

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 7/1/2001

**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: EASTPOINTE HOUSING COMMISSION

PHA Number: MI044

PHA Fiscal Year Beginning: JULY/2001

PHA Plan Contact Information:

Name: **JODY L. WENZ**

Phone: 810-445-5099

TDD:

Email (if available): EHCDir@aol.com

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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Attachments

- Attachment **1**: Supporting Documents available for review(**included in template**)
- Attachment **b** : Capital Fund Program Annual Statement (file name: **mi044bv02.xls**)
- Attachment **c** : Capital Fund Program 5 Year Action Plan (file name: **mi044cv02.xls**)
- Attachment **d** : Capital Fund Program Replacement Housing Factor Annual Statement (file name: **mi044dv02.xls**)
- Attachment **2** : Resident Membership on PHA Board or Governing Body(**included in template**) -29-
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- Other :Attachment **f**: Description of progress meeting agency goals: (file name: **mi044fv02**)

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

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.

In December, 2000, our Board voted to change the jurisdictional boundaries within the Section 8 program to encourage deconcentration efforts, ease HQS workload, and increase staff safety.

In March, 2001, the Board of Commissioners approved a request to submit a Designated Elderly Housing Plan in accordance with 24 CFR Part 945 and PIH Notice 96-27, 96-60, 97-12 and 98-28. We intend to have this application written and submitted to HUD sometime in June, 2001.

In addition, the Resident Advisory Board has requested a substantial change to the annual & five (5) year plan which will change the priority of our modernization funding. They have requested the construction of a multi-purpose room which will be used to unite the two buildings while encouraging friendships, teamwork, furthering social activities and ultimately develop a sense of pride to live within our community. See page –8- for details.

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? **\$ 211,313.00 (actual 2001 CFP)**

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 **c**: file name **mi044c02**

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment **d** : file name **mi044d02**

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? \$

- 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)]

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 **listed below**
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: **SEE BELOW FOR RAB COMMENTS**
 - Considered comments, but determined that no changes to the PHA Plan were necessary.

COMMENTS from the RESIDENT ADVISORY BOARD MEETING that took place on APRIL 5, 2001 @ 1:00pm in ERIN MANOR COMMUNITY ROOM:

There were twenty residents present, the Director and the Architect.

The architect presented room dimensions and drawings of the proposed multi-purpose room. Discussion took place over WHAT these three rooms, totaling 4,384 sq. ft. would be used for and how the residents want it furnished. The Director began by reminding the residents that one of the purposes of this project was to unite the two buildings, Erin & Chester Berry Manor, so that we consider ourselves one community; spiritually and physically. The two buildings have become "engaged", and the planning of this new physical link is compared to the planning of a wedding. The actual "wedding" will take place the day our multi-purpose room is inaugurated!

With that in mind, it was decided that one area would be used as an arcade, and furnished with a combination pool /ping pong table , pinball machines, game tables, etc. It was suggested that we also try to acquire a few used or rebuilt computers in the arcade room for computer game use.

The second area would focus on being utilized as a craft /kitchen area. The residents expressed that they would like to begin cooking & crafts classes, and would like to have one of the new rooms furnished with a commercial oven and craft lockers/tables. Some residents were concerned over the "rules over who was allowed to use the rooms and under what conditions". The Director suggested they form a committee who would decide what the rules should be, how they would be enforced and what the consequences are for not following the rules.

All residents liked the idea of piped in music and 24 hr cameras monitoring the site. It was explained that the lunch program and Commission Meetings would have to be moved into Erin Manor Community room, as this new room would NOT be conducive to these programs. Suggestions were also made for lots of hanging plants around the windows, and vending machines. One of the residents offered to care for the plants, another offered to patrol the halls, etc. for vending machines candy wrappers. All agreed rules would have to be made & followed if vending machines were present. It was suggested that we resurrect the shuffle board and pour a new one for the yard are outside the new multi-purpose room when the new landscaping goes in.

