
YEAR:

FROM:4/1/2018

TO:3/31/2019

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:			
Name:	William Katchen, CPA		
Title:	Fee Accountant		
Address:	Suite 303, 596 Anderson Avenue, Cliffside Park, NJ 07010		
Phone Number:	201-943-4449	Fax Number:	201-943-5099
E-mail address	bill@katchencpa.com		

2018 APPROVAL CERTIFICATION

Cliffside Park Housing Authority

(Name)

LOCAL GOVT SE.

2018 JAN 17 P

HOUSING AUTHORITY BUDGET

RECEIVED

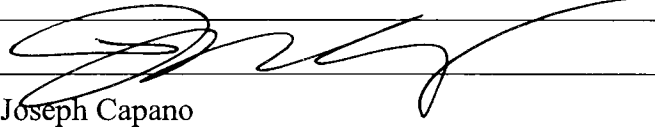
**FISCAL
YEAR:**

FROM:4/1/2018

TO:3/31/2019

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 Cliffside Park Housing Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the 9 day of January, 2018.

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:			
Name:	Joseph Capano		
Title:	Executive Director		
Address:	500 Gorge Road, Cliffside Park, NJ 07010		
Phone Number:	201-941-0655	Fax Number:	201-941-4038
E-mail address	jcapano@cp-ha.org		

INTERNET WEBSITE CERTIFICATION

Authority's Web Address:

www.cphousingauthority.com

All authorities shall maintain either an Internet website or a webpage on the municipality's or county's Internet website. The purpose of the website or webpage shall be to provide increased public access to the authority's operations and activities. N.J.S.A. 40A:5A-17.1 requires the following items to be included on the Authority's website at a minimum for public disclosure. Check the boxes below to certify the Authority's compliance with N.J.S.A. 40A:5A-17.1.

- ☒ A description of the Authority's mission and responsibilities
- ☒ 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
- ☒ Commencing with 2012, the complete annual audits of the most recent fiscal year and immediately two prior years
- ☒ 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
- ☒ 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
- ☒ 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 and any other person, firm, business, partnership, corporation or other organization which received any remuneration of \$17,500 or more during the preceding fiscal year for any service whatsoever rendered to the Authority.

It is hereby certified by the below authorized representative of the Authority that the Authority's website or webpage as identified above complies with the minimum statutory requirements of N.J.S.A. 40A:5A-17.1 as listed above. A check in each of the above boxes signifies compliance.

Name of Officer Certifying compliance

Joseph Capano

Title of Officer Certifying compliance

Executive Director

Signature

2018 ADOPTION CERTIFICATION

CLIFFSIDE PARK HOUSING AUTHORITY

(Name)

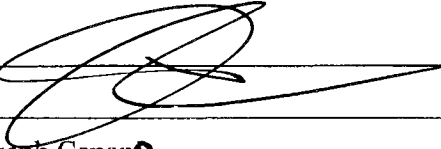
HOUSING AUTHORITY BUDGET

FISCAL
YEAR:

FROM:4/1/2018

TO:3/31/2019

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 Cliffside Park Housing Authority, pursuant to N.J.A.C. 5:31-2.3, on the 6 day of, March, 2018.

Officer's Signature:			
Name:	Joseph Capano		
Title:	Executive Director		
Address:	500 Gorge Road, Cliffside Park, NJ 07010		
Phone Number:	201-941-0655	Fax Number:	201-941-4038
E-mail address	jcapano@cp-ha.org		

HOUSING AUTHORITY OF THE
BOROUGH OF CLIFFSIDE PARK
BERGEN COUNTY, NEW JERSEY

RESOLUTION NO.16 – 2018

INTRODUCED BY: COMMISSIONER PETER COLAO

SECONDED BY: COMMISSIONER SAL SPOTO

DATE: MARCH 6, 2018

FISCAL YEAR: FROM APRIL 1, 2018 TO MARCH 31, 2019

WHEREAS, the Annual Budget and Capital Budget for the Housing Authority of the Borough of Cliffside Park for the fiscal year beginning April 1, 2018 and ending March 31, 2019 has been presented for adoption before the Members of the Housing Authority of the Borough of Cliffside Park at its open public meeting of March 6, 2018; and

WHEREAS, 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; and

WHEREAS, The Annual Budget as presented for adoption reflects Total Revenues of \$8,362,200 Total Appropriations, including any Accumulated Deficit, if any, of \$8,193,875 and Total Unrestricted Net Position utilized of \$0; and

WHEREAS, the Capital Budget as presented for adoption reflects Total Capital Appropriations of \$218,754 and Total Unrestricted Net Position planned to be utilized, of \$ 0; and

NOW, THEREFORE BE IT RESOLVED, by the governing body of the Housing Authority of the Borough of Cliffside Park, at an open public meeting held on March 6, 2018 that the Annual Budget and Capital Budget/Program of the Housing Authority of the Borough of Cliffside Park for the fiscal year beginning April 1, 2018 and ending March 31, 2019 is hereby adopted and shall constitute appropriations for the purposes stated; and

