

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2001

WYTHEVILLE REDEVELOPMENT AND HOUSING  
AUTHORITY

Va021v01

**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: WYTHEVILLE REDEVELOPMENT AND HOUSING  
AUTHORITY**

**PHA Number: va021**

**PHA Fiscal Year Beginning: 07/2001**

**PHA Plan Contact Information:**

Name: RANDY MARTIN

Phone: 540/228/6515

TDD: 540/228/6515

Email (if available): WRHA@NAXS.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

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Small PHA Plan Update

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

**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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<input checked="" type="checkbox"/> Attachment <b>va021e01</b> : Membership of Resident Advisory Board or Boards	
<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 checked="" type="checkbox"/> Other: <b>va021f01</b> Community Service Policy Administration	
<input checked="" type="checkbox"/> <b>va021g01</b> Capital Fund Program & Annual Statement/Performance Evaluation Report	
<input checked="" type="checkbox"/> <b>va021h01</b> Deconcentration and income mixing	

**ii. Executive Summary**

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[24 CFR Part 903.7 9 (r)]

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

The WRHA is a small PHAS high-performing agency located in Wythe County, Virginia. The WRHA manages 220 units of public housing at two developments.

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

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

**The changes from last year is the addition of the Community Service requirement Policy adopted by WRHA in February 2001 (Attachment va021f01) and the addition of the Deconcentration and income mixing forms(va021h01) (policy adopted in previous year)**

**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? \$ 302,000 (est)

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 YES

**(Attachment va021c01)**

**(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment YES

**(Attachment va021b01)**

**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

<b>Demolition/Disposition Activity Description</b> <b>(Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for       units <input type="checkbox"/> Public housing for       units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for       units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

A.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment 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? \$ -0-

C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

**6. Other Information**

[24 CFR Part 903.7 9 (r)]

**A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

A. If yes, the comments are Attached at Attachment (File name: **Board was in general agreement with policies and Agency plan documents.**)

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 end of the RAB Comments in Attachment \_\_\_\_.
- Other: (list below) **No changes were needed as the Board was in agreement with plan.**

**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: Commonwealth of Virginia
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. **Compliance with State Plan.**

**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:**

**1) Addition of COMMUNITY SERVICE REQUIREMENT POLICY and  
Deconcentration/income mixing.**

**Attachment va021a01**  
**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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
YES	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
YES	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
YES	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
YES	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
YES	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
YES	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
YES	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
YES	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	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
YES	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
YES	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
YES	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
YES	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
YES	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
YES	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· 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);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· 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.</li> </ul>	Annual Plan: Safety and Crime Prevention
YES	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
YES	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report (attachment va021b01)					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: WYTHEVILLE REDEVELOPMENT AND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: VA36P021701 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: FY2001	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	60400			
3	1408 Management Improvements	20000			
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	9500			
10	1460 Dwelling Structures	190600			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	21500			
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)	302000			
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				

<b>Annual Statement/Performance and Evaluation Report</b>		(attachment va021b01)	
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>			
<b>PHA Name:</b> WYTHEVILLE REDEVELOPMENT AND HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program: VA36P021701 Capital Fund Program Replacement Housing Factor Grant No:	
		<b>Federal FY of Grant:</b> FY2001	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>	
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	
		<b>Total Actual Cost</b>	
24	Amount of line 20 Related to Energy Conservation Measures		

<b>Annual Statement/Performance and Evaluation Report</b> (attachment va021b01) <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: WYTHEVILLE REDEVELOPMENT AND HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program #: VA36P021701 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b>  FY2001			
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	
HA-WIDE (OPERATIONS)	A) HOUSING OPERATIONS	1406	20%	<b>60400</b>				
HA-WIDE	A) UPGRADE COMPUTER SYSTEM	1408	LS	10000				
MANAGEMENT	B) STAFF TRAINING	1408	5%	6000				
IMPROVEMENT	C) MGMT CONSULTANTS	1408	100%	4000				
	<b>SUBTOTAL</b>			<b>20000</b>				
VA21-3	A) REPLACE/REPAIR SIDEWALWS	1450	10%	2000				
HEDGEFIELD	B) REPLACE VCT FLOORING	1460	25%	30000				
	C) REPLACE WINDOW SCREENS	1460	20%	3000				
	<b>SUBTOTAL</b>			<b>35000</b>				
	<b>SUBTOTAL---PAGE</b>			<b>115400</b>				

