

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2001

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

PHA Plan Agency Identification

PHA Name: HOUSING AUTHORITY OF THE CITY OF NOCONA

PHA Number: TX186

PHA Fiscal Year Beginning: (mm/yyyy) January 1, 2001

PHA Plan Contact Information:

Name: MICHAEL LEMONS

Phone: 940-825-6515

TDD:

Email (if available): nha_hud@yahoo.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 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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<input checked="" type="checkbox"/> Attachment A : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment __: Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment __: Capital Fund Program 5 Year Action Plan	
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<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
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<input type="checkbox"/> Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input type="checkbox"/> Other (List below, providing each attachment name)	

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

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.

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 169,930.00

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

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

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: NOCONA HOUSING AUTHORITY
1b. Development (project) number: tx-186 001-003
2. Activity type: Demolition <input type="checkbox"/> Disposition x <input checked="" type="checkbox"/>
3. Application status (select one) Approved x <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 75
6. Coverage of action (select one) x <input checked="" 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 x <input checked="" 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 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?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____0_____

C. Yes x 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 x 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 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 x 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 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 Texas

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

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

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

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

- Any changes to the Mission Statement
- 50% deletion from or addition to the goals and objectives as a whole; and
- 50% or more decrease in the quantifiable measurement of any individual goal and objective.

B. Significant Amendment or Modification to the Annual Plan:

- Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement;

- Any change in a policy or procedure that requires a regulatory 30-day pasting;
- Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership programs; and
- Any change inconsistent with the local, approved Consolidated Plan, in the discretion of the Executive Director

Attachment A
Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	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
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
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
	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 <input type="checkbox"/> 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 <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

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 (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A & O Policy	Pet Policy

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

Annual Statement/Performance and Evaluation Report			
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary			
PHA Name: HOUSING AUTHORITY OF THE CITY OF NOCONA, TEXAS		Grant Type and Number Capital Fund Program: X 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 X Revised Annual Statement (revision no: 1)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending		<input type="checkbox"/> Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost	Total Actual Cost

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

PHA Name: HOUSING AUTHORITY OF THE CITY OF NOCONA		Grant Type and Number Capital Fund Program #: 2000 Capital Fund Program Replacement Housing Factor #: TX-186			Federal FY of Grant: TX21P18650100 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	
TX,01,02,03	ADMINSTRATION							WORK IN PROGRESS
PHA WIDE	CLERK OF WORKS	1410		3,000.00		238.20	238.20	
PHA WIDE	SUNDRY	1410	1	1,500.00		1,500.00		
PHA WIDE	FEES AND COST							
PHA WIDE	A & E FEE	1430	1	10,050.00	822.00	822.00	822.00	
PHA WIDE	INSPECTION	1430	1	5,000.00	10,050.00	10,050.00	10,050.00	
PHA WIDE	DWELLING EQUIPMENT							

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary								
PHA Name: HOUSING AUTHORITY OF THE CITY OF NOCONA, TEXAS			Grant Type and Number Capital Fund Program: X 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 X Revised Annual Statement (revision no: 1)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending			<input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost			Total Actual Cost			
PHA WIDE	GAS RANGES 30"	1465.1	4	1,140.00	1,223.00	1,223.00	1,223.00	
PHA WIDE	GAS RANGES 20"	1465.1	4	1,060.00	1,107.00	1,107.00	1,107.00	
PHA WIDE	REFRIGATORS	1465.1	8	3,480.00	2,532.00	2,532.00		
PHA WIDE	HOT WATER HEATERS	1465.1	5	1,425.00				
TX-186-03	INSTALL SIDING/ REPLACE ALL BAD WOOD	1460		0	45,000.00	45,000.00	45,000.00	
TX-186-03	REPLACE KITCHEN CABINETS	1460		40,875.00	0	40,875.00	40,875.00	
TX186-03	INCLOSE AREA BETWEEN OFFICE AND COMMUNITY ROOM FOR TENANT FITNESS CENTER	1470		36,000.00		33,968.00		
TX-186-01	REMOVE SHINGLES ON FIVE BUILDINGS, RE-SHINGLE WITH 25 YEAR SHINGLE	1460		0	31,696.00	31,500.00	1,320.14	
TX-186-01	REPLACE ALL INTERRIOR DOORS, PROJECT #1 DOORS ARE 40 YEARS OLD, AND NEED REPLACING WITH NEW HARDWARE	1460		53,000.00		29,813.00	29,813.00	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary								
PHA Name: HOUSING AUTHORITY OF THE CITY OF NOCONA, TEXAS			Grant Type and Number Capital Fund Program: X 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 X Revised Annual Statement (revision no: 1)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending			<input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost			Total Actual Cost			
TX-186-02	PAINT INTERIOR 8 D.U.'s	1460		10,023.00				
	GRAND TOTAL CFP - 2000			166,553.00		166,136.00	89,573.34	IN PROGRESS YES