LOCAL GOVT SERVICES

2018 JAN 17 P 2:59

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2018 HOUSING AUTHORITY BUDGET

Narrative and Information Section

2018 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS

Cliffside Park Housing Authority
(Name)

AUTHORITY BUDGET

FISCAL
YEAR:

FROM:4/1/2018

TO:3/31/2019

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

1. Complete a brief statement on the 2018/2018-2019 proposed Annual Budget and make comparison to the 2017/2017-2018 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). **The Authority has converted to RAD with expected project based rental assistance to begin January 1, 2018. CFP funding will be discontinued as well as operational support from CFP. Funding for RAD will be provided through the HCV Program resulting in increases in Voucher revenue and HUD operating subsidy in the form of rental assistance. Maintenance salaries are higher based on added part time staff, utilities are based on prior year actuals increased for potential rate increases and HCV rents are higher to fund the project based assistance as a result of the RAD conversion. The Authority entered into an expansion of a shared services agreement with Edgewater housing Authority resulting in increased shared services revenue.**
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. **The budget does not have an impact on the anticipated revenue from participants. Their charges continue to be based on HUD formula.**
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 local economy is stable and not anticipated to impact the proposed budget.**
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. **It is not expected that unrestricted net position will be utilized.**
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.). **None.**
6. The proposed budget must not reflect an anticipated deficit from 2018/2018-2019 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) At the end of the prior year there is a net deficit in unrestricted net position resulting from GASB # 68. The proposed budget projects a surplus in operations that will reduce the deficit.**

HOUSING AUTHORITY CONTACT INFORMATION

2018

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

Name of Authority:	Cliffside Park Housing Authority		
Federal ID Number:	22-1846464		
Address:	500 Gorge Road		
City, State, Zip:	Cliffside Park	NJ	07010
Phone: (ext.)	201-941-0655	Fax:	201-941-4038

Preparer's Name:	William Katchen, CPA		
Preparer's Address:	Suite 303, 596 Anderson Avenue		
City, State, Zip:	Cliffside Park	NJ	07010
Phone: (ext.)	201-943-4449	Fax:	201-943-5099
E-mail:	bill@katchencpa.com		

Chief Executive Officer:	Joseph Capano		
Phone: (ext.)	201-941-0655	Fax:	201-941-4038
E-mail:	jcapano@cp-ha.org		

Chief Financial Officer:	William Katchen, CPA		
Phone: (ext.)	201-943-4449	Fax:	201-943-5099
E-mail:	bill@katchencpa.com		

Name of Auditor:	Michael Maurice, CPA		
Name of Firm:	Polcari and Company		
Address:	2035 Hamburg Turnpike, Unit H		
City, State, Zip:	Wayne	NJ	07470
Phone: (ext.)	973-831-6969	Fax:	973-831-6972
E-mail:	polcarico@optonline.net		

HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

Cliffside Park Housing Authority
(Name)

FISCAL
YEAR:

FROM:4/1/2018

TO:3/31/2019

Answer all questions below completely and attach additional information as required.

- 1) Provide the number of individuals employed in (**Use Most Recent W-3 Available 2016 or 2017**) as reported on the Authority's Form W-3, Transmittal of Wage and Tax Statements: 31
- 2) Provide the amount of total salaries and wages as reported on the Authority's Form W-3, (**Use Most Recent W-3 Available 2016 or 2017**)Transmittal of Wage and Tax Statements: 977,517
- 3) Provide the number of regular voting members of the governing body: 7
- 4) Provide the number of alternate voting members of the governing body: 7
- 5) Did any person listed on Page N-4 have a family or business relationship with any other person listed on Page N-4 during the current fiscal year? Yes *If "yes," attach a description of the relationship including the names of the individuals involved and their positions at the Authority.*
- 6) Did all individuals that were required to file a Financial Disclosure Statement for the current fiscal year (**Most Recent Filing that March 31. 2017 or 2018 deadline has passed 2017 or 2018**) because of their relationship with the Authority file the form as required? (Checked to see if individuals actually filed at <http://www.state.nj.us/dca/divisions/dlgs/resources/fds.html> before answering) Yes **If "no,"** provide a list of those individuals who failed to file a Financial Disclosure Statement and an explanation as to the reason for their failure to file.
- 7) Does the Authority have any amounts receivable from current or former commissioners, officers, key employees or highest compensated employees? No *If "yes," attach a list of those individuals, their position, the amount receivable, and a description of the amount due to the Authority.*
- 8) Was the Authority a party to a business transaction with one of the following parties:
 - a. A current or former commissioner, officer, key employee, or highest compensated employee? No
 - b. A family member of a current or former commissioner, officer, key employee, or highest compensated employee? No
 - c. An entity of which a current or former commissioner, officer, key employee, or highest compensated employee (or family member thereof) was an officer or direct or indirect owner? No*If the answer to any of the above is "yes," attach a description of the transaction including the name of the commissioner, officer, key employee, or highest compensated employee (or family member thereof) of the Authority; the name of the entity and relationship to the individual or family member; the amount paid; and whether the transaction was subject to a competitive bid process.*
- 9) Did the Authority during the most recent fiscal year pay premiums, directly or indirectly, on a personal benefit contract? A personal benefit contract is generally any life insurance, annuity, or endowment contract that benefits, directly or indirectly, the transferor, a member of the transferor's family, or any other person designated by the transferor. No *If "yes," attach a description of the arrangement, the premiums paid, and indicate the beneficiary of the contract.*

