

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

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

PHA Plan Agency Identification

PHAName: Town of Fort Deposit Housing Authority

PHANumber: AL193

PHAFiscalYearBeginning:(mm/yyyy) 04/2002

PHA Plan Contact Information:

Name: Joe P. Boutwell, Executive Director

Phone: 334 -566-4495

TDD: 334 -566-4422

Email (if available): scarha@troycable.net

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**
[24CFR 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 filename in parentheses in the space to the right of the title.

Contents

Page#

Annual Plan

- i. Executive Summary (optional)
- ii. Annual Plan Information
- iii. Table of Contents
 - 1. Description of Policy and Program Changes for the Upcoming Fiscal Year
 - 2. Capital Improvement Needs
 - 3. Demolition and Disposition
 - 4. Homeownership: Voucher Homeownership Program
 - 5. Crime and Safety: PHDEP Plan
 - 6. Other Information:
 - A. Resident Advisory Board Consultation Process
 - B. Statement of Consistency with Consolidated Plan
 - C. Criteria for Substantial Deviations and Significant Amendments

Attachments

- Attachment A: Supporting Documents Available for Review
- Attachment B: Capital Fund Program Annual Statement
- Attachment B: Capital Fund Program 5 Year Action Plan
- Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment C: Resident Membership on PHA Board or Governing Body
- Attachment D: Membership of Resident Advisory Board or Boards
- Attachment__: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
 - Attachment E – Voluntary Conversion of Public Housing Development Analysis Required Initial Assessment

ii. Executive Summary

[24CFR Part 903.79(r)]

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

The Annual Plan was developed by the Federal Housing Administration in accordance with the Rules and

Regulations promulgated by HUD.

The goals and objectives of the housing authority are contained in the Five -Year Plan and the Admissions and Continued Occupancy Policy. These were written to comply with the HUD guidelines, rules, regulations, and Federal Law. The basic goals and objectives are:

1. Increase the availability of decent, safe and affordable housing in Lowndes County, Alabama.
2. To insure equal opportunity in housing for all Americans .
3. To promote self -sufficiency and asset development of families and individuals.
4. To help improve community quality of life and economic vitality.

The housing authority does not plan to have any deviations from the Five Year Plan.

This plan was written after consultation with necessary parties and entities as provided in the guidelines issued by HUD. All necessary accompanying documents are attached to the document, or are available upon request.

The PHA plan to make as many affordable housing units, that are suitable for living, and that will meet the economic needs of families, available to as many families as possible in the jurisdiction it serves. We intend to make capital improvements to our existing housing stock with available funds to improve living conditions. We further plan to improve our vacancies by improving our turn -around time for vacant units, and lease up capability to ensure more families in occupancy.

We plan to follow the deconcentration and income mixing policies, following information taken from the development analysis, to insure a balance of income levels and income mix at each development.

The PHA has set a discretionary minimum rent for public and Section 8 housing, and has adopted a minimum rent hardship policy.

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

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

2. Capital Improvement Needs

[24 CFR Part 903.79(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? \$ 110,025.00

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 B

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <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: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

<p>7. Relocation resources (select all that apply)</p> <p><input type="checkbox"/> Section 8 for units</p> <p><input type="checkbox"/> Public housing for units</p> <p><input type="checkbox"/> Preference for admission to other public housing or section 8</p> <p><input type="checkbox"/> Other housing for unit s (describe below)</p>
<p>8. Timeline for activity:</p> <p>a. Actual or projected start date of activity:</p> <p>b. Actual or projected start date of relocation activities:</p> <p>c. Projected end date of activity:</p>

4. Voucher Homeownership Program

[24CFR Part 903.79(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 24CFR 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 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

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA 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 Plan 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

[24CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response1. 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 as Attachment (Filename)

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)

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: Based upon the state plan

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)

The housing authority will continue to modernize and maintain existing public housing units. This will allow the housing authority to meet the needs of the jurisdiction's very low to moderate income families that are distressed by housing problems and rent burdens. This will help the governmental goal of providing suitable housing to poverty-stricken families.

The housing authority activities and initiatives dealing with residents safety, crime prevention, and drug elimination are consistent with the goals of law enforcement and with the requirements of HUD to provide decent, safe, and sanitary housing for persons of lower income.