<b>Annual Statement/Performance and Evaluation Report</b> (attachment va021b01) <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: WYTHEVILLE REDEVELOPMENT AND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: VA36P021701 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant:  FY2001			
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	
VA21-1	A) CONCRETE REPAIR	1450	10%	2000				
SCATTERED	B) CLOTHES LINE/POLES	1450	9 SITES	5500				
SITES	C) VINYL SOFFIT/TRIM	1460	33%	30000				
	D) GUTTER/DOWNSPOUTS	1460	33%	7500				
	E) ENTRANCE DOORS	1460	33%	33000				
	F) REPLACE SHEETING/SHINGLES	1460	3 BLDS	25550				
	G) STORM DOORS	1460	50%	21600				
	H) MAIL BOXES	1460	110 UNITS	5500				
	I) RE-GLAZE TUBS	1460	50%	18150				
	J) DOOR LOCKS	1460	50%	5500				
	K) SCREEN REPLACEMENT	1460	20%	3000				
	L) REPLACE GAS METERS	1460	20%	7800				
	<b>SUBTOTAL</b>			<b>165100</b>				
HA-WIDE	A) REPLACE MAINTENANCE TRK	1475	1	20000				
NON-DWELLING	B) REPLACE LAUNDRY EQUIP	1500	3	1500				
	<b>SUBTOTAL</b>			<b>21500</b>				
	<b>SUBTOTAL---PAGE</b>			<b>186600</b>				
	<b>GRAND TOTAL</b>			<b>302000</b>				



**Capital Fund Program 5-Year Action Plan** (attachment va021c01)

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.

<b>CFP 5-Year Action Plan</b>		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name</b> WYTHEVILLE REDV. AND HOUSING AUTH. (or indicate PHA wide)	
	<b>PHA WIDE</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
A) <b>COMPUTER SYSTEM UPGRADE /CONSULTANT /TRAINING</b>	20000	FY2002
B) <b>COMPUTER SYSTEM UPGRADE /CONSULTANT /TRAINING</b>	25000	FY2003
C) <b>COMPUTER SYSTEM UPGRADE /CONSULTANT /TRAINING</b>	25000	FY2004
D) <b>COMPUTER SYSTEM UPGRADE /CONSULTANT /TRAINING</b>	25000	FY2005
E) <b>REPLACE LAUNDRY EQUIPMENT</b>	1500	FY2002
F) <b>REPLACE VEHICLE</b>	20000	FY2003
G) <b>EXPAND MAINTENANCE SHOP</b>	50000	FY2004
<b>Total estimated cost over next 5 years</b>	<b>166500</b>	

### 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 (attachment va021c01)			
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement			
Development Number	Development Name (or indicate PHA wide)		
VA21-1	SCATTERED SITES		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
A)	REPLACE SHINGLES/ SHEETING 20%	57950	FY2002
B)	REPLACE GAS METERS 20%	8300	FY2002
C)	REPLACE YARD LIGHTS / POLES 30%	20000	FY2002
D)	REPLACE PICNIC TABLES	7500	FY2002
E)	REPLACE PLAYGROUND EQUIP 1	10000	FY2002
F)	RE-GLAZE TUBS OR INSERTS 50%	18150	FY2002
G)	REPAIR CONCRETE 10%	2000	FY2002
H)	SCREEN REPLACEMENT 20%	2000	FY2002
<b>Total estimated cost over next 5 years</b>			
<b>VA21-1 SUBTOTAL</b>		<b>125900</b>	

### 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 (attachmentva021c01)		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
VA21-1	SCATTERED SITES	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
A) REPLACE SHINGLES	7850	FY2003
B) REPLACE YARD LIGHTS / POLES 33%	21500	FY2003
C) CLEAN /SEAL BRICK 78500 SF	47100	FY2003
D) REPLACE GAS METERS 36	11000	FY2003
E) REPLACE PLAYGROUND EQUIP. 1	10000	FY2003
F) REPAIR CONCRETE	2000	FY2003
G) REPLACE SCREENS		
<b>Total estimated cost over next 5 years</b>		
<b>VA21-1 SUBTOTAL</b>	<b>101450</b>	

### 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 (attachment va021c01)		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
VA21-1	SCATTERED SITES	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
A) REPLACE SHINGLES /SHEETING	20350	FY2004
B) REPLACE YARD LIGHTS /POLES 20	22000	FY2004
C) REPLACE PLAYGROUND EQUIP. 1	10000	FY2004
D) REPAIR CONCRETE	2000	FY2004
E) REPLACE SCREENS	2000	FY2004
F) REPLACE MEDICINE CABINETS 110 UNITS	8800	FY2004
G) REPLACE GAS METERS 18 UNITS	6300	FY2004
<b>Total estimated cost over next 5 years</b>		
VA21-1 SUBTOTAL	71450	