- 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 Authority's procedures for all employees. Board review and HUD required comparability study.***
- 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 explanation for each expenditure listed. Annual post Board meeting for Board and staff- \$750.***
- 12) Did the Authority pay for travel expenses for any employee or individual listed on Page N-4? Yes 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 No
 - b. Travel for companions No
 - c. Tax indemnification and gross-up payments No
 - d. Discretionary spending account No
 - e. Housing allowance or residence for personal use No
 - f. Payments for business use of personal residence No
 - g. Vehicle/auto allowance or vehicle for personal use No
 - h. Health or social club dues or initiation fees No
 - 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? No If "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 ensure compliance with its Continuing Disclosure Agreements in the future.***
- 18) Did the Authority receive any notices from the Department of Housing and Urban Development or any other entity 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? 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 Housing and Urban Development 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 indicate the amount of the fine or assessment.***
- 20) 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.***

CPHA
TRAVEL EXPENSE
2017

INDIVIDUAL	CONFERENCE	COST
COMMISSIONER	NJNAHRO ANNUAL-11/2017	548

Cliffside Park Housing Authority
Family Relationship
Question 5, Page N-3

Employee/ Commissioner	Relationship
Commissioner Ralph Calabrese	Uncle of Janet Merrill
Commissioner Janet Merrill	Niece of Ralph Calabrese

**AUTHORITY SCHEDULE OF COMMISSIONERS, OFFICERS, KEY EMPLOYEES,
HIGHEST COMPENSATED EMPLOYEES AND INDEPENDENT CONTRACTORS**
Cliffside Park Housing Authority
(Name)

**FISCAL
YEAR:**

FROM:4/1/2018

TO:3/31/2019

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.
- 2) 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.
- 4) 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, 2018 Most recent available W-2 and 1099 should be used (**2016 or 2017 Forms**)(60 days prior to start of budget year is November 1, 2017, with 2016 being the most recent calendar year ended), and for fiscal years ending June 30, 2018, the calendar year 2017 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2018, with 2017 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)

For the Period April 1, 2018 to April 1, 2019
Cliffside Park Housing Authority

Reportable Compensation from Authority (W-2/ 1099)

Name	Title	Average Hours per Week Dedicated to Position	Position			Base Salary/ Stipend	Bonus	Other (auto allowance, expense account, payment in lieu of health benefits, etc.)	Estimated amount of other compensation from the Authority (health benefits, pension, etc.)	Total Compensation from Authority	Names of Other Public Entities where Individual is an Employee or Member of the Governing Body	Positions held at Other Public Entities Listed in Column O	Average Hours per Week Dedicated to Positions at Other Public Entities Listed in Column O	Reportable Compensation from Other Public Entities (W-2/ 1099)	Estimated amount of other compensation from Other Public Entities (health benefits, pension, payment in lieu of health benefits, etc.)	Total Compensation All Public Entities
			Commissioner	Officer	Key Employee	Highest Compensated Employee	Former									
1 Joseph Capano	Executive Director				X				\$ 17,784	\$ 136,346	None					\$ 136,346
2 James Santasario	Asst't. Executive Director				X				15,589	119,518	0 Cliffside Park Council					119,518
3 Peter Caleo	Chairperson										0 NJPERS					0
4 Janet Merrill	Commissioner		X								0 None			127,928		127,928
5 Ralph Calabrese	Commissioner		X								0 None					0
6 Sam Carafa	Commissioner		X								0 None					0
7 Sal Spoto	Commissioner		X								0 NJPERS			57,636		57,636
8 Harry Gutilla	Commissioner		X								0 None					0
9 Lynn Delucia	Commissioner		X								0 None					0
10											0					0
11											0					0
12											0					0
13											0					0
14											0					0
15											0					0
Total:										\$ 222,491	\$ 255,864			\$ 185,564	\$ -	\$ 441,428

(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

Cliffside Park Housing Authority

For the Period

April 1, 2018

to

March 31, 2019

	# of Covered Members (Medical & Rx)		Annual Cost Estimate per Employee		# of Covered Members (Medical & Rx)		Annual Cost Estimate per Employee		# of Covered Members (Medical & Rx)		Annual Cost Estimate per Employee		# of Covered Members (Medical & Rx)		Annual Cost Estimate per Employee		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of Covered Members (Medical & Rx)		# of 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Is medical coverage provided by the SHBP (Yes or No)? (Place Answer in Box)

Is prescription drug coverage provided by the SHBP (Yes or No)? (Place Answer in Box)

