

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**

**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:** Springfield

**PHA Number:** VT004

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

### PHA Plan Contact Information:

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### 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 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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Comments from Public Meeting-Attachment F	

**ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

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

The Springfield Housing Authority(SHA) did not have any substantial deviations to its Five-year Plan. The SHA either made all its previous goals, or made significant progress in attaining the goal. For example, we maintained our status as a high performer under PHAS with an overall score of 94.8. We scored an 89 on the physical inspection section. We also scored a 92% on the customer satisfaction portion; however, the residents felt that there was an issue with safety. Therefore, the management will meet with the tenants to discuss all the safety measures that are in place, and to ask for other ideas that may help in this area. Finally, our Section 8 lease-up rate was 97.54%, just short of our goal of 99%.

The SHA plans to implement a Section 8 homeownership option for its voucher program. These policies were adopted by the Board on 12/15/2000, and are included in the Plan as an attachment.

The Capital Fund Plan has addressed all items that the Resident Advisory Board deemed important. These items were discussed and incorporated in the Plan at the RAB meetings of March 22<sup>nd</sup> and 29<sup>th</sup>.

### **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.

We will implement a Section 8 Homeownership Program

### **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? \$ 210,231.00

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 vt004d02

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

The Capital Fund Program Annual Statement is provided as Attachment vt004d02  
 The P&E Reports for 1998,1999, & 2000 are provided as Attachments vt004a02,  
 vt004b02, and vt004c02

**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.)

2. Activity Description

<b>Demolition/Disposition Activity Description (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 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):

Form a partnership with the Rockingham Area Community Land Trust(RACLT)

**5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A.  Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

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

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

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

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

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

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name) E & F
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 E & F.
  - 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: Vermont
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 reduction in a development or in a program of greater than 25% of the units, or 25% of the residents served, which was not necessitated, by a funding reduction over which the Authority had no power, will be considered a substantial deviation. As well as, a change in the Capital Fund Program (CFP) which shifted greater than 50% of the total annual funding from a single CFP line item to another, or from CFP to another program, such as Operating. In addition, applications for new program funding and initiation of a new program not included in the 5-year plan will not be considered a substantial deviation.

**Given this definition the SHA has no substantial deviations from its 5-year plan.**

**B. Significant Amendment or Modification to the Annual Plan:** A significant amendment or modification to the Annual Plan will be when a budget revision in a program causes a shifting of over 50% of the funding (unless it is necessitated by a HUD funding shift). In other words, budget revisions entailing less than 50% of the total budget, or the addition of a new program of less than 50% of the total previous budget, will not be considered a significant amendment or modification.

**The SHA has added Section 8 Homeownership Program(See policies below)**

## **Chapter 21**

### **HOMEOWNERSHIP OPTION PROGRAM**

The Springfield Housing Authority has established a Section 8 Tenant –based Voucher Homeownership Option pursuant to the HUD final rule dated September 12, 2000.

#### **Qualifications for Participation**

Any Section 8 program participant or applicant who has been issued a Section 8 Housing Choice Voucher may

utilize his or her subsidy to purchase rather than rent a home, subject to the following requirements:

1. A family must meet the general requirements for admission to or continued participation in the SHA Section 8 tenant –based Voucher Choice Program.
2. Current Program participants must be in full compliance with their lease and Section 8 program requirements and must terminate their current lease arrangement in compliance with the lease.
3. A head of household or spouse that has previously defaulted on a mortgage obtained through the homeownership option is barred from participation.
4. Program participants and applicants must be ‘first-time homeowners’. A family member must not have owned title to a principal residence in the last three years. Residents of limited equity cooperatives are eligible for the homeownership option.
5. Current program participants and new applicants must be deemed to be ‘mortgage ready’ by the Neighbor Works Homeownership Center of Vermont, which is administered by the Rockingham Area Community Land Trust (RACLT) before a Homeownership Voucher will be issued. RACLT is located at 24 Park Street, Springfield, Vermont (802-885-3220).
6. The head of household or spouse or one adult member of the family who will own the home must be employed full time (30 or more hours per week) and have been continuously so employed during the year before commencement of homeownership assistance. (Families in which the head of household or spouse are disabled or elderly are exempted from this requirement. Families with a disabled household member may request an exemption as a reasonable accommodation).
7. The family must initially meet the national minimum income requirement which is equal to 2000 hours of annual full time work at the Federal minimum wage( $5.15 \times 2000 = \$10,300$ ).

