

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

Housing Authority of the City of Senoia

**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 the City of Senoia

PHA Number: GA204

PHA Fiscal Year Beginning: (07/2001)

PHA Plan Contact Information:

Name: Ms. Sandra Strozier

Phone: (770) 599-6442

TDD:

Email (if available):

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 2002
 [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"/> Other (List below, providing each attachment name)	

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

The Annual Plan includes information pertaining to the operations of the Housing Authority in the 2002 Fiscal Year. The Annual Plan updates information provided in the 5-Year Plan which was developed last year and covers 2001 to 2005. The 5-Year Plan can be referenced if more information is needed.

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

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Housing Authority of the City of Senoia does not plan to make any changes to any policies or programs at this time.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

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? \$59,435

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 ga204a01

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment ga204a01

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)
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: (DD/MM/YY)
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? \$ 15,500
- 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 F

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. 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?
2. If yes, the comments are Attached at Attachment (File name)
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 ____.
 - 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: (State of Georgia)
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)

The State of Georgia Consolidated Plan supports the Senoia Housing Authority's Agency Plan with the following Strategic Plan Priority:

To increase the number of Georgia's low and moderate income households who have obtained affordable, rental housing free of overcrowded and structurally substandard conditions.

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:

A "Substantial Deviation" from the 5-Year Plan is an overall change in the direction of the Authority pertaining to the Authority's Goals and Objectives. This includes changing the Authority's Goals and Objectives.

B. Significant Amendment or Modification to the Annual Plan:

A "Significant Amendment or Modification" to the Annual Plan is a change in a policy or policies pertaining to the operation of the Authority. This includes the following:

- Changes to rent or admissions policies or organization of the waiting list.
- Additions of non-emergency work items over \$5,000 (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund.
- Any change with regard to demolition or disposition, designation, homeownership programs or conversion 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
	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
	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
	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
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	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
	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
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	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
	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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	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
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name:		Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)				
<input type="checkbox"/> Final Performance and Evaluation Report		Total Estimated Cost		Total Actual Cost		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
24	Amount of line 20 Related to Energy Conservation Measures					

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA 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		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost over next 5 years	\$	

Attachment B

Resident Member on the PHA Governing Board

1. 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: Porchia Fowler
 - B. How was the resident board member selected: (select one)?
 - Elected
 - Appointed
 - C. The term of appointment is (include the date term expires): 5 Years (expires 1/05)
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:
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Attachment C

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.)

Betty Vidos

Emma Chunn

Yvonne Gates

Attachment D

Brief Statement of Progress in Meeting 5-Year Plan Mission and Goals

At this time the Housing Authority of the City of Senoia is striving to meet the Mission and Goals stated in the 5-Year Plan. Over the next year, the Authority is planning to revisit each goal and determine the progress and viability of each.

Attachment E

Resident Assessment and Satisfaction Survey Follow-Up Plan

Overview

The Housing Authority of the City of Senioa received the following scores on the Resident Assessment Survey.

<u>Section:</u>	<u>Score</u>
Maintenance and Repairs	81.3%
Communications	68.0%
Safety	70.8%
Services	54.3%
Neighborhood Appearance	70.2%

As a result of this survey, the Housing Authority is required to develop a Follow-Up Plan to address each section score that fell below 75%.

Our Authority is interested in addressing any real or perceived concerns that the residents may have regarding communication, safety, and neighborhood appearance. We will strive to make any necessary and appropriate improvements to our management operations and address all safety issues. Unfortunately, we are unable to address the specific concerns expressed by the residents because we have been unable to obtain the detailed information from HUD.

Communications

GOAL: To improve the quality of communication to all residents.

ACTION: Meet with the Resident Advisory Board and discuss their concerns regarding any of the sections outlined in the Survey pertaining to communication. Meet with the staff person periodically to discuss the importance of communication. The Housing Authority will strive to continue to improve the quality of service we provide and address the issues brought forth by the Advisory Board. The Authority shall achieve a level of customer satisfaction that gives the Agency the highest possible score in this element of the Public Housing Assessment System. This will be an on-going process.

