

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2001

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Housing Authority of Boston, Brilliant, Alabama

PHA Number: AL074

PHA Fiscal Year Beginning: 07/2001

PHA Plan Contact Information:

Name: Deborah Berryhill

Phone: 205-465-2490

TDD: 205-465-2490

Email (if available): bha@sonet.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- Main administrative office of the PHA
- PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- Main administrative office of the local, county or State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)

PHA Programs Administered:

- Public Housing and Section 8 Section 8 Only Public Housing Only

**Annual PHA Plan
Fiscal Year 20**
[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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<input type="checkbox"/> Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment C Resident Membership on PHA Board or Governing Body	
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<input checked="" type="checkbox"/> Attachment E Commets of Resident Advisory Board or Boards	
Explanatioesponse (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attached file name (al074cfpv04) Five Year Plan submitted last year by Fiscal Year	
Attached file name (al074cfpv04) Five Year Plan submitted this year by Fiscal Year	

ii. Executive Summary

The Housing Authority of Boston, Brilliant, Alabama has prepared this Agency Plan in accordance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements. We have adopted the following Mission Statement:

To provide drug free, decent ,safe and sanitary housing for eligible families and to provide opportunities and promote self-sufficiency and economic independence for residents.

In order to achieve this mission, we will:

- Recognize residents as our ultimate customer;
- Improve Public Housing Authority management and service delivery efforts through effective and efficient management of HA staff;
- Seek problem-solving partnerships with residents, community, and Government leadership;
- Apply HA resources, to the effective and efficient management and Operation of public housing programs, taking into account changes In Federal funding

Statement of Progress in meeting 5 Year Plan Mission and Goals

The Housing Authority of Boston, Brilliant, Alabama has and will continue to serve the community of Brilliant in any way to enhance the quality of life for our residents. We have worked in conjunction with the town officials to promote customer satisfaction by modernizing units and participating in a beautification program, participating in drug free programs with our local elementary school, and working with our Resident Council to schedule tenant participation events throughout the year.

Our goals are to continue to reduce vacancies, increase customer satisfaction, provide supportive services for elderly and families with disabilities, prohibit discrimination in any manner.

The Housing Authority continues to be a Standard performer, due to vacancy problems that can be attributed to low economic problems of the area.

1. **Summary of Policy or Program Changes for the Upcoming Year**

There has been no significant changes in our programs or policies.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 171,424

C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment al074cfp04

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment al074cfp04

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
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1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

A. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

B. Resident Advisory Board (RAB) Recommendations and PHA Response

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

1. If yes, the comments are Attached at Attachment B

3. In what manner did the PHA address those comments? (select all that apply)

The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included

Yes No: below or

Yes No: at the end of the RAB Comments in Attachment _____.

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment _C_.

Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: Alabama Dept of Economic and Community Affairs

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

- changes to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items(items not included in the current Annual Statement of 5-year Action plan) or change in the use of replacement reserve funds under the Capitol Fund;
- any change with regard to demolition or disposition or disposition, designation, homeownership programs and conversions activities.

A. Significant Amendment or Modification to the Annual Plan:

- changes to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items(items not included in the current Annual Statement of 5-year Action plan) or change in the use of replacement reserve funds under the Capitol Fund;
- any change with regard to demolition or disposition or disposition, designation, homeownership programs and conversions activities.

Attachment A
Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Required Attachment C : Resident Member on the PHA Governing Board

1. X Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: NANA B. FRANKS

B. How was the resident board member selected: (select one)?

Elected

X Appointed

C. The term of appointment is (include the date term expires): 2004

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member: OCTOBER 10, 2001

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

PERRY FRANKS – MAYOR OF TOWN OF BRILLIANT

Required Attachment D : Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

JUANITA HARDER

HELEN STANFORD

DONALD GODSEY

ATTACHMENT E : COMMENTS FROM RESIDENT ADVISORY BOARD

THE RESIDENT ADVISORY BOARD MET AT THE HOUSING AUTHORITY OFFICE ON APRIL 10,2001 TO DISCUSS THE ANNUAL AND FIVE YEAR PLAN.