#### Time Frame for Utilization

An applicant will have a maximum of 60 days from the date of issuance of a Housing Choice Voucher to find a home and enter into a ‘Contract for Sale’.

If an applicant is unable to enter into a ‘Contract for Sale’ before the end of the 60 day deadline, the applicant will be provided an additional 60 days to either enter into a ‘Contract for Sale’ or to utilize the Housing Choice Voucher in a rental situation.

Any extensions beyond 120 days will be at the sole discretion of the Executive Director.

#### **Portability**

Families that are determined eligible for homeownership assistance may exercise the homeownership option outside of the initial PHA’s jurisdiction if the receiving PHA is administering a Section 8 homeownership program and is accepting new families into the receiving PHA’s homeownership program.

The family must follow all rules for the homeownership program of the receiving PHA.

#### Permitted Ownership Arrangements

The Homeownership Option may be utilized in two types of housing:

1. A unit owned by the family—One or more family members hold title to the home. (Homes previous occupied under a lease-purchase agreement are eligible).
2. A cooperative unit—One or more family members hold membership shares in the cooperative.

## Contract for Sale and Inspection Requirements

Participants in the Homeownership Program must complete a “Contract of Sale” with the Owner of the property to be purchased. The Rockingham Community Land Trust can provide guidance concerning the Contracts of Sale process. The unit must be fully built before the Contract of Sale is executed.

The Contract of Sale must include the home’s price and terms of sale, the purchaser’s pre-purchase inspection requirements and notice that the sale is conditional on the purchaser’s acceptance of the inspection report; and an agreement that the purchaser is not obligated to pay for necessary repairs, and contain certification that the Seller has not been disbarred, suspended, or subject to limited denial of participation by HUD.

The SHA cannot commence homeownership assistance for occupancy of a home if the SHA has been informed that the Seller of the home is disbarred, suspended, or subject to a limited denial of participation under part 24.

The participant must obtain an independent professional home inspection of the unit’s major systems at the participant’s expense. The inspection must cover major building systems and components, including foundation and structure, housing interior and exterior, and the roofing, plumbing, electrical and heating systems.

SHA will conduct an HQS inspection and will review an independent professional inspection of the unit’s major systems. SHA retains the right to disqualify the unit for inclusion in the homeownership program based on either the HQS inspection or the professional inspection report.

The participant must determine and document whether or not the unit is in an airport runway clear zone or an airfield clear zone.

The participant must determine and document whether or not the unit is in a flood hazard area. Units in flood hazard areas must be insured for flood damage.

## Financing

The participant is responsible for obtaining financing.

If purchase of the home is financed with Federal Housing Administration (FHA) –insured mortgage financing, the financing is subject to FHA mortgage insurance credit underwriting requirements. If it is not financed with a FHA insured mortgage, then the purchase is subject to private market underwriting standards.

The participant must have a minimum down payment of at least 3% of the purchase price, of which, 1% must come from the family’s personal resources. The Rockingham Area Community Land Trust would be a valuable resource for a participant seeking down payment assistance.

## Length and Continuation of Assistance

Section 8 assistance will only be provided for the months the family is in residence in the home.

The family or the lender is not required to refund to the SHA the homeownership assistance for the month when the family moves out.

The maximum length of time a family may receive homeownership assistance is fifteen years (15) provided the initial term of the mortgage is twenty (20). Otherwise, the maximum term is ten years (10)..

