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

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

PHA Plan
Agency Identification

PHA Name: Syracuse Housing Authority

PHA Number: ne015

PHA Fiscal Year Beginning: (July, 2001)

PHA Plan Contact Information:

Name: Peggy L. Neemann
Phone: 402-269-2851
TDD:
Email (if available): westview@alltel.net

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:

☐ Public Housing and Section 8 ☐ Section 8 Only X Public Housing Only

Annual PHA Plan
Fiscal Year 2001
[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 (page 6)
X Attachment A : Supporting Documents Available for Review
X Attachment __: Capital Fund Program Annual Statement
X Attachment __: Capital Fund Program 5 Year Action Plan
☐ Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement
☐ Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan
X Attachment __: Resident Membership on PHA Board or Governing Body
X Attachment __: Membership of Resident Advisory Board or Boards
X Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
☐ 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

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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 were no major changes.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. X 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? $ 29,635.00

C. X 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 X

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment X

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 X 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.)

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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: 6. Coverage of action (select one) ☐ Part of the development ☐ Total development
7. Relocation resources (select all that apply) ☐ Section 8 for units ☐ Public housing for units ☐ Preference for admission to other public housing or section 8 ☐ 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 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 X No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan? We will not be participating.

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 X 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: Syracuse, NE

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.
   ☐ 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 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)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

A substantial deviation from the 5-year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals, or objectives of the 5-year plan.

B. Significant Amendment or Modification to the Annual Plan:

Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioner.

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Attachment A

Supporting Documents Available for Review

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

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

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	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 ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	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 ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	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

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
	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 (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A & O Policy	Pet Policy

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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

PHA Name: Syracuse Housing Authority	Grant Type and Number Capital Fund Program: **ne26p01550100** Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

X**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:)**
☐**Performance and Evaluation Report for Period Ending:** ☐**Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations		4000.00	4000.00	4000.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	25,162.00	25,162.00		
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)	29,162.00	29,162.00		
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
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Syracuse Housing Authority	Grant Type and Number Capital Fund Program: **ne26p01550100** Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

X**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:)**
☐**Performance and Evaluation Report for Period Ending:** ☐**Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHA Name: Syracuse Housing Authority	**Grant Type and Number** Capital Fund Program #: **ne26p01550100** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2000**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
ne015	Replace heating and put in air conditioning			50,000	60,000	0	0	
ne015	Emergency operating fund due to increase in fuel prices			0	4000.00	4000.00	4000.00	Done

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

PHA Name: **Syracuse Housing Authority**	**Grant Type and Number** Capital Fund Program #: **ne26p01550100** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant**: **2000**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name: Syracuse Housing Authority	Grant Type and Number Capital Fund Program Grant No: **ne26po1550100** Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

X **Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☐**Revised Annual Statement (revision no:)**
☐**Performance and Evaluation Report for Period Ending:** ☐**Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	2900.00			
3	1408 Management Improvements				
4	1410 Administration	500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	4905.00			
10	1460 Dwelling Structures	21330.0			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	29635.00			
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				

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

PHA Name: Syracuse Housing Authority	Grant Type and Number Capital Fund Program Grant No: **ne26po1550100** Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

X **Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☐**Revised Annual Statement (revision no:)**
☐**Performance and Evaluation Report for Period Ending:** ☐**Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures	18330.00			

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

PHA Name: **Syracuse Housing Authority**	**Grant Type and Number** Capital Fund Program Grant No: **ne26p01550100** Replacement Housing Factor Grant No:	**Federal FY of Grant: 2001**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
ne015	1406 Operations			2900.00				
ne015	1450 Remove & replace sidewalks, fix drainage tile, landscaping			4905.00				
ne015	1460 Repaint apartment			1500.00				
ne015	1460 Replace apartment patio doors			18330.00				
ne015	1460 Replace carpet in apartments			1500.00				
ne015	1410 Administration			500.00				

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

PHA Name: **Syracuse Housing Authority**	**Grant Type and Number** Capital Fund Program No**: ne26p01550100** Replacement Housing Factor No:	**Federal FY of Grant: 2001**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

Capital Fund Program 5-Year Action Plan

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

CFP 5-Year Action Plan ☐ **Original statement** ☐ **Revised statement**			
Development Number **ne015**	**Development Name Syracuse Housing Authority – Westview Manor** **(or indicate PHA wide)**		
Description of Needed Physical Improvements or Management Improvements		**Estimated Cost**	**Planned Start Date** **(HA Fiscal Year)**