Services

GOAL: Make residents more aware of the available services.

ACTION: Services will be emphasized at initial lease signings and re-exams.

Safety

GOAL: To address the concern of residents pertaining to safety and security outlined in the Resident Service and Satisfaction Survey; develop programs that focus on improving security.

ACTION: The Authority plans to continue the reimbursement of law enforcement through its Drug Elimination Program. The Authority will also meet with the Resident Advisory Board to discuss what actions can be taken to make the developments safer for all families.

Neighborhood Appearance

GOAL: To improve the overall neighborhood appearance.

ACTION: The Authority shall achieve proper curb appeal for its public housing developments by improving landscaping, keeping its grass cut, making properties litter free and other actions. The Authority will also continue to use Capital Funds to modernize and renovate housing units.

Attachment F

Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Annual PHDEP Plan Table of Contents:

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

Section 1: General Information/History

A. Amount of PHDEP Grant \$15,500

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R X

C. FFY in which funding is requested 2001

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

The Senoia Housing Authority plans on implementing a drug prevention program for the kids of the housing authority. The HA wants to see that the kids excel in the community and in their future. The HA hopes that the drug prevention programs will deter the kids from the use of drugs and participating in criminal activity.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
GA204-01	31	31

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

6 Months _____ **12 Months** X **18 Months** _____ **24 Months** _____ **Other** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY 1995					
FY 1996					
FY 1997					
FY 1998	\$50,000	GA01DEP2040198	\$0		
FY 1999	\$15,500	GA01DEP2040199	\$0		
FY 2000	\$15,500	GA01DEP2040199	\$15,500		2/28/02

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

The Senoia Housing Authority will offer a summer camp for the HA’s kids to participate in during the summer months. The summer camp offers drug awareness education and activities along with recreational sports. The HA hopes this will leave a positive influence on the kids and educate them on the risk of drug usage.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FY 2001 PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	\$15,500
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	\$15,500

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9160 - Drug Prevention						Total PHDEP Funding: \$15,500	
Goal(s)	Prevent the youths of the HA from getting involved with drug usage.						
Objectives	Offer drug prevention classes making the kids aware of risk involved with drug use.						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. Summer Camp/Drug Awareness	NA	31	6/30/02	8/30/02	\$15,500		Monitor the kids over-all attitudes during the camp.
2.							
3.							

Section 3: Expenditure/Obligation Milestones

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

Budget Line Item #	25% Expenditure of Total Grant Funds By Activity #	Total PHDEP Funding Expended (sum of the activities)	50% Obligation of Total Grant Funds by Activity #	Total PHDEP Funding Obligated (sum of the activities)
<i>e.g Budget Line Item # 9120</i>	<i>Activities 1, 3</i>		<i>Activity 2</i>	
9110				
9120				
9130				
9140				
9150				
9160	Activity 1	\$7,000	Activity 1	\$15,500
9170				
9180				
9190				
TOTAL		\$7,000		\$15,500

Section 4: Certifications

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the “PHA Certifications of Compliance with the PHA Plan and Related Regulations.”

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

PHA Name: Senoia Housing Authority	Grant Type and Number Capital Fund Program Grant No: GA06P20450101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:)**
 Performance and Evaluation Report for Period Ending: **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	\$4,452.00			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$36,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$6,983.00			
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	\$12,000.00			
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$59,435.00			
22	Amount of line 21 Related to LBP Activities	\$54,983.00			