The maximum term for homeownership assistance does not apply to an elderly family or a disabled family. In the case of an elderly family, this exception is only applied if the family qualifies as an elderly family at the commencement of homeownership assistance. In the case of a disabled family, this exception applies if at any time during receipt of homeownership assistance the family qualifies as a disabled family. If, during the course of homeownership assistance, the family ceases to qualify as a disabled or elderly family, the maximum term becomes applicable from the date homeownership assistance commenced. However, such a family must be provided with at least 6 months of homeownership assistance after the maximum term becomes applicable (provided the family is still eligible to receive Section 8 assistance).

## Family Obligations

Before commencement of homeownership assistance, the family must execute a statement of homeowner obligations’ in the form prescribed by SHA.

To continue to receive homeownership assistance, a family must comply with the following family obligations:

1. The family must comply with the terms of any mortgage securing debt incurred to purchase the home, and any refinancing of such debt.
2. So long as the family is receiving homeownership assistance, the family may not sell, convey or transfer any interest in the home to any entity or person other than a member of the assisted family residing in the home.
3. The family must supply required information regarding income and family composition in order to correctly calculate total tenant payment and homeownership assistance.
4. The family must provide information on any mortgage or other debt incurred to purchase the Home, and any financing of such debt, and any sale or other transfer of any interest in the Home.

5. The family must notify the SHA if the family defaults on a mortgage securing any debt incurred to purchase the home.
6. The family must notify SHA before the family moves out of the home.
7. The family must, at annual recertification, document that he or she is current on mortgage, insurance, and utility payments.
8. During the time the family receives homeownership assistance, no family member may have ownership interest in another residential property.

The family's Section 8 monthly housing assistance payment will be the lower of (1) the Section 8 voucher payment standard minus the Total Tenant Payment or (2) the monthly homeowner expenses minus the Total Tenant Payment. SHA will annually reexamine family income and composition and make appropriate adjustments to the amount of the monthly housing assistance payment.

Homeownership expenses include principal and interest on mortgage debt, refinancing charges of mortgage debt, taxes and other public assessments, insurance, maintenance and major repair expenses, and the SHA utility allowance schedule. The SHA allowance for maintenance expenses, major repairs and replacements will be based on recommended allowances provided by the RACLT Homeownership Center.

Housing assistance payments will be made directly to the lender. If the housing assistance payment is greater than the mortgage payment and tax/insurance escrow payments, the difference will be paid to the family.

If a family's income increases to a point that they do not receive a housing assistance payment, eligibility for such payments will continue for 180 calendar days. At the end of a continuous period of 180 days without any assistance payments, eligibility for Section 8 assistance will automatically terminate.

### Options: Move with continued assistance

A family may move either with a voucher for rental assistance or a voucher for homeownership assistance. However, in either case, the SHA can not commence continued tenant-based assistance for occupancy of the new unit so long as any family member owns any title or other interest in the prior home. A family may not move more than once per year.

If a family wishes to continue with the homeownership option in a new unit, the SHA must determine if all the initial requirements have been satisfied. The family will not have to complete the following requirements for continuing with the homeownership option in a new unit: (1) Pre-assistance counseling and (2) first-time ownership.

### Options: Termination or Denial of Assistance

The SHA may deny permission to move with continued assistance if (1) it lacks the funds to provide continued assistance, or (2) in accordance with Section 982.638. According to Section 982.638, the SHA may deny or terminate assistance for the family in the homeownership program, as it would for the rental assistance program, in accordance with Section 982.552, Chapter 15 of the Section 8 policies. Also, if the family fails to comply with its family obligations as described in Section 982.633, or if there is a mortgage default.

### Defaults

If a participant in the Homeownership Option defaults on his or her mortgage loan, the participant will not be able to

use his or her Homeownership Voucher for rental housing but may reapply for the Section 8 waiting list.