THOSE PRESENT WERE, JUANITA HARDER, HELEN STANFORD AND DONALD GODSEY FROM THE ADVISORY BOARD AND DEBORAH BERRYHILL, EXECUTIVE DIRECTOR OF THE HOUSING AUTHORITY.

THE WAS DISCUSSION OF PHYSICAL NEEDS OF THE DEVELOPMENTS AND WHAT THE RESIDENTS WOULD LIKE TO SEE IN THE WAY OF IMPROVEMENTS. THE ADVISORY BOARD MEMBERS AGREE WITH THE WORK ITEMS AND LANDSCAPING INCLUDED IN OUR PLAN.

PHA RESPONSE

PHA RESPONDED BY INCLUDING ALL RECOMMENDATIONS OF RENOVATIONS TO BE MADE TO AL074-1 WITH LANDSCAPING.

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:

Summary

Printed on: 8/20/01 11:57 AM

PHA Name: Housing Authority of Boston	Grant Type and Number AL9P07491099 Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:	1999
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Original Annual Statement Performance and Evaluation Report for Period Ending:03/31/2000 Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:) Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1					
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	2,406	1,406	1,406	1,000
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	10,000	10,000	10,000	9,360
8	1440 Site Acquisition				
9	1450 Site Improvement	75,000	70,510	70,510	57,746
10	1460 Dwelling Structures	60,000	60,240	60,240	60,240
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Nondwelling Structures	18,000	22,110	22,110	12,381
13	1475 Nondwelling Equipment		1,140	1,140	1,140
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	165,406	165,406	165,406	141,867
Small PHA Plan Update Page 8					
21	Amount of line 20 Related to LBP Activities				
2	Amount of line 20 Related to Section 504 Compliance				
2	Amount of line 20 Related to Security				

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Housing Authority of Boston Brilliantt, Marion County Alabama		Grant Type and Number CGP Capital Fund Program #: AL09P074910-99 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 1999			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
74-01	ADMINISTRATION	1410						
	(a) Fee Accounting			1,000	1,000	1,000	1,000	
	(b) Miscellaneous Admin. Expenses			1,406	406	406		
74-01	FEES AND COST	1430						
74-03	(a) Employ A/E for plans, specs, insp			10,000	10,000	10,000	9,360	
74-03	SITE IMPROVEMENT	1450						
	(a) lawns, landscaping and walk repair			75,000	70,510	70,510	57,746	
74-01	DWELLING STRUCTURES	1460						
	(a) remove existing roofing & chimneys							
	Re-roof, flashing & new vents			60,000	60,240	60,240	60,240	
74-01	NON-DWELLING STRUCTURES	1470						
	(a)repair and re-roof office							
	(b)add storage vault							
	©install new walkway			18,000	22,110	22,110	12,381	
	(d)install project sign							
	(e) landscaping							
74-01	NON_DWELLING EQUIPMENT	1475						
	Computer Desk				1,140	1,140	1,140	

Small PHA Plan Update Page 2
Table Library

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of Boston		Grant Type and Number AL9P074501-00 Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			2000
Original Annual Statement Performance and Evaluation Report for Period Ending:0			Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:) Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	2,400		2,400	
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	10,500		10,500	
8	1440 Site Acquisition				
9	1450 Site Improvement	18,000			
10	1460 Dwelling Structures	140,524			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	171,424		12,900	