**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.

<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement   (attachment va021c01)		
Development Number	Development Name WYTHEVILLE REDV & HOUSING AUTHORITY (or indicate PHA wide)	
VA21-1	SCATTERED SITES	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
A) REPLACE SHINGLES	20,000	FY2005
B) REPAIR CONCRETE	2,000	FY2005
C) REPLACE SCREENS	2,000	FY2005
D) LANDSCAPING	5,000	FY2005
E) REPLACE GAS METERS (34)	11,900	FY2005
F) EXHAUST FANS (110)	11,000	FY2005
G) RANGE HOODS	16,500	FY2005
H) INSTALL UNDERLAYMENT AND RETILE (2 <sup>ND</sup> FLOOR)	53,800	FY2005
<b>Total estimated cost over next 5 years</b>		
	VA21-1 SUBTOTAL	122,200
	VA21-1 TOTAL	421,000

**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.

<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement <b>CFP 5-Year Action Plan</b> (attachment va021c01)		
Development Number	Development Name <b>WYTHEVILLE REDV &amp; HOUSING AUTHORITY</b> (or indicate PHA wide)	
<b>VA21-3</b>	<b>HEDGEFIELD</b>	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>A)</b> REPLACE VINYL FLOOR (25%)	30,000	FY2002
<b>B)</b> REPAIR CONCRETE SIDEWALKS	2,000	FY2002
<b>C)</b> REPLACE SCREENS/FRAMES	3,000	FY2002
<b>D)</b> REPLACE/UPDATE GAS HEATING/ADD COOLING (20%)	55,000	FY2002
<b>E)</b> REPLACE GAS METERS (12 UNITS)	4,200	FY2002
<b>F)</b> RE-GLAZE BATHTUBS (50%)	18,150	FY2003
<b>G)</b> REPLACE/UPDATE GAS HEATING/ADD COOLING (20%)	55,000	FY2003
<b>H)</b> REPLACE STORM DOORS (50%)	18,000	FY2003
<b>I)</b> CONCRETE REPAIR (10%)	2,000	FY2003
<b>J)</b> SCREEN REPLACEMENT (20%)	2,000	FY2003
<b>Total estimated cost over next 5 years</b>		
<b>VA21-3 SUBTOTAL</b>	<b>189,350</b>	

**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 (attachment va021c01)		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name WYTHEVILLE REDV & HOUSING AUTHORITY (or indicate PHA wide)	
VA21-3	HEDGEFIELD	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
A) RE-GLAZE BATHTUBS (50%)	18,150	FY2004
B) REPLACE/UPDATE GAS HEATING/COOLING (20%)	55,000	FY2004
C) REPLACE STORM DOORS (50%)	18,000	FY2004
D) REPAIR CONCRETE	2,000	FY2004
E) SCREEN REPLACEMENT	2,000	FY2004
<b>Total estimated cost over next 5 years</b>		
<b>VA21-3 SUBTOTAL</b>	<b>95,150</b>	

**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.

<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
<b>CFP 5-Year Action Plan</b> (attachment va021c01)		
Development Number	Development Name    WYTHEVILLE REDV & HOUSING AUTHORITY (or indicate PHA wide)	
VA21-3	HEDGEFIELD	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
A) CONCRETE REPAIR	2,000	FY2005
B) REPLACE SCREENS	2,000	FY2005
C) REPLACE/UPDATE GAS HEATING/COOLING (22 UNITS)	55,000	FY2005
D) REPLACE GAS METERS (24)	8,400	FY2005
E) LANDSCAPING	5,000	FY2005
F) REPLACE BATHROOM ACCESSORIES (50%)	22,000	FY2005
<b>Total estimated cost over next 5 years</b>		
	<b>VA21-3 SUBTOTAL</b>	<b>94,400</b>
	<b>VA21-3 TOTAL</b>	<b>378,900</b>

## PHA Public Housing Drug Elimination Program Plan N/A

**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 \$** 0

**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.

<b>FFY _____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
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	
<b>TOTAL PHDEP FUNDING</b>	

**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.

<b>9110 – Reimbursement of Law Enforcement</b>	<b>Total PHDEP Funding: \$</b>
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.							

<b>9120 - Security Personnel</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9130 – Employment of Investigators</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9140 – Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$</b>		
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.							