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

PHA Name: Senoia Housing Authority	Grant Type and Number Capital Fund Program Grant No: GA06P20450101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:)**
 Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Senoia Housing Authority		Grant Type and Number Capital Fund Program Grant No: GA06P20450101 Replacement Housing Factor Grant No:				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 Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	Operations	1406	LS	\$4,452.00				
	Subtotal 1406			\$4,452.00				
PHA-Wide	A/E Consultant Fees for Asbestos and LBP Survey	1430	LS	\$1,500.00				
	A/E Consultant Fees for Asbestos and LBP Specification	1430	LS	\$3,000.00				
	A/E Consultant Fees for Asbestos and LBP Monitoring	1430	LS	\$15,500.00				
	A/E Design Fees (Abatement of 31 units)	1430	LS	\$10,000.00				
	A/E Const. Admin. Fees (Abatement of 31 units)	1430	LS	\$6,000.00				
	Subtotal 1430			\$36,000.00				
GA204-1 & 2	Abatement of Asbestos floor tile mastic and LBP	1460	31 Units	\$6,983.00				
	Subtotal 1460			\$6,983.00				
GA204-1 & 2	Motel Bills for residents during abatement	1495.1	31 Units	\$12,000.00				
	Subtotal 1495.1			\$12,000.00				

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

PHA Name: Senoia Housing Authority		Grant Type and Number Capital Fund Program Grant No: GA06P20450101 Replacement Housing Factor Grant No:			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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	Grant Total			\$59,435.00				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Senoia Housing Authority		Grant Type and Number Capital Fund Program No: GA06P20450101 Replacement Housing Factor No:				Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	3/31/02			6/31/03			
GA204-1 & 2 Dwelling Structures	3/31/02			6/31/03			
GA204 1 & 2 Relocation	3/31/02			6/31/03			

Capital Fund Program Five-Year Action Plan
Part I: Summary

PHA Name Senoia Housing Authority		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2003	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2004	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2005	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2006
PHA-Wide	Annual Statement	\$12,299.75	\$14,904.25	\$952.00	\$15,452.00
GA204-1 & 2		\$47,135.25	\$44,530.75	\$58,483.00	\$43,983.00
CFP Funds Listed for 5-year planning		\$59,435.00	\$59,435.00	\$59,435.00	\$59,435.00
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : 2 FFY Grant: 2002 PHA FY: 2003			Activities for Year: 3 FFY Grant: 2003 PHA FY: 2004		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	PHA-Wide	Operations	\$952.00	PHA-Wide	Operations	\$952.00
	PHA-Wide	A/E Fees – design and bid – conversion of one three bedroom unit for handicap accessibility.	\$10,000.00	PHA-Wide	A/E Fees – construct. admin. – conversion of one three bedroom unit.	\$1,652.25
	PHA-Wide	A/E Fees – construct. admin. – conversion of one three bedroom unit.	\$1,347.75	PHA-Wide	A/E Fees – design & bid – bathroom improvements (29 units)	\$8,000.00
See Annual Statement	GA204-1 & 2	Abatement of asbestos floor tile mastic and LBP (27 units)	\$47,135.25	PHA-Wide	A/E Fees – construct. admin. – bathroom improvements.	\$1,900.00
				GA204-1	Conversion of one three bedroom unit for handicap accessibility.	\$40,000.00
				GA204-1 & 2	Bathroom renovations including but not limited to shower plumbing, cast polymer tub surrounds, new toilets, new lavatories, new bath accessories, new flooring and paint. (Phase 1)	\$4,530.75
				PHA-Wide	Relocation	\$2,400.00
Total CFP Estimated Cost			\$59,435.00			\$59,435.00

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

PHA Name: Senoia Housing Authority	Grant Type and Number Capital Fund Program Grant No: GA06P20450100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/00 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	\$58,483.00		\$58,483.00	\$0.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$58,483.00		\$58,483.00	\$0.00
22	Amount of line 21 Related to LBP Activities				

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

PHA Name: Senoia Housing Authority	Grant Type and Number Capital Fund Program Grant No: GA06P20450100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)

 Performance and Evaluation Report for Period Ending: 12/31/00
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