The Director also suggested that since we would be relocating the mailboxes to the multi-purpose room where both buildings could mix & mingle, perhaps we could use the old mailbox openings in the brick wall of the entrances to build into the wall fish aquariums like they have in restaurants! The RAB LOVED the idea!!! This excited them further, and the meeting concluded with all feeling happy & good about the future plans for our buildings. Not only will it be an affordable place to live and call home, but it will be a place that people want to live in and will enjoy living out their remaining years!

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: MACOMB COUNTY MICHIGAN

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: See HUD form 50075 signed by the County Executive, John Hertel.**

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.

The Eastpointe Housing Commission's definition of substantial deviation and significant amendment or modification are as follows:

- **any changes to rent or admission policies or organization of the waiting list; and**
- **any additions of non-emergency work items (items not included in the current Annual Statement of 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund program**

A. Substantial Deviation from the 5-year Plan:

At the request of the Resident Advisory Board, the Eastpointe Housing Commission has deviated from their original five year plan to include the construction of a 4,384 SQ. FT. multi-purpose activity room that will be located directly between the two buildings; Erin Manor (MI44-001) and Berry Manor (MI44-002). The purpose of this room is to unite the two communities by a common area, thus linking them together physically and spiritually. This new common area will encompass a "ladie's" area with arts & crafts lockers, line-dancing space, puzzle tables, card tables, exercise bikes, library book shelves, a kitchen area with a full size oven for baking (the apartments have apartment size ovens), and will be decorated by the women of the buildings. The "men's" area will have a foosball table, a pinball machine, card tables, etc. and will be decorated by the men of the buildings. The common area will have comfortable over-stuffed furniture with a built-in big screen TV/VCR and possibly a pool table. Included in this construction is a patio off the back room, and new landscaping for the patio/backyard area.

B. Significant Amendment or Modification to the Annual Plan:

As a result of our resident's request, we have adjusted our annual and five (5) year plan by moving all previously submitted projects back two and a half (2 1/2) years. This will allow us to begin the initial planning and bid specifications out in the fall of 2001, begin construction in Spring of 2002, and complete construction and landscaping in late 2002/early 2003.

Attachment 1

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 |
| In office | 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 |
| In office | 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 |
| X | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies |
| | 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 |
| | 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 checked="" 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 |
| X | 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 |
| | 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 checked="" 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 |
| In office | 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 |
| X | 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 |
| N/A | 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 |
| N/A | Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan) | Annual Plan: Homeownership |
| | 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 (PHEDEP) 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 |
| | 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 |
| In office | 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) |

| Annual Statement/Performance and Evaluation Report Attachment a: file name mi044a01 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | |
|---|---|---|---------|-------------------------------------|----------|
| PHA Name: see attachment file <u>mi044b02</u> | | Grant Type and Number Capital Fund Program: MI28P04450100 Capital Fund Program Replacement Housing Factor Grant No: | | Federal FY of Grant: 2000 | |
| <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/00 | | | | | |
| <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> 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 | | | | |
| 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 | 1498 Mod Used for Development | | | | |
| 19 | 1502 Contingency | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2-19) | | | | |
| 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 | | | | |

| Annual Statement/Performance and Evaluation Report Attachment a: file name mi044a01 | | | | |
|--|---|--|--|-------------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | |
| PHA Name: see attachment file <u>mi044b02</u> | | Grant Type and Number Capital Fund Program: MI28P04450100 Capital Fund Program Replacement Housing Factor Grant No: | | Federal FY of Grant: 2000 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) | | | | |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/00 <input type="checkbox"/> Final Performance and Evaluation Report | | | | |
| 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 Attachment File name:mi044c02

File name: mi044c02

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 | | |

PHA 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.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an “x”) **N1** _____ **N2** _____ **R** _____

C. FFY in which funding is requested _____

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

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. Unit count information should be consistent with that available in PIC.

| 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) |
|--|--|--|
| | | |
| | | |
| | | |

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).

12 Months _____ **18 Months** _____ **24 Months** _____

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. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. 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 | Grant Start Date | Grant Term End Date |
|-------------------------------|-------------------------------|----------------|---|------------------------------------|-------------------------|----------------------------|
| FY 1995 | | | | | | |
| FY 1996 | | | | | | |
| FY 1997 | | | | | | |
| FY1998 | | | | | | |
| FY 1999 | | | | | | |

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.