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: HOUSING AUTHORITY OF THE CITY OF NOCONA		Grant Type and Number Capital Fund Program #: TX21P18650100 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	
TX 186-001	09-30-02			09-30-03			
TX186-002	09-30-02			09-30-03			
TX186-003	09-30-02			09-30-03			
PHA WIDE	09-30-02			09-30-03			

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

PHA Name: HOUSING AUTHORITY OF THE CITY OF NOCONA, TEXAS		Grant Type and Number Capital Fund Program: X Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2001		<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	0			

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

PHA Name: HOUSING AUTHORITY OF THE CITY OF NOCONA		Grant Type and Number Capital Fund Program #: 2001 Capital Fund Program Replacement Housing Factor #: TX-186			Federal FY of Grant: TX21P18650100 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX,01,02,03	ADMINISTRATION							WORK IN PROGRESS
PHA WIDE	SUNDRY	1410	1	1,500.00				
PHA WIDE	FEES AND COST A & E FEE	1430	1	13,825.00				

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

PHA Name: HOUSING AUTHORITY OF THE CITY OF NOCONA		Grant Type and Number Capital Fund Program #: 2001 Capital Fund Program Replacement Housing Factor #: TX-186			Federal FY of Grant: TX21P18650100 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	INSPECTION	1430	1	5,000.00				
PHA WIDE	DWELLING EQUIPMENT							
	GAS RANGES 30"	1465.1	4	1,145.00				
PHA WIDE	GAS RANGES 20"	1465.1	4	1,040.00				
	REFRIGATORS	1465.1	8	3,120.00				
	WATER HEATERS	1465.1	8	1,800.00				
PHA WIDE	NON – DWELLING STRUCTURES COMBUSTABLE STORAGE	1470	1	26,930.00				
TX186-001	SITE IMPROVEMENTS CHAIN LINK FENCE	1450	280 L.F.	7,000.00				
TX186-003	DWELLING STRUCTURES MEDICINE CABINET WATER CLOSETS & LAVATORY	1460	30	22,000.00				

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

PHA Name: HOUSING AUTHORITY OF THE CITY OF NOCONA		Grant Type and Number Capital Fund Program #: 2001 Capital Fund Program Replacement Housing Factor #: TX-186			Federal FY of Grant: TX21P18650100 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX186-002	SITE IMPROVEMENTS HANDRAILS	1450	30	15,000.00				IN PROGRE SS NO
TX186-001	DWELLING STRUCTURES REPAIR WALLS IN BATH AND NEW MEDICINE CABINET SUB - TOTAL	1460	30	20,000.00				
TX186-002	DWELLING STRUCTURES INSTALL SIDING	1460	30	40,000.00				
TX186-001	REPAIR WALLS IN BATH & NEW MEDICINE CABINET SUB - TOTAL GRAND TOTAL	1460	30	11,570.00 169,930.00				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: HOUSING AUTHORITY OF THE CITY OF NOCONA		Grant Type and Number Capital Fund Program #: TX21P18650101 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001	
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	
TX 186-001	09-30-03			09-30-04			
TX186-002	09-30-03			09-30-04			
TX186-003	09-30-03			09-30-04			
PHA WIDE	09-30-03			09-30-04			

CFP 5-Year Action Plan		
x <input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
TX-186	HOUSING AUTHORITY OF THE CITY OF NOCONA, TEXAS	
Description of Needed Physical Improvements or Management Improvements		Estimated Cost
		160,000.00
HA-WIDE TX186-01,02,03 ADMINISTRATION		
SUNDRY	1410	
		1,500.00
PHA - WIDE FEES & COST		
A&E FEE	1430	
INSPECTION	1430	
		16,000.00
		5,000.00
PHA-WIDE - DWELLING EQUIPMENT		
30" GAS RANGES	1465.1	
20" GAS RANGES	1465.1	
		1,500.00
20" ELECTRIC RANGES	1465.1	
		1,300.00
14" FROST FREE REFRIGATORS	1465.1	
		1,300.00
NATURAL GAS HOT WATER HEATERS	1465.1	
		3,500.00
		1,800.00
DWELLING STRUCTURES		
TX-186-03 INSTALL SIDING AT OFFICE AND COM.ROOM 1460		
TX-186-03 REPLACE ALL OUTSIDE LIGHTING AT OFFICE AND COMMUNITY ROOM 1460		
		5,000.00
TX-186-03 REPLACE CARPET/ SCOTCH GARD AND REPAINT INTERIOR AT COMMUNITY ROOM 1460		
		7,000.00
TX-186-03- REPLACE SHOWERS/ TUBS AND ALL HARDWARE 1460		
		18,000.00
		40,000.00
NONDWELLING EQUIPMENT		
2002 CHEVROLET PICK UP 1500 V/8 AUTOMATIC WITH TOMMY LIFT. 1475		
		20,000.00
TX186-001 REPLACE SHOWERS/ TUBS IN 27 UNITS		
		38,100.00
<u>GRAND TOTAL</u>		<u>160,000.00</u>
Total estimated cost over next 5 years		

