

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2001

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

PHA Plan
Agency Identification

PHA Name: Monroe Housing Authority

PHA Number: NC065v01

PHA Fiscal Year Beginning: (mm/yyyy) 10/2001

PHA Plan Contact Information:

Name: **Ms. Margaret Griffin**

Phone: **704/289-2514**

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)

- X 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)

- X 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)

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

PHA Programs Administered:

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

**Annual PHA Plan
Fiscal Year 20 01**
[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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- X Attachment A : Supporting Documents Available for Review
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- 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

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.

There have been no changes in policies or programs for year 2001, other than those required by regulations such as additional attachments.

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? **\$ 395,747.00**

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**

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment **B**

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 Disposition
3. Application status (select one) Approved Submitted, pending approval Planned application
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:

<p>6. Coverage of action (select one)</p> <p>Part of the development</p> <p>Total development</p>
<p>7. Relocation resources (select all that apply)</p> <p>Section 8 for units</p> <p>Public housing for units</p> <p>Preference for admission to other public housing or section 8</p> <p>Other housing for units (describe below)</p>
<p>8. Timeline for activity:</p> <p>a. Actual or projected start date of activity:</p> <p>b. Actual or projected start date of relocation activities:</p> <p>c. Projected end date of activity:</p>

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

A. Yes X 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? \$ **50,612.00**
- 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 **D**

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: (provide name here)

State of North Carolina

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)

- X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- X 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)
- X Other: (list below)

To provide safe, sanitary and decent housing to prospective residents. To work with other housing agencies to provide economic opportunities for prospective residents, and to work with other housing agencies within the jurisdiction.

3. PHA Requests for support from the Consolidated Plan Agency

Yes X 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)

To provide safe, sanitary and decent housing. To assist the PHA in

providing economic opportunities to its residents and to work with other housing agencies to provide housing to prospective, eligible residents.

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:

B. Significant Amendment or Modification to the Annual Plan:

Monroe Housing Authority Definition of „Substantial Deviation“ and

„Significant Amendment or Modification“

The Monroe Housing Authority, to meet the requirement of Final Rule 903.7(r) and PIH 99-51, pertaining to „Substantial Deviation“ and „Significant Amendment or Modification,“ offers the following:

- A. A substantial deviation from its Five-Year Plan; and a significant amendment or modification to its Five-Year Plan and Annual Plan.
- B. Changes to rent or admissions policies or organization of the waiting list.
- C. Additions of non-emergency work items (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.
- D. Additions of new activities not included in the current PHDEP Plan.
- E. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Any substantial deviation from the Mission Statement and/or Goals and Objectives presented in the Five-Year Plan that cause changes in the services provided to residents or significant changes to the Agency’s financial situation will be documented in subsequent Agency Plans.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements offered by HUD.

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
•	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

•	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
•	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
•	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
•	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 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
•	Public housing rent determination policies, including the method for setting public housing flat rents X 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 X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
•	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
•	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
•	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	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 X check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
•	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
•	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
•	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
	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
	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	Annual Plan: Safety

	(PHEDEP) semi-annual performance report	and Crime Prevention
•	<p>PHDEP-related documentation:</p> <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
•	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p>X check here if included in the public housing A & O Policy</p>	Pet Policy
•	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
•	<p>Other supporting documents (optional) (list individually; use as many lines as necessary)</p> <p>Goals & Objectives</p> <p>Deconcentration Calculations</p>	<p>(specify as needed)</p> <p>Annual Plan</p> <p>Annual Plan</p>

REQUIRED ATTACHMENT B:

Annual Statement/Performance and Evaluation Report

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

PHA Name: Monroe Housing Authority	Grant Type and Number Capital Fund Program: NC19P065502-01 Capital Fund Program Replacement Housing Factor Grant No:
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X Original Annual Statement Performance and Evaluation Report for Period Ending: Reserve for Disasters/ Emergencies Revised Annual Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost	
		Original	Revised
1	Total non-CFP Funds		

2	1406 Operations	5,000.		
3	1408 Management Improvements			
4	1410 Administration	2,000.		
5	1411 Audit			
6	1415 liquidated Damages			
7	1430 Fees and Costs	40,500.		
8	1440 Site Acquisition			
9	1450 Site Improvement	60,000.		
10	1460 Dwelling Structures	281,247.		
11	1465.1 Dwelling Equipment—Nonexpendable	6,500.		
12	1470 Nondwelling Structures	500.		
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)	395,747.		
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Compliance			
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