B. PHDEP Budget Summary

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

| FFY ____ PHDEP Budget Summary | |
|---|----------------------|
| Original statement | |
| Revised statement dated: | |
| Budget Line Item | Total Funding |
| 9110 – Reimbursement of Law Enforcement | |
| 9115 - Special Initiative | |
| 9116 - Gun Buyback TA Match | |
| 9120 - Security Personnel | |
| 9130 - Employment of Investigators | |
| 9140 - Voluntary Tenant Patrol | |
| 9150 - Physical Improvements | |
| 9160 - Drug Prevention | |
| 9170 - Drug Intervention | |
| 9180 - Drug Treatment | |
| 9190 - Other Program Costs | |
| | |
| TOTAL PHDEP FUNDING | |

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.

| 9110 – Reimbursement of Law Enforcement | Total PHDEP Funding: \$ |
|--|--------------------------------|
| Goal(s) | |
| Objectives | |

| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDE P Funding | Other Funding (Amount/ Source) | Performance Indicators |
|---------------------|---------------------|-------------------|------------|------------------------|-----------------|--------------------------------|------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9115 - Special Initiative | | | | | Total PHDEP Funding: \$ | | |
|----------------------------------|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount/ Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9116 - Gun Buyback TA Match | | | | | Total PHDEP Funding: \$ | | |
|------------------------------------|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9120 - Security Personnel | | | | | Total PHDEP Funding: \$ | | |
|----------------------------------|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9130 – Employment of Investigators | | | | | Total PHDEP Funding: \$ | | |
|---|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|---------------------------------------|--|--|--|--|--------------------------------|--|--|
| 9140 – Voluntary Tenant Patrol | | | | | Total PHDEP Funding: \$ | | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |

| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
|---------------------|---------------------|-------------------|------------|------------------------|----------------|--------------------------------|------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9150 - Physical Improvements | | | | | Total PHDEP Funding: \$ | | |
|-------------------------------------|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9160 - Drug Prevention | | | | | Total PHDEP Funding: \$ | | |
|-------------------------------|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9170 - Drug Intervention | | | | | Total PHDEP Funding: \$ | | |
|---------------------------------|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9180 - Drug Treatment | | | | | Total PHDEP Funding: \$ | | |
|------------------------------|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|-----------------------------------|--|--|--|--|------------------------------|--|--|
| 9190 - Other Program Costs | | | | | Total PHDEP Funds: \$ | | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |

| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
|---------------------|---------------------|-------------------|------------|------------------------|----------------|--------------------------------|------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

Required Attachment 2 : 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:

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

- Elected
- Appointed

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

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: 10/01/2001

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

Mr. D. Wayne O'Neal, City Manager

Required Attachment 3 : 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.)

Note: All residents volunteered to be on this board

ERIN MANOR (64 res)

John Osborne
Catherine Santoro
Jo Bagnasco
Alpha Rood
Harold Hunt
Trudy Schornak
Bill Lippman
Frank Cito
Margaret Manturuk
Jeff Gumola
Joan Schutzler
Jo Swalec
Dee Jordan

BERRY MANOR (100 res)

Bob Bersok
Mary Brennan
Gladys Bouchard
Betty Yunke
Jackie Sturgess
Diane Ward
Betty Louden
Paul Kishefsky
Diane Scorpio
Barbara Nunley
Rayma Rawa
Joyce Heatherly
Joe Orłowski

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

| | | | | | | | |
|--|-------------------------------|-------------|---|------------------------------|-------------|-------------------------------------|--------------------------------------|
| PHA Name: EASTPOINTE HOUSING COMMISSION | | | Grant Type and Number Capital Fund Program Grant No.: MI28 P044 501 00 Replacement Housing Factor Grant No.: | | | Federal FY of Grant: 2000 | |
| Development Number/Name HA - Wide Activities | All Funds Obligated (QE Date) | | | All Funds Expended (QE Date) | | | Reasons for Revised Target Dates (2) |
| | Original | Revised (1) | Actual (2) | Original | Revised (1) | Actual (2) | |
| PHA WIDE | 6/30/01 | 3/31/02 | | 12/31/03 | 9/30/03 | | |

Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages

| PHA Name: EASTPOINTE HOUSING COMMISSION | | Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No.: | | | | MI28 P044 501 00 | | Federal FY of Grant: 2000 |
|---|--|---|-----------|----------------------|----------------|-------------------------|----------------|---|
| Development Number/Name HA-Wide Activities | General Description of Major Work Categories | Development Account Number | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| PHA WIDE | <u>FEES & COSTS</u> | 1430 | | | | | | |
| | A. A&E Fees | | | <u>20,000</u> | <u>22,000</u> | | | |
| | SUB TOTAL | | | 20,000 | 22,000 | 0 | 0 | |
| MI 44-2 | <u>SITE IMPROVEMENTS</u> | 1450 | | | | | | |
| | A. Resurface/base parking lot | | | <u>0</u> | <u>75,000</u> | | | |
| | SUB TOTAL | | | 0 | 75,000 | 0 | 0 | |
| PHA WIDE | <u>DWELLING STRUCTURES</u> | 1460 | | | | | | |
| | A. Re-key 164 individual apartments | | 164 units | 50,000 | 50,000 | | | completed under 99-07 no longer needed |
| | B. Expand & renovate Management Office | | | 80,000 | 0 | | | |
| | C. Replace roof exhaust fans | | | <u>45,000</u> | <u>0</u> | | | |
| | SUB TOTAL | | | 175,000 | 50,000 | 0 | 0 | |
| PHA WIDE | <u>NON-DWELLING STRUCTURES</u> | 1470 | | | | | | |
| | A. Begin construction on new Multi-Purpose Room addition | | | <u>0</u> | <u>60,939</u> | <u>0</u> | <u>0</u> | total est.cost = \$400,000 |
| | SUB TOTAL | | | 0 | 60,939 | 0 | 0 | |
| PHA WIDE | <u>CONTINGENCY</u> | 1502 | | | | | | |
| | SUB TOTAL | | | <u>23,881</u> | <u>0</u> | 0 | 0 | |
| | SUB TOTAL | | | 23,881 | 0 | 0 | 0 | |
| | GRAND TOTAL | | | 218,881 | 207,939 | 0 | 0 | |

Annual Statement/Performance and Evaluation Report

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

| HA Name: EASTPOINTE HOUSING COMMISSION | | Grant Type and Number Capital Fund Program Grant No.: MI28 P044 501 00 Replacement Housing Factor Grant No.: | | Federal FY of Grant 2000 | |
|---|---|---|------------------|------------------------------------|------------|
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies | | <input checked="" type="checkbox"/> Revised Annual Statement/Revision Number ONE | | | |
| <input type="checkbox"/> Final Performance and Evaluation Report | | <input checked="" type="checkbox"/> Performance & Evaluation Report for Program Year Ending 12/31/00 | | | |
| Line # | Summary by Development Accounts | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total Non-CGP Funds | | | | |
| 2 | 1406 Operations | | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees & Cost | \$20,000 | \$22,000 | \$0 | \$0 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | \$0 | \$75,000 | \$0 | \$0 |
| 10 | 1460 Dwelling Structure | \$175,000 | \$50,000 | \$0 | \$0 |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | | | | |
| 12 | 1470 Nondwelling Structures | \$0 | \$60,939 | \$0 | \$0 |
| 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 | \$23,881 | \$0 | | |
| 21 | Amount of Annual Grant (Sum of lines 2-19) | \$218,881 | \$207,939 | \$0 | \$0 |
| 22 | Amount of Line 21 related to LBP Activities | | | | |
| 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 | | | | |