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: Housing Authority of Boston	Grant Type and Number AL9P074501-00 Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:	2000
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Original Annual Statement Performance and Evaluation Report for Period Ending:0 **Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)**
Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Housing Authority of Boston Brilliantt, Marion County Alabama	Grant Type and Number CGP Capital Fund Program #: AL09P074501-00 Capital Fund Program Replacement Housing Factor #:	Federal FY of Grant: 2000
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Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
74-01	ADMINISTRATION	1410						
				2,400		2,400		
74-01	FEES AND COST	1430						
				10,500		10,200		
74-01	SITE IMPROVEMENT (a) landscaping	1450						
				18,000				
74-01	DWELLING STRUCTURES (a) repair bathrooms, ceramic walls Light fixtures and floors	1460						
				140,524				

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA Small PHA Plan Update Page 1

Table Library

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: Housing Authority of Boston	Grant Type and Number AL9P074502-01 Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:	2001
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Original Annual Statement Performance and Evaluation Report for Period Ending:03/31/2000 **Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)**
Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	2,500			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	11,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	159,017			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	2,400			
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	174,917			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: Housing Authority of Boston		Grant Type and Number AL9P074502-01		2001
		Capital Fund Program:		
		Capital Fund Program		
		Replacement Housing Factor Grant No:		
Original Annual Statement			Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)	
Performance and Evaluation Report for Period Ending:03/31/2000			Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

HA Name: Housing Authority of Boston Brilliantt, Marion County Alabama		Grant Type and Number CGP Capital Fund Program #: AL09P074502-01 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
H.A. WIDE	ADMINISTRATION	1410	LS	2,500				
	Addition accounting, mis expense							
AL074-03	FEES AND COST	1430	LS	11,000				
	Employ A&E firm							
AL074-03	DWELLING STRUCTURES	1460	2 ea	70,000				
	(a) convert (4) 1 BR D.U. to (2) 2 BR @ 35,000							
	(b) Re-Roof @ 16 D.U. @ 2,750 © install new water supply lines		16 ea	44,000				
AL074-03	@ 16 D.U. @ 2,815.00		16ea	45,017				
		1460	Total	159,017				
AL074-03	RELOCATION COST	1495.1						
	(a) relocate (4) four residents for MOD		4 ea	2,400				

AL074-02	BOSTON HEIGHTS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
A. INSTALL REMAINING HVAC 8 UNITS @ \$5,000	60,000	07/2002
	32,000	07/2002
B. INSTALL STORM DOORS 8 UNITS @ \$400	2,400	07/2002
C. REPAIR AND INSTALL OUTSIDE WATER FAUCETTS 12 @ \$200		
Total estimated cost over next 5 years	144,400	

fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
Original statement	Revised statement	
Development Number	Development Name (or indicate PHA wide)	
AL074-04	BOSTON HIEGHTS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
A. NEW WINDOWS AND SECURITY SCREENS 40 UNITS	110,000	07/2003
	50,000	07/2003

B. LANDSCAPING AND REPAIR SIDEWALKS 40 UNITS	24,000	07/2003
C. PURCHASE NEW PICK-UP PROJECT WIDE		
Total estimated cost over next 5 years	184,000	

CFP 5-Year Action Plan		
Original statement	Revised statement	
Development Number	Development Name (or indicate PHA wide)	
AL074-1-4	BOSTON HEIGHTS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
A. INSTALL 16 UNITS HVAC SYSTEMS 16 @\$5000	80,000	07/2004
B. PURCHASE MAINTENANCE SHOP EQUIPMENT	32,000	07/2004
Total estimated cost over next 5 years	112,000	

information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
Original statement	Revised statement	
Development Number	Development Name (or indicate PHA wide)	
AL074-1-4	BOSTON HEIGHTS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
A. REPAIR STORM SHELTERS 2 @ \$10,000	20,000	07/2005
B. RE-ROOFING 74-2 UNITS 10 @ 2500	25,000	07/2005
C. INSTALL GUTTERS AT BACK OF UNITS 96 @ \$100	9,600	07/2005
D.CONVERT 4 ONE BEDROOM UNITS TO 2 – 2 BEDROOM UNITS	100,000	07/2005
Total estimated cost over next 5 years	154,600	