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

PHA Name: Monroe Housing Authority		Grant Type and Number Capital Fund Program #: NC19P065502-01 Capital Fund Program Replacement Housing Factor #:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	
				Original	Revised
PHA Wide	OPERATIONS	1406		5,000.	
PHA Wide	ADMINISTRATION	1410		2,000.	
PHA Wide NC 65-4	FEES & COSTS a. Consultant for Needs Assessment b. A/E c. Asbestos Testing <p style="text-align: right;">Total 1430</p>	1430		3,000. 36,500. 1,000. 40,500.	
PHA Wide	SITE IMPROVEMENTS Repair and or replace sidewalks that are cracked, unlevel so as to create a tripping hazard or have drainage problems. Seed and straw disturbed areas.	1450		10,000.	
NC 65-4	At Willow Oaks provide site improvements. Rework screens at trash dumpsters, rework benches, resecure loose vinyl siding, provide additional handrails at site steps, clean out drainage ditches, provide additional sidewalks, remove excess concrete on walks, provide additional landscaping, remove trees growing thru fence or laying on fence, misc. Paint of columns and doors, replace existing cross ties retaining walls, crosion control, repair fence.	1450		25,000.	
NC 65-1	Provide general site improvements at Boyte, erosion control, provide additional handrails to site as needed. Repair/replace sidewalk trip hazards (elderly site), misc. exterior painting. <p style="text-align: right;">Total 1450</p>	1450		25,000. 60,000.	
NC 65-1	DWELLING STRUCTURES Complete air conditioning of units and	1460	29 units	88,350.	

	new thermostats – began in 98, 99 & 00.				
NC 65-4	Begin A/C – add to existing furnace Replace water heaters that are not replaced when air conditioning is installed.	1460	30 units 46 units	140,197.	
NC 65-1	At Hart/Boyte Street the units were built over a landfill and continue to have settlement problems and large rats and rat holes. Fill voids in landfill to control settlement. Rodent Control Program	1460		30,000.	
	Total 1460			281,247.	
PHA Wide	DWELLING EQUIPMENT a. Replace stoves b. Replace refrigerators	1465		2,500. 3,000. 5,500.	
	Total 1465				
PHA Wide	NON-DWELLING STRUCTURES a. At Day Care, scrape and paint canopy b. Replace damaged metal at covered entry.	1470			
	Total 1470			500.	
	GRAND TOTAL			\$ 395,747.	

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

PHA Name: Monroe Housing Authority		Grant Type and Number Capital Fund Program #: NC19P065502-01 Capital Fund Program Replacement Housing Factor #:					Federal
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	12/31/02			09/30/03			
NC 65-1	12/31/02			9/30/03			
NC 65-4	12/31/02			9/30/03			

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP)**

PHA Name: Monroe Housing Authority	Grant Type and Number Capital Fund Program: NC19P065501-00 Capital Fund Program Replacement Housing Factor Grant No:
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Original Annual Statement **Reserve for Disasters/ Emergencies Revised Annual S**
X Performance and Evaluation Report for Period Ending: 3/31/01 **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost	
		Original	Revised
1	Total non-CFP Funds		
2	1406 Operations		
3	1408 Management Improvements		
4	1410 Administration	7,500.	
5	1411 Audit		
6	1415 liquidated Damages		
7	1430 Fees and Costs	39,500.	
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	340,976.	
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)	387,976.	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Compliance		
23	Amount of line 20 Related to Security		
24	Amount of line 20 Related to Energy Conservation Measures		

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

PHA Name: Monroe Housing Authority		Grant Type and Number Capital Fund Program #: NC19P065501-00 Capital Fund Program Replacement Housing Factor #:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	
				Original	Revised
PHA Wide	ADMINISTRATION	1410		7,500.	
PHA Wide	FEES & COSTS Consultant for Needs Assessment A/E Total 1430	1430		3,000. 36,500. 39,500.	
NC 65-1	DWELLING STRUCTURES Complete A/C of units & new thermostats – began in 98 & 99 Balance 105 units gas heat w/AC	1460	105 units	312,626.	
	Replace water heaters that are not replaced when A/C is installed Total 1460		63 units	28,350.	
GRAND TOTAL				\$ 387,976.	