Capital Fund Program Five-Year Action Plan

Part I: Summary

Capital Fund Program (CGP)

| HA Name EASTPOINTE HOUSING COMMISSION | | Locality (City/County & State) EASTPOINTE, MI | | | <input checked="" type="checkbox"/> Original Revision Number _____ |
|---|--|---|---|---|---|
| A. Development Number/Name | Work Statement for Year 1 FFY 2001 | Work Statement for Year 2 FFY Grant: 2002 PHA FY: 6/30/03 | Work Statement for Year 3 FFY Grant: 2003 PHA FY: 6/30/04 | Work Statement for Year 4 FFY Grant: 2004 PHA FY: 6/30/05 | Work Statement for Year 5 FFY Grant: 2005 PHA FY: 6/30/06 |
| PHA WIDE - MANAGEMENT | SEE ANNUAL STATEMENT | | | \$35,000 | \$20,000 |
| PHA WIDE - DWELLING UNITS | | | | \$134,000 | \$128,000 |
| PHA WIDE - NON-DWELLING | | \$193,122 | \$35,000 | | |
| MI 44-1 | | | | \$36,000 | \$30,000 |
| MI 44-2 | | | | \$170,000 | \$27,000 |
| Total CFP Funds (Est.) | | \$193,122 | \$205,000 | \$205,000 | \$205,000 |
| Total Replacement Housing Factor Funds | | \$0 | \$0 | \$0 | \$0 |
| | | | | | |

**Capital Fund Program (CFP) Five-Year Action Plan
Part II: Supporting Pages - Work Activities**

| Activities for Year 1 | Activities for Year 2 FFY Grant: 2002 PHA FY: 6/30/03 | | | Activities for Year 3 FFY Grant: 2003 PHA FY: 6/30/04 | | | |
|----------------------------|---|--|------------------|---|---|---|-----------------|
| | Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost | |
| SEE ANNUAL STATEMENT | PHA WIDE | A. Complete construction of a Multi-Purpose Tenant Community Room | \$128,122 | MI 44-2 | A. Kitchen modernization | \$85,000 | |
| | | B. Furniture, fixtures, & equipment for new Multi-Purpose Room | \$25,000 | | B. Replace all doors in units including interior & closet doors | <u>\$85,000</u> | |
| | | C. Extensive landscaping to complement new Multi-Purpose Room, phase I | <u>\$40,000</u> | | Sub total | \$170,000 | |
| | | Sub total | \$193,122 | | PHA WIDE | A. Extensive landscaping to complement new Multi-Purpose Room, phase II | <u>\$35,000</u> |
| | | | | | Sub total | \$35,000 | |
| | Total CFP Estimated Cost | | \$193,122 | | | \$205,000 | |

**Capital Fund Program (CFP) Five-Year Action Plan
Part II: Supporting Pages - Work Activities**

| Activities for Year 1 | Activities for Year 4 FFY Grant: 2004 PHA FY: 6/30/05 | | | Activities for Year 5 FFY Grant: 2005 PHA FY: 6/30/06 | | |
|-------------------------------------|---|--|------------------|---|--|-----------------------------|
| | Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| SEE ANNUAL STATEMENT | PHA WIDE | A. Replace lobby furniture | \$15,000 | PHA WIDE | A. Drywall & paint cinderblock walls in apartment interiors B. Replace flooring in all units, phase I (Estimated total cost = \$164,000) | \$100,000 |
| | | B. Upgrade computer system | \$20,000 | PHA WIDE | | \$28,000 |
| | | C. Replace carpet in all common areas including hallways | <u>\$134,000</u> | | | |
| | | Sub total | \$169,000 | | Sub total | \$128,000 |
| | MI 44-1 | A. Replace flooring in apt. baths & kitchens | \$18,000 | PHA WIDE | Replace vehicle | <u>\$20,000</u> |
| | | B. Install lighting in tunnel under building | <u>\$18,000</u> | | Sub total | \$20,000 |
| | | Sub total | \$36,000 | | | |
| | | | | MI 44-1 | Resurface/base parking lot | <u>\$30,000</u> |
| | | | | | Sub total | \$30,000 |
| | | | | MI 44-2 | A. Replace control panel on fire pump B. Provide fabricated wall treatment over brick walls in common areas | \$12,000 <u>\$15,000</u> |
| | | | | Sub total | \$27,000 | |
| | Total CFP Estimated Cost | | \$205,000 | | | \$205,000 |