**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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	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
<b>X</b>	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
<b>X</b>	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
<b>X</b>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
<b>X</b>	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>X</b>	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
<b>X</b>	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
<b>X</b>	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
<b>X</b>	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
<b>X</b>	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
<b>X</b>	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	Any required policies governing any Section 8 special housing types <b>X</b> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
<b>X</b>	Public housing grievance procedures <b>X</b> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<b>X</b>	Section 8 informal review and hearing procedures <b>X</b> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<b>X</b>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
<b>X</b>	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
<b>X</b>	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
<b>X</b>	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
<b>X</b>	Policies governing any Section 8 Homeownership program (section 21 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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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
<b>X</b>	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <b>X</b> check here if included in the public housing A & O Policy	Pet Policy
<b>X</b>	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)

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name:		Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies			<input type="checkbox"/> Revised Annual Statement (revision no: )
<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	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name:		<b>Grant Type and Number</b> Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>
<input 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>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				





### Capital Fund Program 5-Year Action Plan

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>		
Original statement <input type="checkbox"/> Revised statement <input type="checkbox"/>		
Development Number	Development Name (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)

## 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.

<b>Fiscal Year of Funding</b>	<b>PHDEP Funding Received</b>	<b>Grant #</b>	<b>Fund Balance as of Date of this Submission</b>	<b>Grant Extensions or Waivers</b>	<b>Grant Start Date</b>	<b>Grant Term End Date</b>
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.							

<b>9115 - Special Initiative</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>9116 - Gun Buyback TA Match</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>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.							

<b>9150 - Physical Improvements</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>9160 - Drug Prevention</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>9170 - Drug Intervention</b>					<b>Total PHDEP Funding: \$</b>		
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.							

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

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



**Required Attachment D : 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: Beverly Corey

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 04/2000-03/2003

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):

## **Required Attachments E & F: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Richard Burton – Huber Building  
Pauline Jerome – Huber Building  
Beverly Corey – Whitcomb Building  
Mildred Carnes – Whitcomb Building  
Robert Snide – Whitcomb Building  
Emilienne Clipet – Whitcomb Building

### **Comments from RAB Meetings**

#### **3/22/2001 Meeting:**

Comment: The RAB would like to have new stoves in the units in the next fiscal year.

Response: The management will add this item to the regular operating budget beginning on 10/1/01, or in the capital budget if more fund are obtained from HUD.

#### **3/29/2001 Meeting:**

Comment: If money allows, the RAB would like to have the emergency latches moved from year 6 to year 1 in the capital budget.

Response: The management will do so if HUD sends enough funds to cover that project.

### **Comments from Public Meeting**

#### **6/7/2001 Meeting:**

No comments

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Springfield Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: VT 36P 004 902 98 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 1998
<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: 3/31/01 <input checked="" 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	0.00			
2	1406 Operations	0.00			
3	1408 Management Improvements	10,081.30	10,081.30	10,081.30	10,081.30
4	1410 Administration	7,147.35	7,147.35	7,147.35	7,147.35
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	10,000.00	10,000.00	10,000.00	10,000.00
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	0.00			
10	1460 Dwelling Structures	123,790.35	123,790.35	123,790.35	123,790.35
11	1465.1 Dwelling Equipment—Nonexpendable	0.00			
12	1470 Nondwelling Structures	28,981.00	28,981.00	28,981.00	28,981.00
13	1475 Nondwelling Equipment	0.00			
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	0.00			
18	1499 Development Activities	0.00			
19	1501 Collateralization or Debt Service	0.00			