Yes	Yes or No
Yes	Yes or No

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

Schedule of Accumulated Liability for Compensated Absences

Cliffside Park Housing Authority

For the Period

April 1, 2018

to

March 31, 2019

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

*Legal Basis for Benefit
(check applicable items)*

Individuals Eligible for Benefit	Gross Days of Accumulated Compensated Absences at beginning of Current Year	Dollar Value of Accrued Compensated Absence Liability	Approved Labor Agreement	Resolution	Individual Employment Agreement
listing attached		\$ 191,029		X	
Total liability for accumulated compensated absences at beginning of current year	\$	191,029			

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

CPHA
COMPENSATED ABSENCES
3/31/17

EMPLOYEE	ACCRUED VACATION TIME	ACCRUED SICK TIME (SICK DAYS/2)	TOTAL TIME	RATE OF PAY	TOTAL ACCRUED VACATION	TOTAL ACCRUED SICK	TOTAL
SANTASIERO, JAMES	40	126	166	\$394.54	\$15,781.60	\$15,000.00	\$30,781.60
DONATO, MARIE	16	50.25	66.25	\$147.15	\$2,354.40	\$7,394.29	\$9,748.69
TUREK, MICHAEL	25.5	6.25	31.75	\$230.00	\$5,865.00	\$1,437.50	\$7,302.50
COSTANTINO, LOUIS	35	79.25	114.25	\$245.04	\$8,576.40	\$15,000.00	\$23,576.40
FATOVIC, ALBINO	19	35.25	54.25	\$155.04	\$2,945.76	\$5,465.16	\$8,410.92
MORRISSEY, PATRICK	17	0.75	17.75	\$207.81	\$3,532.77	\$155.86	\$3,688.63
ROME, ANTHONY	29.5	0.75	30.25	\$174.81	\$5,156.90	\$131.11	\$5,288.00
YU, BILL	16.5	5.5	22	\$145.04	\$2,393.16	\$797.72	\$3,190.88
Capano, Joseph	30	51	81	\$449.27	\$13,478.10	\$15,000.00	\$28,478.10
Merchand, Frank	20.5	36.5	57	\$282.58	\$5,792.89	\$10,314.17	\$16,107.06
Rahvar, Rita	17	24	41	\$150.19	\$2,553.23	\$3,604.56	\$6,157.79
Barbosa, John	10	10.75	20.75	\$142.85	\$1,428.50	\$1,535.64	\$2,964.14
Philips-Perez, Linda	23	39.75	62.75	\$213.77	\$4,916.71	\$8,497.36	\$13,414.07
Dubon, Phyllis	10.5	16	26.5	\$105.96	\$1,112.58	\$1,695.36	\$2,807.94
Romano, Justine	17.5	1	18.5	\$70.00	\$1,225.00	\$70.00	\$1,295.00
Brown, Raymond	19.5	1.75	21.25	\$40.00	\$780.00	\$70.00	\$850.00
Frato, Lisa	23.5	21.5	45	\$152.58	\$3,585.63	\$3,280.47	\$6,866.10
Paradiso, Vanessa	14.5	8.75	23.25	\$117.65	\$1,705.93	\$1,029.44	\$2,735.36
					\$83,184.55	\$90,478.63	\$173,663.18

payroll taxes

17,316.52
191,029.50

$$\begin{array}{r} 21412 \\ 152825.60 \\ \hline 151,171.65 \end{array}$$

$$\begin{array}{r} HCV \\ 58,205.90 \\ 35,132.27 \\ \hline \end{array}$$

AG 3/31/17 1651.95 3073.63
 PY-3/31/16 151,171.65 35,132.27

Schedule of Shared Service Agreements

For the Period	April 1, 2018	Cliffside Park Housing Authority	to	March 31, 2019
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Enter the shared service agreements that the Authority currently engages in and identify the amount that is received/paid for those services.

[illegible]

If No Shared Services X this Box

2018 HOUSING AUTHORITY BUDGET

Financial Schedules Section

SUMMARY

For the Period **Cliffside Park Housing Authority** **April 1, 2018** to **March 31, 2019**

	FY 2018 Proposed Budget				FY 2017 Adopted Budget	% Increase (Decrease) Proposed vs. Adopted	% Increase (Decrease) Proposed vs. Adopted
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	All Operations	All Operations
REVENUES							
Total Operating Revenues	\$ 2,855,575	\$ -	\$ 5,375,765	\$ 118,450	\$ 8,349,790	\$ 6,865,283	\$ 1,484,507 21.6%
Total Non-Operating Revenues	7,410	-	5,000	-	12,410	14,910	(2,500) -16.8%
Total Anticipated Revenues	2,862,985	-	5,380,765	118,450	8,362,200	6,880,193	1,482,007 21.5%
APPROPRIATIONS							
Total Administration	612,960	-	377,350	43,450	1,033,760	1,004,150	29,610 2.9%
Total Cost of Providing Services	1,987,350	-	4,945,765	75,000	7,008,115	5,561,280	1,446,835 26.0%
Total Principal Payments on Debt Service in Lieu of Depreciation	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	-	-	- #DIV/0!
Total Operating Appropriations	2,600,310	-	5,323,115	118,450	8,041,875	6,565,430	1,476,445 22.5%
Total Interest Payments on Debt	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	-	-	- #DIV/0!
Total Other Non-Operating Appropriations	152,000	-	-	-	152,000	147,000	5,000 3.4%
Total Non-Operating Appropriations	152,000	-	-	-	152,000	147,000	5,000 3.4%
Accumulated Deficit	-	-	-	-	-	-	- #DIV/0!
Total Appropriations and Accumulated Deficit	2,752,310	-	5,323,115	118,450	8,193,875	6,712,430	1,481,445 22.1%
Less: Total Unrestricted Net Position Utilized	-	-	-	-	-	-	- #DIV/0!
Net Total Appropriations	2,752,310	-	5,323,115	118,450	8,193,875	6,712,430	1,481,445 22.1%
ANTICIPATED SURPLUS (DEFICIT)	\$ 110,675	\$ -	\$ 57,650	\$ -	\$ 168,325	\$ 167,763	\$ 562 0.3%