1406 Operations	**2900.00**	**FYE 2001**
1450 Site improvement		
Remove and replace sidewalks, fix drainage tile, landscaping	**4905.00**	
1460 Dwelling structures		
Repaint apartments	**1500.00**	
Replace patio doors on apartments	**18330.00**	
Replace carpet in apartments	**1500.00**	
1410 Administration	**500.00**	**$29,635.00 total**
1406 Operations	**2900.00**	**FYE 2002**
1460 Dwelling structures		
Replace windows and mini blinds	**26235.00**	
1410 Administration	**500.00**	**$29635.00 total**
1406 Operations	**2900.00**	**FYE 2003**
1450 Site improvements		
Add parking area	**8000.00**	
Enlarge apartment sidewalk entryway	**7735.00**	
1460 Dwelling structures		
Repaint apartments	**1500.00**	
Replace carpet in apartments	**1500.00**	
Repaint balconies	**2000.00**	
1465.1 Dwelling equipment		
Replace 11 refrigerators	**5500.00**	
1410 Administration	**500.00**	**$29635.00 total**
1406 Operations	**2900.00**	**FYE 2004**
1460 Dwelling structures		
Repaint apartments	**1500.00**	
Replace carpet in apartments	**1500.00**	
Replace closet doors	**8470.00**	
1465.1 Dwelling equipment (non-expendable)		
Replace 24 stoves	**7200.00**	
Replace washer & dryer	**1400.00**	
Replace postal mailboxes	**2000.00**	
1470 Non-dwelling structures		
Office furniture	**1000.00**	
Add handicap front door to office building	**3165.00**	
1410 Administration	**500.00**	**$29635.00 total**
1460 Dwelling structures		
Replace apartment carpeting	**1500.00**	**FYE 2005**
Repaint apartments	**1500.00**	
Replace boiler	**10470.00**	
Replace roofs	**15665.00**	
1410 Administration	**500.00**	**$29635.00 total**
Estimated cost over the next 5 years	**148175.00**	

<u>Section 2: PHDEP Plan Goals and Budget</u>

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	PHEDEP 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	PHEDEP 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	PHEDEP 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	PHEDEP 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	PHEDEP 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 ____: Resident Member on the PHA Governing Board

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

A. Name of resident member(s) on the governing board:
Violet Riege
Janice Witty

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

C. The term of appointment is (include the date term expires): 5 years 2-1-2006

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: 2-1-2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):
Vernon Niebuhr – Chairman
Gen Fechner – Vice Chairman
Marge Krager – Commissioner
Marge Koch – Commissioner
Jim Pierce – Commissioner

Ray Umbarger – Mayor of Syracuse

Required Attachment _____: 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.)

Violet Riege
Janice Witty

Required Attachment_____: Deconcentration and Income Mixing

Component 3, (6) Deconcentration and Income Mixing

a. ☐ Yes X No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	**Number of Units**	**Explanation (if any) [see step 4 at §903.2(c)(1)((iv)]**	**Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]**

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name: Syracuse Housing Authority	Grant Type and Number Capital Fund Program Grant No: ne26pO1550100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending: 12/31/00 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations		4,000.00	4,000.00	4000.00
3	1408 Management Improvements		3,000.00		
4	1410 Administration		500.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement		6,162.00		
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	29,162.00	-25,162.00		
12	1470 Nondwelling Structures		12,500.00		

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

PHA Name: Syracuse Housing Authority	Grant Type and Number Capital Fund Program Grant No: ne26pO1550100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending: 12/31/00 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
13	1475 Nondwelling Equipment		3,000.00		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	29,162.00	29,162.00		
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				

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

PHA Name: Syracuse Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: ne26pO1550100 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2000**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
ne015	1460 Replace heating and put in air conditioning			60,000.00	-60,000.00			
ne015	Emergency operating fund due to increase in fuel prices			0	4,000.00	4,000.00	4,000.00	
ne015	1470 New laundry room construction				15,500.00	0	0	
ne015	1450 Outside lights and wire maintenance shed				6,162.00	0	0	
ne015	1408 Carpet office, tile and paint existing laundry room				1,000.00	0	0	
ne015	1408 New computer and software				2,000.00	0	0	
ne015	1410 Administration				500.00			

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

PHA Name: Syracuse Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: ne26pO1550100 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2000**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	PLEASE NOTE: This statement is different from the original. A tenant meeting and public meeting were both held on 6-8-01 to discuss necessary improvements at our facility. Their opinion is the items listed above. A Board of Directors meeting was then held on 6-13-01 to approve the changes.							