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

<b>PHA Name:</b> <b>Springfield Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: VT 36P 004 902 98 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>1998</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 3/31/01  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	0.00			
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$180,000.00	\$180,000.00	\$180,000.00	\$180,000.00
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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: VT 36P 004 902 98 Replacement Housing Factor Grant No:			Federal FY of Grant: 1998			
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	
VT 4-1	Upgrade elevator terminals/controller, etc. to present-day equipment	1475		0.00	0.00	0.00	0.00	
VT 4-2	Replace the flat roof with an EPDM membrane roof. Several leaks have dev.	1460		\$97,563.10	\$97,563.10	\$97,563.10	\$97,563.10	
VT 4-2	Replace the electric domestic hot-water storage tank, 10,000 gal., with several smaller oil-fired.	1475		\$28,981.00	\$28,981.00	\$28,981.00	\$28,981.00	
VT 4-2	Provide fees and costs for asbestos monitoring of the removal of roofing mat'l.	1410		\$7,147.35	\$7,147.35	\$7,147.35	\$7,147.35	
VT 4-1	Supplement an approved work item in CIAP FY97; the replacem't of windows	1460		\$6,780.00	\$6,780.00	\$6,780.00	\$6,780.00	
VT 4-1 & 4-2	Replace all existing large-usage toilets with 1.6 gal. tanks and assoc. parts. Plus, test install of diff. toilets to determine best toilet to be installed.	1460		\$19,447.25	\$19,447.25	\$19,447.25	\$19,447.25	
PHA-Wide	A/E Services: Design and oversight of all contracting Issues and the CIAP coordination work.	1430		\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	

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

PHA Name: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: VT 36P 004 902 98 Replacement Housing Factor Grant No:			Federal FY of Grant: 1998			
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	
PHA Wide	New Work Item							
	Purchase/upgrade computer, hardware and software, shared with an approved line item from the FY99 CIAP.	1408		\$10,081.30	\$10,081.30	\$10,081.30	\$10,081.30	

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

PHA Name: Springfield Housing Authority		Grant Type and Number Capital Fund Program No: ME 36P 004 902 98 Replacement Housing Factor No:					Federal FY of Grant: 1998	
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		
VT 4-1	Sept. 00		Dec. 99	Sept. 01		Jan. 00		
VT 4-2	Sept. 00		Dec. 99	Sept. 01		Jan. 00		
PHA Wide	Sept. 00		Dec. 99	Sept. 01		Jan. 00		
And								
Management								
Improvements								

## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> <b>Springfield Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: VT 36P 004 903 99 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>1999</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/01 <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	0.00	0.00	0.00	0.00
3	1408 Management Improvements	7,536.70	7,536.70	7,536.70	7,536.70
4	1410 Administration	5,000.00	2,250.00	2,250.00	2,250.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	9,500.00	12,250.00	12,250.00	9,979.54
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	154,136.30	154,136.30	154,136.30	9,404.25
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00

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

<b>PHA Name:</b> Springfield Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: VT 36P 004 903 99 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 1999
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 3)  
 Performance and Evaluation Report for Period Ending: 3/31/01  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$176,173.00	\$176,173.00	\$176,173.00	\$29,170.49
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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: VT 36P 004 903 99 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999			
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	
VT 4-2	Replace existing windows, install new	1460		144,732.05	154,136.30	154,136.30	9,404.25	
VT 4-1 and 4-2	Replace all existing large usage toilets with 1.6 gal tanks and assoc parts. To supplement an approved wk item in FY98	1460		9,404.25	0.00	0.00	0.00	
HA-Wide	Purchase/upgrade computer, hardware & software. Supplement FY98	1408		7,536.70	7,536.70	7,536.70	7,536.70	
	A/E Services							
	Design and oversight of all contracting issues and the CIAP coordination work	1430		9,500.00	12,250.00	12,250.00	9,979.54	
	Complete an energy audit and Capital Needs Assessment.	1410		5,000.00	2,250.00	2,250.00	2,250.00	

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

PHA Name: Springfield Housing Authority		Grant Type and Number Capital Fund Program No: VT 36P 004 903 99 Replacement Housing Factor No:				Federal FY of Grant: 1999	
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	
VT 4-1	9/01			9/02			
VT 4-2	9/01			9/02			
PHA – Wide and Management Improvements	9/01			9/02			

## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> <b>Springfield Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: VT 36P 004 501 00 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2000</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/01 <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	0.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration	0.00	2,492.50	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	11,079.00	11,079.00	11,079.00	4,094.16
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	194,993.00	192,500.50	192,486.50	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00