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

| PHA Name: EASTPOINTE HOUSING COMMISSION | | Grant Type and Number Capital Fund Program Grant No.: MI28 P044 502 01 Replacement Housing Factor Grant No.: | | | | Federal FY of Grant: 2001 | | |
|---|---|---|----------|----------------------------------|---------|-------------------------------------|----------------|----------------|
| Development Number/Name HA-Wide Activities | General Description of Major Work Categories | Development Account Number | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| PHA WIDE | <u>FEES & COSTS</u> A. A & E Fees and related costs A. Grant Preparation | 1430 | | 20,000 <u>2,000</u> 22,000 | | | | |
| PHA WIDE | <u>NON-DWELLING STRUCTURES</u> A. Continue construction of Multi-Purpose Room addition | 1470 | | <u>189,313</u> | | | | |
| | SUB TOTAL | | | 189,313 | | | | |
| | GRAND TOTAL | | | 211,313 | | | | |

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

| HA Name: EASTPOINTE HOUSING COMMISSION | | Grant Type and Number Capital Fund Program Grant No.: MI28 P044 502 01 Replacement Housing Factor Grant No.: | | Federal FY of Grant 2001 | |
|---|---|---|---------|--|----------|
| <input checked="" type="checkbox"/> Original Annual Statement | | _____ Reserve for Disasters/Emergencies | | _____ Revised Annual Statement/Revision Number _____ | |
| _____ Final Performance and Evaluation Report | | _____ Performance & Evaluation Report for Program Year Ending _____ | | | |
| Line # | Summary by Development Accounts | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total Non-CGP Funds | | | | |
| 2 | 1406 Operations | | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees & Cost | \$22,000 | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structure | | | | |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | | | | |
| 12 | 1470 Nondwelling Structures | \$189,313 | | | |
| 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 2-19) | \$211,313 | | | |
| 22 | Amount of Line 21 related to LBP Activities | | | | |
| 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 | | | | |

DESCRIPTION OF PROGRESS IN MEETING GOALS (PAST 12 MONTHS):

Goal#1 – Dealt with continuously improving quality of resident’s living environment. Our resident’s expressed concern in the safety section of our latest RASS survey. Exactly what their safety concern was we were unable to determine. In response to this concern and in unison with our goals, we have installed a hi-tech tracking security system in all of our buildings entrances. This system tracks (through our computers) the entry of each person (including family members) that enter with a key faub or key card. This 24 hour monitoring system also has cameras that catch on VHS tape any person who my follow another person in. It can tell you the exact time & date that a person enters the building 24 hrs/day 365 days/yr.

Goal #2 – Dealt with marketability of the building. This year’s plan includes a substantial deviation from the original annual & 5 yr. plan in order to begin construction of a two-phase multi-purpose room. This 4,384 sq. ft. room will be comprised of three (3) sections and will offer a variety of social and recreational opportunities for existing residents and market appeal for prospective residents. The room will be furnished with arcade games, craft lockers, game & puzzles tables, exercise space, comfortable furniture and a big screen/VCR TV. Additional landscaping is also part of this project (in patio area outside the multi-purpose room)

Goal#3 – Dealt with increased management efficiency. In April, 2001 we completed an office renovation that resulted in three private offices for each administrative staff member. In the past, not all staff persons had a private office to conduct confidential re-certifications or applicant interviews. In addition to the new office space, we now have a machine room to store all daily used office machines. Prior to renovation, these machines were kept in various offices and staff had to be interrupted or others to wait in order to use a particular machine. Our new offices also have a security TV in each office to allow staff to monitor each outside entrance and the lobbies. Each of these new amenities will assist in providing a more efficient, organized, resident-sensitive environment.

CAPITAL FUND PROGRAM ANNUAL & FIVE (5) YEAR GOALS MET IN PAST 12 MONTHS:

| | |
|---|-------------------|
| Replaced 101 electric apartment size stoves | May, 2001 |
| Enhanced entry system | May, 2001 |
| MI044-002 Parking lot re-surface | 4/2001 out to bid |
| PHA re-key of apartments/buildings | 4/2001 out to bid |
| Expanded/renovated management office | Completed 5/2001 |