Revenue Schedule

Cliffside Park Housing Authority

For the Period

April 1, 2018

to

March 31, 2019

FY 2018 Proposed Budget

	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	FY 2017 Adopted Budget	\$ Increase (Decrease) Proposed vs. Adopted	% Increase (Decrease) Proposed vs. Adopted
OPERATING REVENUES								
<i>Rental Fees</i>								
Homebuyers' Monthly Payments					\$ -	\$ -	\$ -	#DIV/0!
Dwelling Rental	1449810				1,449,810	1,433,390	16,420	1.1%
Excess Utilities					-	-	-	#DIV/0!
Non-Dwelling Rental					-	-	-	#DIV/0!
HUD Operating Subsidy	1330765				1,330,765	891,073	439,692	49.3%
New Construction - Acc Section 8					-	-	-	#DIV/0!
Voucher - Acc Housing Voucher			5350765		5,350,765	3,950,000	1,400,765	35.5%
Total Rental Fees	2,780,575	-	5,350,765	-	8,131,340	6,274,463	1,856,877	29.6%
<i>Other Operating Revenues (List)</i>								
CFP					-	413,770	(413,770)	-100.0%
Late Fees, laundry Comm., Shared Svcs.	75000			43450	118,450	77,050	41,400	53.7%
Port In Fees and Fraud Recovery			25000		25,000	25,000	-	0.0%
Community Center				75000	75,000	75,000	-	0.0%
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!
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Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Total Other Revenue	75,000	-	25,000	118,450	218,450	590,820	(372,370)	-63.0%
Total Operating Revenues	2,855,575	-	5,375,765	118,450	8,349,790	6,865,283	1,484,507	21.6%
NON-OPERATING REVENUES								
<i>Other Non-Operating Revenues (List)</i>								
Type in					-	-	-	#DIV/0!
Type in					-	-	-	#DIV/0!
Type in					-	-	-	#DIV/0!
Type in					-	-	-	#DIV/0!
Type in					-	-	-	#DIV/0!
Type in					-	-	-	#DIV/0!
Total Other Non-Operating Revenue	-	-	-	-	-	-	-	#DIV/0!
<i>Interest on Investments & Deposits (List)</i>								
Interest Earned	7,410		5,000		12,410	14,910	(2,500)	-16.8%
Penalties					-	-	-	#DIV/0!
Other					-	-	-	#DIV/0!
Total Interest	7,410	-	5,000	-	12,410	14,910	(2,500)	-16.8%
Total Non-Operating Revenues	7,410	-	5,000	-	12,410	14,910	(2,500)	-16.8%
TOTAL ANTICIPATED REVENUES	\$ 2,862,985	\$ -	\$ 5,380,765	\$ 118,450	\$ 8,362,200	\$ 6,880,193	\$ 1,482,007	21.5%

Prior Year Adopted Revenue Schedule

Cliffside Park Housing Authority

FY 2017 Adopted Budget

	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations
OPERATING REVENUES					
<i>Rental Fees</i>					
Homebuyers' Monthly Payments					\$ -
Dwelling Rental	1,433,390				1,433,390
Excess Utilities					-
Non-Dwelling Rental					-
HUD Operating Subsidy	891,073				891,073
New Construction - Acc Section 8					-
Voucher - Acc Housing Voucher			3,950,000		3,950,000
Total Rental Fees	2,324,463	-	3,950,000	-	6,274,463
<i>Other Revenue (List)</i>					
CFP	413,770				413,770
Late Fees, laundry Comm., Shared Svcs.	51,000			26,050	77,050
Port In Fees			25,000		25,000
Community Center				75,000	75,000
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)					-
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	464,770	-	25,000	101,050	590,820
Total Operating Revenues	2,789,233	-	3,975,000	101,050	6,865,283
NON-OPERATING REVENUES					
<i>Other Non-Operating Revenues (List)</i>					
Type in					-
Type in					-
Type in					-
Type in					-
Type in					-
Type in					-
<i>Other Non-Operating Revenues</i>	-	-	-	-	-
<i>Interest on Investments & Deposits</i>					
Interest Earned	7,410		7,500		14,910
Penalties					-
Other					-
Total Interest	7,410	-	7,500	-	14,910
Total Non-Operating Revenues	7,410	-	7,500	-	14,910
TOTAL ANTICIPATED REVENUES	\$ 2,796,643	\$ -	\$ 3,982,500	\$ 101,050	\$ 6,880,193