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

<b>PHA Name:</b> Springfield Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: VT 36P 004 501 00 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2000
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending: 3/31/01  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$206,072.00	\$206,072.00	\$203,565.50	\$4,094.16
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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: VT 36P 004 501 00 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	
VT 4-1	Replace kit cabinets/countertops kitchen sink and faucet to remain	1460		75,000.00	87,086.80	87,086.80	0.00	
	Install a stove hood exhaust, vent to central duct. Provide add'l cabinet over stove to hide duct.	1460		21,000.00	21,000.00	21,000.00	0.00	
VT 4-2	Provide additional funds to replace windows as approved in FY99	1460		88,993.00	84,399.70	84,399.70	0.00	
	Replace rear entryway, new foundation (us to supplement the kitchen project)	1460		10,000.00	0.00	0.00	0.00	
HA-Wide	Arch/Eng contract to develop plans and specs for construction bid documents, inspect work and certify completion to design.	1430		11,079.00	11,079.00	11,079.00	4,094.16	
	<i>New Work Items</i>							
	Administration, salaries, etc.	1410		0.00	2,506.50	0.00	0.00	



**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Springfield Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: VT 36P 004 501 01 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <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	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements soft costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,990.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	127,366.75			
11	1465.1 Dwelling Equipment—Nonexpendable	34,400.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	10,000.00			
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				

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

<b>PHA Name:</b> Springfield Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: VT 36P 004 501 01 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2001
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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
20	1502 Contingency	28,474.25			
21	Amount of Annual Grant: (sum of lines 2 – 20)	210,231.00			
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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: VT 36P 004 501 01 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	
VT 4-1	Replace exterior doors	1460		20,000.00				
	Replace stoves and ref.	1465.1		15,600.00				
	Insulate the over the entrance driveway	1460		9,000.00				
	Install cove base in apartments	1460		15,100.00				
	Install emergency door latch release	1460		8,000.00				
	Replace exterior window panels	1460		45,000.00				
VT 4-2	Additional funds needed to complete the replacement of windows, started FY99	1460		5,266.75				
	Replace stoves and ref.	1465.1		18,800.00				
	Brick/caulking work	1460		25,000.00				
	Remove underground oil tank	1475		10,000.00				
HA-Wide	Arch/Eng contract to develop plans and specs for construction bid documents, inspect work and certify completion of design	1430		9,990.00				
	Contingency	1502		28,474.25				



# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name Springfield Housing Authority		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: 1			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY:	Work Statement for Year 3 FFY Grant: 2003 PHA FY:	Work Statement for Year 4 FFY Grant: 2004 PHA FY:	Work Statement for Year 5 FFY Grant: 2005 PHA FY:
	Annual Statement				
VT 4-1, Huber Bldg		180,000	101,400	127,000	92,500
VT 4-2, Whitcomb Bldg		0	98,700	59,000	133,100
CFP Funds Listed for 5-year planning		190,800.00	200,100.00	213,500.00	234,516.00
Replacement Housing Factor Funds		0	0	0	0



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

Activities for Year : <u>4</u> FFY Grant: 2004 PHA FY:			Activities for Year: <u>5</u> FFY Grant: 2005 PHA FY:		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
VT 4-1 Huber Bldg	Closet doors replacem't	54,000	VT 4-1 Huber Bldg	Lower emer. Pull boxes	2,500
	Tub/shower replacem't	56,000		Unit Conversion	90,000
	Carpet replacement	17,000			
VT 4-2 Whitcomb Bldg	Install range hoods	15,000	VT 4-2 Whitcomb Bldg	Lower emer. Pull cords	2,500
	Install emer latch release	18,000		Replace hall lights	13,000
	Repl kit. Countertops	26,000		Closet door replacement	28,800
				Replace medicine cabinets	11,800
				Sidewalk & parking lot	77,000
HA Wide	Architect/Eng fees	7,500	HA Wide	Architect/Eng fees	8,916
	Purchase a vehicle	20,000			
<b>Total CFP Estimated Cost</b>		213,500.00			234,516.00