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
TX-186	HOUSING AUTHORITY OF THE CITY OF NOCONA, TEXAS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
	162,000.00	01/01/2003
TX-186-01,02,03 PHA-WIDE		
SUNDRY	1410 1,500.00	
PHA WIDE- FEES & COST		
A & E FEE	1430 16,000.00	
INSPECTION	1430 5,000.00	
DWELLING STRUCTURES		
TX-186-01-02 REPLACE ALL INTERIOR LIGHT FIXTURES	1460 36,000.00	
ADD NEW PARKING AREAS TX186-01 W/ STRIPPING	1450 52,500.00	
2-G1800 DIESEL KUBOTA MOWERS W/48" MOWER DECK	1475 20,000.00	
1- COMMERCIAL CARPET STEAM CLEANER	1475 2,000.00	
12 REPLACEMENT TREES TX186-01,01,03	1450 6,000.00	
PRIVACY FENCE AROUND SHOP/ FOR OUTSIDE STORAGE	1450 4,000.00	
EXERCISE EQUIPMENT FOR FITNESS ROOM	1475 4,000.00	
10- 8' TABLES FOR COMMUNITY ROOM	1475 3,000.00	
REPLACE ALL OUTSIDE LIGHTING TX-186-03	1460 12,000.00	
<u>GRAND TOTAL</u>	162,000.00	
Total estimated cost over next 5 years		

CFP 5-Year Action Plan		
x <input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
TX-186	HOUSING AUTHORITY OF THE CITY OF NOCONA, TEXAS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
	160,000.00	
TX-186-01,02,03 PHA WIDE ADMINISTRATION SUNDRY	1430 1,500.00	01/01/04
PHA WIDE FEES AND COST		
A & E FEE	1430 16,000.00	
INSPECTION	1430 5,000.00	
TX-186-03 REMOVE OLD SHINGLES, REPLACE WITH NEW 25 YEAR SHINGLES, CLEAN UP ALL DEBRIS	1460 70,000.00	
2- GAS POWERED HEAVY DUTY EDGERS, 2- COMMERCIAL GAS WEEDEATERS, 2- 16" CHAINSAWS, 2- GAS POWERED BLOWERS, 2- COMMERCIAL BUSH TRIMMERS (GAS), 2-30" GAS PUSH MOWERS.	1465.1 3,600.00	
1- GAS POWERED WATER JETTER SEWER MACHINE W/4 TIPS	1465.1 9,000.00	
NEW PARKING AREAS/ WITH STRIPPING TX186-03	1450 52,500.00	
14' FROST FREE REFRIGATORS - PHA WIDE	1465.1 2,400.00	
<u>GRAND TOTAL</u>	160,000.00	
Total estimated cost over next 5 years		

CFP 5-Year Action Plan		
x <input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
TX-186	HOUSING AUTHORITY OF THE CITY OF NOCONA, TEXAS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
	166,000.00	01/01/2005
TX186-01,02,03 PHA WIDE ADMINISTRATION SUNDRY	1410 1,500.00	
PHA WIDE FEES & COST		
A & E FEE	1430 16,000.00	
INSPECTION	1430 5,000.00	
CLERK OF WORKS	1430 2,500.00	
TX-186-01 SITE IMPROVEMENTS COVERED PARKING	1450 47,000.00	
TX-186-02 SITE IMPROVEMENTS COVERED PARKING	1450 47,000.00	
TX-186-03 SITE IMPROVEMENTS COVERED PARKING	1450 47,000.00	
<u>GRAND TOTAL</u>	166,000.00	
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	0
9115 - Special Initiative	0
9116 - Gun Buyback TA Match	0
9120 - Security Personnel	0
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	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	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 Person s Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment 01/03 ____ : 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:

JAMES FLEATHER

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 03

01/08/2001 TERM ENDS 01/08/2003

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

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):

NO SALARY IS PAID FOR BOARD MEMBERS

B. Date of next term expiration of a governing board member: 09/01/2001

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

	TERM EXPIRES
HOLLIS GAYDON -CHAIRMAN	04/01/2002
HOWARD MORRIS – VICE CHAIRMAN	04/01/002
CECIL HULSE – COMMISSIONER	09/01/2001
EUGENE SHEARS – COMMISSIONER	09/01/2002
JAMES FLETCHER - COMMISSIONER	01/08/2003
(RESIDENT)	

Required Attachment __01/03____: 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.)

WE HAVE A RESIDENT ON OUR BOARD, AND HAVE A PRESENT ADVISORY BOARD.

BEATRICE REED- 407 HOBSON ST.

PAT DUFF – 409 HOBSON ST.

CATHERINE WILLIFORD- 411 HOBSON ST.

ANNIE PATTERSON – 415 HOBSON ST.

MAX EVANS – 400 LAURA ST.

MR.&MRS. TOMMY ATKINS – 213 LAURA ST.

TOMMY LEE - 202 WADE ST.

I PERSONALLY VISITED WITH EACH TENANT (90) THESE WERE THE TENANTS THAT SHOWED INTEREST IN THE NOCONA HOUSING, EACH ADVISORY BOARD MEMBER WAS VOTED IN BY MYSELF AND ALL FIVE BOARD MEMBERS.