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

PHA Name: Monroe Housing Authority		Grant Type and Number Capital Fund Program #: NC19P065501-00 Capital Fund Program Replacement Housing Factor #:		Federal
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)	All Funds Expended (Quarter Ending Date)		

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)	397,067.	397,067.	
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Compliance			
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

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

PHA Name: Monroe Housing Authority		Grant Type and Number Capital Fund Program #: NC19P065911-99 Capital Fund Program Replacement Housing Factor #:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	
				Original	Revised
PHA Wide	ADMINISTRATION	1410		7,500.	0.00
PHA Wide	FEES & COSTS a. Consultant for Needs Assessment b. A/E Total 1430	1430		1,500. 38,000. 39,500.	1,500. 38,000. 39,500.
NC 65-1	DWELLING STRUCTURES a. Misc. electrical improvements, electrical panels, address o'lites (320 x \$75, smoke detectors (423 x \$94) b. Make additional units handicap access. & ramps c. Install A/C in elderly units Total 1460	1460		95,900. 150,167. 104,000. 350,067.	95,900. 191,361. 70,306. 357,567.
GRAND TOTAL				397,067.	397,067.

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

PHA Name: Monroe Housing Authority		Grant Type and Number Capital Fund Program #: NC19P065911-99 Capital Fund Program Replacement Housing Factor #:					Federal
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			
	Original	Revised	Actual	Original	Revised	Actual	
NC 65-1	12/31/00		9/30/00	12/31/01			

Total estimated cost over next 5 years	\$ 1,582,988
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REQUIRED ATTACHMENT D:

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 \$50,612.00

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

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)
NC 065 Monroe Housing Authority	206	560

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 X 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.

	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1996	103,000.	NC19DEP0650196	0	No		
FY 1997	61,800.	NC19DEP0650197	0	No		
FY 1998	61,800.	NC19DEP0650198	0	No		
FY1999	45,308.	NC19DEP0650199	0	No		
FY 2000	47,220.	NC19DEP0650100	47,220.	No	9/30/00	10/01/01

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.

Reduce Drugs and Drug Related Crime through additional Police Patrols contracting with the Police Department. Statistics have shown that crime has been reduced within the communities and the surrounding areas with additional Patrols. Residents work with the Police on a regular basis and assist the Police with tips. The program is monitored using the UCR and the HUD DEP semi annual reports.

B. PHDEP Budget Summary

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

FFY 2001 PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	23,000.

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	27,612.
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	50,612.

C.

D. 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: \$ 23,000.	
Goal(s)	Reduce Drug & Drug Related Crime						
Objectives	Additional Patrols & Security						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	HEDE Funding	Other Funding (Amount/ Source)	
1. Patrols & Security			1/02	12/02	23,000.	0	Pe
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)	
1.							
2.							
3.							

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

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

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

9140 – Voluntary Tenant Patrol						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of erson Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	
1.							
2.							

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

9160 – Drug Prevention						Total PHDEP Funding: \$ 27,612.	
Goal(s)							
Improve life skills, grades and conduct							
Objectives							
Educational, tutorial, recreational and cultural activities							
Proposed Activities	# of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1. Contract Labor – Tutorial, cultural, recreational	125	750	1/02	12/02	27,000.	0	
2. Travel	125	750	1/02	12/02	612.		
3.							

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

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

9190 - Other Program Costs						Total PHDEP Funds: \$	
Goal(s)							
Objectives							
Proposed Activities	# of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

Required Attachment F: 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:

Mrs. Margaret Kirkpatrick

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

Elected

Appointed

C. The term of appointment is (include the date term expires): **05/01/01 to 05/01/05**

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: **April 30, 2002**
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **Mayor Judy Davis**

Required Attachment F: 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.)

Resident Advisory Board

Mr. Walter Funderburk
Ms. Linda Kilgo
Mr. James Byrd
Ms. Mary Blakeney
Ms. Demetric Robinson

Board of Commissioners

Ms. Carolyn Wheeling, Chairman
Mr. Houston Huntley, Vice-Chairman
Mr. Jack Lawson
Ms. Fannie Young
Mr. Joe Beach
Mr. William Brewer
Mrs. Margaret Kirkpatrick, Resident Commissioner

Deconcentration Calculations

Total Income: $2,009,541.00 / 206 = 9,755.00 / 1.08 = \mathbf{9,032.00}$ Average Income

NC 065:

0BR	0	x	.070	=	0.00	
1BR	52	x	0.85	=	44.20	
2BR	68	x	1.00	=	68.00	108%
3BR	66	x	1.25	=	82.50	
4BR	19	x	1.40	=	26.60	
5BR	1	x	1.61	=	<u>1.61</u>	

$$222.91 / 206 = 1.08 / 9755 = \$9,032.$$

OBTAINING GOALS & OBJECTIVES

The Monroe Housing Authority is on target to meet the Goal & Objective as found in the Annual Plan for the Monroe Housing Authority for the Year 2001.