**Required Attachment: va021d01 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: Ms. Ann Gambill

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 09/08/03---4 year

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

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mayor Trent Crewe and the Wytheville Town Council

**Required Attachment: va021e01 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.)

Ms IDA SORENSON  
Ms ELIZABETH PERRY  
Mr. CHARLES HEDRICK  
Ms BONNIE HOLLIDAY  
Ms FRANCES WINDLE

## ATTACHMENT: va021f01 COMMUNITY SERVICE POLICY

### COMMUNITY SERVICE REQUIREMENTS

#### Background

The Quality Housing and Work Responsibility Act of 1998 (QHWRA) was signed into law by President Clinton on October 21, 1998. This Act is sometimes called the public housing reform act and the final rules required by QHWRA were published in the Federal Register on March 29, 2000. 24 CFR-Subpart F, 960.00 lists the statutory requirements, which must be incorporated by local PHA/PHC, etc. into policy to meet, Community Service/Self-Sufficiency work activities.

#### 1) What is Community Service?

Community Service is defined as the performance of *voluntary* work, or duties that are a public benefit and serve to improve the quality of life, to enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community Service is not employment and may not include political activities.

#### 2) Who must comply?

The final rule requires **all** adult family members who do not qualify for a statutory exemption.

#### 3) Who is exempt?

An **exempt** person is an adult family member who:

- 4) Is **62** years of age or older;
- 5) Is blind or disabled as defined under the current Social Security Act. Existing documentation will be acceptable as evidence of a disability and disabled persons will be permitted to **self-certify** as to whether they **cannot** perform community service or self-sufficiency service provisions; or is a primary care giver to such above defined individual;
- 3) Is engaged in work activities;
- 6) Meets the requirements for being exempted under a State program funded under part A of the title IV of the Social Security Act (42 U.S.C. 601) or any other State administered welfare program of the State in which the PHA is located, including a welfare-to-work program.
- 7) Is a family member receiving assistance, benefits or services under a state Program funded under part A of title IV of the Social Security Act (42 USC 601 et seq.) or under any other welfare program of the State in which the Housing Authority is located.

#### 8) What is the Annual Obligation?

Small PHA Plan Update Page 27  
Table Library

Each adult family member who is not exempt must:

- 9) Contribute **8 hours per month (96 hours per year)** of Community Service, or
- 10) Participate in an economic self-sufficiency program for the same hours per per year; or
- 11) Perform a *combination* of the activities in (1) and (2) for the same number of hours required above: *8/month-96/year*.

**12) What happens when someone does not comply?**

The lease specifies that it shall be renewed automatically for all purposes, unless the family fails to comply with the community service requirement. Violation of the service requirement is grounds for non-renewal of the lease at the end of the 12-month lease term, but not for the termination of the tenancy during the course of the 12-month lease term prior to the recertification process.

In addition, each family member who fails to complete its entire obligation shall be given the opportunity to develop a plan with PHA approval to perform these non-compliant hours in addition to their regularly obligated 96 hours in the second year of residency. At the end of the second year if all outstanding obligated hours of community service/self-sufficiency are not met the PHA may commence eviction proceedings.

**13) When does the Community Service Requirements start?**

All PHAs and residents must comply with the requirements of subpart F beginning with a PHAs fiscal year that begin on or after October 1, 2000.

**14) How does the PHA administer its program?**

The PHA may administer qualifying community service or economic self-sufficiency activities directly through its own staff or through a third party community entity that has an agreement with the PHA.

**15) PHA Responsibilities to its residents.**

- 1) The PHA must develop a policy that describes how it will determine which family members are subject or exempt from performing the service requirement and the process for verifying changes to existing status.
- 2) The PHA must provide every family a written description of the service requirement and the process for claiming status. The PHA must also notify each adult family member of its initial determination of exempt and non-exempt status.
- 3) The PHA must review family compliance with the service requirements and must Verify such compliance annually at least 30 days before the renewal of the lease

(Annual Re-Certification).

- 4) The PHA must retain reasonable documentation of service requirement performance or exemption in the resident's file folder.

**Attachment va021h01**

**Component 3, (6) Deconcentration and Income Mixing**

- a.  Yes  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:

<b>Deconcentration Policy for Covered Developments</b>			
<b>Development Name:</b>	<b>Number of Units</b>	<b>Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]</b>	<b>Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]</b>
Scattered sites	110		

**Annual Statement/Performance and Evaluation Report**

(attachment va021g01)

Printed on: 4/10/012:48 PM

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHA Name:</b> WYTHEVILLE REDEVELOPMENT AND HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program: VA36P02150100 Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> FY2000
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Original Annual Statement     
  Reserve for Disasters/ Emergencies     
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/2000     
  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	350,719		252,165.83	252,165.83
3	1408 Management Improvements Soft Costs	20,000		4,891.07	4,891.07
	Management Improvements Hard Costs				
4	1410 Administrations				
5	1411 Audit				
6	1415 Liquidated Costs				
7	1430 Fee and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines...)	370,719		257,056.83	257,056.83
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security—Soft Costs				
	Amount of line XX Related to Security—Hard Cost				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				