Appropriations Schedule

Cliffside Park Housing Authority
For the Period April 1, 2018 to March 31, 2019

	FY 2018 Proposed Budget				FY 2017 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
OPERATING APPROPRIATIONS							
<i>Administration</i>							
Salary & Wages	270,080		183,530	40,950	\$ 494,560	\$ 470,080	\$ 24,480 5.2%
Fringe Benefits	215,000		108,500	2,500	326,000	320,870	5,130 1.6%
Legal	21,600		13,400		35,000	35,000	- 0.0%
Staff Training	6,000		4,000		10,000	10,000	- 0.0%
Travel	16,680		11,120		27,800	27,800	- 0.0%
Accounting Fees	25,200		16,800		42,000	42,000	- 0.0%
Auditing Fees	6,000		6,000		12,000	12,000	- 0.0%
Miscellaneous Administration*	52,400		34,000		86,400	86,400	- 0.0%
Total Administration	612,960	-	377,350	43,450	1,033,760	1,004,150	29,610 2.9%
<i>Cost of Providing Services</i>							
Salary & Wages - Tenant Services	110,390			50,000	160,390	157,080	3,310 2.1%
Salary & Wages - Maintenance & Operation	287,400				287,400	258,980	28,420 11.0%
Salary & Wages - Protective Services					-	-	#DIV/0!
Salary & Wages - Utility Labor	89,240				89,240	87,480	1,760 2.0%
Fringe Benefits	338,720			25,000	363,720	358,890	4,830 1.3%
Tenant Services	40,000				40,000	40,000	- 0.0%
Utilities	584,600				584,600	544,290	40,310 7.4%
Maintenance & Operation	341,400				341,400	301,400	40,000 13.3%
Protective Services					-	-	#DIV/0!
Insurance	115,000		15,000		130,000	130,000	- 0.0%
Payment in Lieu of Taxes (PILOT)	77,600				77,600	80,160	(2,560) -3.2%
Terminal Leave Payments					-	-	#DIV/0!
Collection Losses	3,000				3,000	3,000	- 0.0%
Other General Expense					-	-	#DIV/0!
Rents			4,930,765		4,930,765	3,600,000	1,330,765 37.0%
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	1,987,350	-	4,945,765	75,000	7,008,115	5,561,280	1,446,835 26.0%
Total Principal Payments on Debt Service in Lieu of Depreciation	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	-	-	- #DIV/0!
Total Operating Appropriations	2,600,310	-	5,323,115	118,450	8,041,875	6,565,430	1,476,445 22.5%
NON-OPERATING APPROPRIATIONS							
Total Interest Payments on Debt	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	-	-	- #DIV/0!
Operations & Maintenance Reserve					-	-	- #DIV/0!
Renewal & Replacement Reserve	152,000				152,000	147,000	5,000 3.4%
Municipality/County Appropriation					-	-	- #DIV/0!
Other Reserves					-	-	- #DIV/0!
Total Non-Operating Appropriations	152,000	-	-	-	152,000	147,000	5,000 3.4%
TOTAL APPROPRIATIONS	2,752,310	-	5,323,115	118,450	8,193,875	6,712,430	1,481,445 22.1%
ACCUMULATED DEFICIT							
TOTAL APPROPRIATIONS & ACCUMULATED DEFICIT	2,752,310	-	5,323,115	118,450	8,193,875	6,712,430	1,481,445 22.1%
UNRESTRICTED NET POSITION UTILIZED							
Municipality/County Appropriation	-	-	-	-	-	-	- #DIV/0!
Other					-	-	- #DIV/0!
Total Unrestricted Net Position Utilized	-	-	-	-	-	-	- #DIV/0!
TOTAL NET APPROPRIATIONS	\$ 2,752,310	\$ -	\$ 5,323,115	\$ 118,450	\$ 8,193,875	\$ 6,712,430	\$ 1,481,445 22.1%

* Miscellaneous line items may not exceed 5% of total operating appropriations shown below. If amount in miscellaneous is greater than the amount shown below, then the line item must be itemized above.