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

PHA Name: Syracuse Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: ne26pO1550100 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2000**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHA Name:			**Grant Type and Number** Capital Fund Program No: Replacement Housing Factor No:			**Federal FY of Grant:**
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

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

PHA Name:	**Grant Type and Number** Capital Fund Program No: Replacement Housing Factor No:	**Federal FY of Grant:**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Syracuse Housing Authority				☐Original 5-Year Plan X Revision No: 1	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005
ne015	Annual Statement	29,635.00	29,635.00	29,635.00	29,635.00
CFP Funds Listed for 5-year planning		29,635.00	29,635.00	29,635.00	29,635.00
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :2 FFY Grant: 2002 PHA FY: 2002			Activities for Year: 3 FFY Grant: 2003 PHA FY: 2003		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	ne015	1460 Replace windows	26235.00	ne015	1450 Add parking area	8000.00
Ann ual	ne015	1406 Operations	2900.00	ne015	1450 Enlarge apartment sidewalk entryway	7735.00
Statement	ne015	1410 Administration	500.00	ne015	1410 Administration	500.00
				ne015	1450 Repaint apartments	1500.00
				ne015	1450 Replace carpet in apartments	1500.00
				ne015	1465.1 Replace 11 refrigerators	5500.00
				ne015	1406 Operations	2900.00
				ne0151	1460 Repaint balconies	2000.00
Total CFP Estimated Cost			$29,635.00			$29635.00

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year: 4 FFY Grant: 2004 PHA FY: 2004			Activities for Year: 5 FFY Grant: 2005 PHA FY: 2005		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
ne015	1406 Operations	2900.00	ne015	1410 Administration	500.00
ne015	1460 Repaint apartments	1500.00	ne015	1460 Replace apartment carpeting	1500.00
ne015	1460 Replace carpet in apartments	1500.00	ne015	1460 Repaint apartments	1500.00
ne015	1410 Administration	500.00	ne015	1460 Replace boiler	10470.00
ne015	1465.1 Replace washer & dryer	1400.00	ne015	1460 Replace roofs	15665.00
ne015	1465.1 Replace postal mailboxes	2000.00			
ne015	1460 Replace closet doors	8470.00			
ne015	1470 Office furniture	1000.00			
ne015	1465.1 Replace 24 stoves	7200.00			
ne015	1470 Add handicap front door to office building	3165.00			
Total CFP Estimated Cost		$29635.00			$29635.00

Capital Fund Program Five-Year Action Plan

Part I: Summary

S A M P L E

PHA Name Anytown Housing Authority				☐Original 5-Year Plan ☐Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005
10-01/Main Street	Annual Statement	$80,000	$36,000	$65,000	$55,000
10-02/Broadway		*$90,000*	*$40,900*	*$40,000*	*$43,000*
HA-wide		*$100,000*	*$50,000*	*$35,000*	*$27,000*
CFP Funds Listed for 5-year planning		*$270,000*	*$162,900*	*$140,000*	*125,000*
Replacement Housing Factor Funds		*$40,000*			

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities *S A M P L E*

Activities for Year 1	Activities for Year :__2__ FFY Grant: *2002* PHA FY: *2002*			Activities for Year: __3_ FFY Grant: *2003* PHA FY: *2003*		
	Development Name/Number	**Major Work Categories**	Estimated Cost	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	**10-01/Main Street**	**Porches**	*$35,000*	10-01/Main Street	**Security Doors replaced**	*$36,000*
		Doors	*$45,000*			
	Subtotal		*$80,000*			
An nual	*10-02/Broadway*	**Windows**	*$55,000*	*10-02/Broadway*	**Kitchen Cabinets**	*$40,900*
		Site Improvements	*$35,000*			
	Subtotal		*$90,000*			
Statement	*HA-wide*	*Office Equip/Computer System upgrade*	*$100,000*	**HA-Wide**	**Security/Main Office and Common Hallways**	*$50,000*
Total CFP Estimated Cost			$270,000			$162,900

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities *SAMPLE (continued)*

Activities for Year :__4__ FFY Grant: 2004 PHA FY: 2004			Activities for Year: _5__ FFY Grant: 2005 PHA FY: 2005		
Development Name/Number	**Major Work Categories**	Estimated Cost	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
10-01/Main Street	***Storage sheds and landscaping***	$65,000	*10-01/Main Street*	***Replace bathroom tile***	$55,000
10-02/Broadway	***Tub/shower replacement***	$40,000	10-02/Broadway	***New gutters and interior doors***	$43,000
HA-wide	***Lead-based paint abatement***	$35,000	***HA-wide***	***Office Furniture***	$27,000
Total CFP Estimated Cost		$140,000			$125,000