5% of Total Operating Appropriations \$ 130,015.50 \$ - \$ 266,155.75 \$ 5,922.50 \$ 402,093.75

Prior Year Adopted Appropriations Schedule

Cliffside Park Housing Authority

FY 2017 Adopted Budget

	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations
OPERATING APPROPRIATIONS					
<i>Administration</i>					
Salary & Wages	\$ 274,080		\$ 172,320	\$ 23,680	\$ 470,080
Fringe Benefits	215,000		103,500	2,370	320,870
Legal	21,600		13,400		35,000
Staff Training	6,000		4,000		10,000
Travel	16,680		11,120		27,800
Accounting Fees	25,200		16,800		42,000
Auditing Fees	6,000		6,000		12,000
Miscellaneous Administration*	52,400		34,000		86,400
Total Administration	616,960	-	361,140	26,050	1,004,150
<i>Cost of Providing Services</i>					
Salary & Wages - Tenant Services	107,080			50,000	157,080
Salary & Wages - Maintenance & Operation	258,980				258,980
Salary & Wages - Protective Services					-
Salary & Wages - Utility Labor	87,480				87,480
Fringe Benefits	333,890			25,000	358,890
Tenant Services	40,000				40,000
Utilities	544,290				544,290
Maintenance & Operation	301,400				301,400
Protective Services					-
Insurance	115,000		15,000		130,000
Payment in Lieu of Taxes (PILOT)	80,160				80,160
Terminal Leave Payments					-
Collection Losses	3,000				3,000
Other General Expense					-
Rents			3,600,000		3,600,000
Extraordinary Maintenance					-
Replacement of Non-Expendible Equipment					-
Property Betterment/Additions					-
Miscellaneous COPS*					-
Total Cost of Providing Services	1,871,280	-	3,615,000	75,000	5,561,280
Total Principal Payments on Debt Service in Lieu of Depreciation	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	-
Total Operating Appropriations	2,488,240	-	3,976,140	101,050	6,565,430
NON-OPERATING APPROPRIATIONS					
Total Interest Payments on Debt	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	-
Operations & Maintenance Reserve					-
Renewal & Replacement Reserve	147,000				147,000
Municipality/County Appropriation					-
Other Reserves					-
Total Non-Operating Appropriations	147,000	-	-	-	147,000
TOTAL APPROPRIATIONS	2,635,240	-	3,976,140	101,050	6,712,430
ACCUMULATED DEFICIT					
TOTAL APPROPRIATIONS & ACCUMULATED DEFICIT	2,635,240	-	3,976,140	101,050	6,712,430
UNRESTRICTED NET POSITION UTILIZED					
Municipality/County Appropriation	-	-	-	-	-
Other					-
Total Unrestricted Net Position Utilized	-	-	-	-	-
TOTAL NET APPROPRIATIONS	\$ 2,635,240	\$ -	\$ 3,976,140	\$ 101,050	\$ 6,712,430

* Miscellaneous line items may not exceed 5% of total operating appropriations shown below. If amount in miscellaneous is greater than the amount shown below, then the line item must be itemized above.

5% of Total Operating Appropriations \$ 124,412.00 \$ - \$ 198,807.00 \$ 5,052.50 \$ 328,271.50

Debt Service Schedule - Principal

If Authority has no debt X this box

X

Cliffside Park Housing Authority

	Fiscal Year Ending in						
	2019	2020	2021	2022	2023	Thereafter	Total Principal Outstanding
Type in Issue Name							
Type in Issue Name							
Type in Issue Name							
Type in Issue Name							
TOTAL PRINCIPAL							
LESS: HUD SUBSIDY							
NET PRINCIPAL							

Indicate the Authority's most recent bond rating and the year of the rating by ratings service.

Bond Rating		
Year of Last Rating		

If Authority has no debt X this box

X

Debt Service Schedule - Interest

Cliffside Park Housing Authority

Fiscal Year Ending in

	Adopted Budget Year 2017	Proposed Budget Year 2018	2019	2020	2021	2022	2023	Thereafter	Total Interest Payments Outstanding
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

Cliffside Park Housing Authority

For the Period April 1, 2018

to March 31, 2019

FY 2018 Proposed Budget

	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations
TOTAL NET POSITION BEGINNING OF CURRENT YEAR (1)	\$ 9,263,164	\$ -	\$ 333,877	\$ 2,348	\$ 9,599,389
Less: Invested in Capital Assets, Net of Related Debt (1)	10,159,373		60,000		10,219,373
Less: Restricted for Debt Service Reserve (1)					-
Less: Other Restricted Net Position (1)			1,024		1,024
Total Unrestricted Net Position (1)	(896,209)	-	272,853	2,348	(621,008)
Less: Designated for Non-Operating Improvements & Repairs	1,004,313				1,004,313
Less: Designated for Rate Stabilization					-
Less: Other Designated by Resolution					-
Plus: Accrued Unfunded Pension Liability (1)	3,076,846		714,134		3,790,980
Plus: Accrued Unfunded Other Post-Employment Benefit Liability (1)	596,386		196,640		793,026
Plus: Estimated Income (Loss) on Current Year Operations (2)	61,403		6,360		67,763
Plus: Other Adjustments (attach schedule)					-
UNRESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET	1,834,113	-	1,189,987	2,348	3,026,448
Unrestricted Net Position Utilized to Balance Proposed Budget	-	-	-	-	-
Unrestricted Net Position Utilized in Proposed Capital Budget	-	-	-	-	-
Appropriation to Municipality/County (3)	-	-	-	-	-
Total Unrestricted Net Position Utilized in Proposed Budget	-	-	-	-	-
PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR					
(4)	\$ 1,834,113	\$ -	\$ 1,189,987	\$ 2,348	\$ 3,026,448

(1) Total of all operations for this line item must agree to audited financial statements.

(2) Include budgeted and unbudgeted use of unrestricted net position in the current year's operations.

(3) Amount may not exceed 5% of total operating appropriations. See calculation below.

Maximum Allowable Appropriation to Municipality/County

\$ 130,016 \$ - \$ 266,156 \$ 5,923 \$ 402,094

(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.

2018
Cliffside Park
Housing Authority
(Name)

HOUSING
AUTHORITY
CAPITAL
BUDGET/
PROGRAM

2018 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

Cliffside Park Housing Authority
(Name)

FISCAL
YEAR:

FROM:4/1/2018

TO:3/31/2019

[] It is hereby certified that the Housing Authority Capital Budget/Program annexed hereto is a true copy of the Capital Budget/Program approved, pursuant to N.J.A.C. 5:31-2.2, along with the Annual Budget, by the governing body of the _____ Housing Authority, on the _____ day of _____, _____.

OR

[] It is hereby certified that the governing body of the _____ 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): _____

Officer's Signature:			
Name:	Joseph Capano		
Title:	Executive Director		
Address:	500 Gorge Road, Cliffside Park, NJ 07010		
Phone Number:	201-941-0655	Fax Number:	201-941-4038
E-mail address	jcapano@cp-ha.org		

2018 CAPITAL BUDGET/PROGRAM MESSAGE

Cliffside Park Housing Authority (Name)

**FISCAL
YEAR:**

FROM:4/1/2018

TO:3/31/2019

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?
No.
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?
No financing.
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
5. 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.
No impact, tenant charges are based on HUD formula.
6. Have the projects been reviewed and approved by HUD?
Yes

Add additional sheets if necessary.

Proposed Capital Budget

Cliffside Park Housing Authority
For the Period April 1, 2018 to March 31, 2019

		<i>Funding Sources</i>				
	Estimated Total Cost	Unrestricted Net Position Utilized	Renewal & Replacement Reserve	Debt Authorization	Capital Grants	Other Sources
<i>Public Housing Management</i>						
RIVERVIEW TOWERS VARIOUS	\$ 38,852	\$ 38,852				
TERRACE VIEW TOWERS VARIOUS	179,902	179,902				
Type in Description	-					
Type in Description	-					
Total	218,754	-	218,754	-	-	-
<i>Section 8</i>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
<i>Housing Voucher</i>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
<i>Other Programs</i>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
TOTAL PROPOSED CAPITAL BUDGET	\$ 218,754	\$ -	\$ 218,754	\$ -	\$ -	\$ -

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

Cliffside Park Housing Authority

For the Period April 1, 2018 to March 31, 2019

Fiscal Year Beginning in

	Estimated Total Cost	Current Budget Year 2018	2019	2020	2021	2022	2023
<i>Public Housing Management</i>							
RIVERVIEW TOWERS VARIOUS	\$ 423,575	\$ 38,852	\$ 38,178	\$ 123,183	\$ 40,111	\$ 132,454	\$ 50,797
TERRACE VIEW TOWERS VARIOI	394,112	179,902	24,055	24,656	25,272	83,636	56,591
Type in Description	-	-					
Type in Description	-	-					
Total	817,687	218,754	62,233	147,839	65,383	216,090	107,388
<i>Section 8</i>							
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Total	-	-	-	-	-	-	-
<i>Housing Voucher</i>							
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Total	-	-	-	-	-	-	-
<i>Other Programs</i>							
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Total	-	-	-	-	-	-	-
TOTAL	\$ 817,687	\$ 218,754	\$ 62,233	\$ 147,839	\$ 65,383	\$ 216,090	\$ 107,388

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

Cliffside Park Housing Authority

For the Period

April 1, 2018

to

March 31, 2019

		<i>Funding Sources</i>				
		Estimated Total Cost	Unrestricted Net Position Utilized	Renewal & Replacement Reserve	Debt Authorization	Capital Grants Other Sources
<i>Public Housing Management</i>						
RIVERVIEW TOWERS VARIOUS	\$	423,575		\$ 423,575		
TERRACE VIEW TOWERS VARIO		394,112		394,112		
Type in Description		-				
Type in Description		-				
Total		817,687	-	817,687	-	-
<i>Section 8</i>						
Type in Description		-				
Type in Description		-				
Type in Description		-				
Type in Description		-				
Total		-	-	-	-	-
<i>Housing Voucher</i>						
Type in Description		-				
Type in Description		-				
Type in Description		-				
Type in Description		-				
Total		-	-	-	-	-
<i>Other Programs</i>						
Type in Description		-				
Type in Description		-				
Type in Description		-				
Type in Description		-				
Total		-	-	-	-	-
TOTAL	\$	817,687	\$ -	\$ 817,687	\$ -	\$ -
Total 5 Year Plan per CB-4	\$	817,687				
Balance check			- If amount is other than zero, verify that projects listed above match projects listed on CB-4.			

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.