The housing authority has examined past census information, including ethnic and income level housing availability. The differing municipalities served by the housing authority and the housing authority have agreed that services will be provided to the housing authority residents and will cooperate in developing new programs, law enforcement and other items which will benefit housing residents as citizens of the municipality. The city will continue to maintain utilities and streets owned by them and used by the housing authority.

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:

Attachment A

Supporting Documents Available for Review

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

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

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	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
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: FORTDEPOSITHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgram: AL09P19350101 CapitalFundProgram ReplacementHousingFactorGrantNo:		FederalFYofGrant: 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	11,000.00		0	
3	1408 Management Improvements				
4	1410 Administration	2,000.00		0	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	39,425.00		0	
11	1465.1 Dwelling Equipment — Nonexpendable	40,000.00		0	
12	1470 Non -dwelling Structures	8,000.00		0	
13	1475 Non -dwelling Equipment	800.00			
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	8,800.00		0	
20	Amount of Annual Grant: (sum of lines 2 -19)	110,025.00		0	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: FORTDEPOSIT HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: AL09P19350101 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 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
24	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: FORTDEPOSITHOUSINGAUTH		Grant Type and Number Capital Fund Program#: AL09P19350101 Capital Fund Program Replacement Housing Factor#:				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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
AL193-001	Replace Hot Water Heaters	1465.1	50	15,000				
AL193-001	Replace Kitchen Lights	1460	50	12,000				
AL193-001	Replace Interior Doors as needed	1460	100	10,000				
AL193-001	Replace Kitchen Cabinets	1460	5	10,000				
PHAWIDE	Renew Termite Bond	1410		2,000				
PHAWIDE	Improve Playgrounds	1470		8,000				
PHAWIDE	Remove Graffiti	1460		7,425				
PHAWIDE	Ranges	1465.1	40	10,000				
PHAWIDE	Refrigerators	1465.1	40	15,000				
PHAWIDE	Push Lawnmowers	1475	4	800				
PHAWIDE	Operations	1406		11,000.00				
PHAWIDE	Contingency Fund	1502		8,800.00				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: FORTDEPOSIT HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: AL09P19 250102 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<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	10,000.00		0	
3	1408 Management Improvements				
4	1410 Administration	15,000.00		0	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	1,000.00			
10	1460 Dwelling Structures	64,500.00		0	
11	1465.1 Dwelling Equipment — Nonexpendable			0	
12	1470 Nondwelling Structures	7,500.00		0	
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	6,441.00		0	
20	Amount of Annual Grant: (sum of lines 2 - 19)	104,441.00		0	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: FORTDEPOSIT HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: AL09P19 250102 Capital Fund Program Replacement Housing Factor Grant No:		
		Federal FY of Grant: 2002		
<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
24	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: FORTDEPOSITHOUSINGAUTH			Grant Type and Number Capital Fund Program#: AL09P19350102 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002		
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	
AL193-001	Clean Exterior Vinyl Siding	1460	25	10,000.00				
AL193-001	Replace Screen Doors	1460		20,000.00				
AL193-001	Paint Interiors	1460		22,000.00				
AL193-001	Replace HVAC as needed	1460	2	10,000.00				
AL193-001	Replace Mail Boxes	1460		2,500.00				
PHA -WIDE	Renew Termite Bond	1410		2,000.00				
PHA -WIDE	MOD Coordinator	1410		4,000.00				
PHA -WIDE	MOD Inspector	1410		4,000.00				
PHA -WIDE	Architect/Engineer	1410		5,000.00				
PHA -WIDE	Push Lawnmowers	1450	5	1,000.00				
PHA -WIDE	Commercial Mower	1475		7,500.00				
PHA -WIDE	Contingency	1502		6,441.00				

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 years. 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.

CFP5 - Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
AL193-1	Fort Deposit Housing Authority - PHA WIDE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Floor Tile (Replace) 50 units @ 2,000.00 each	100,000.00	2003
Repair Broken Brick	15,000.00	2003
Replace Screen Doors 100 @ 200.00 each	20,000.00	2002
Paint Interiors as needed	25,000.00	2002
Replace Roofs 25 Bldgs. @ 3,500.00 each	87,500.00	2006
Install New Mailbox Receptacles 50 @ 25.00 each	1,250.00	2002
Renew Termite Bond Yearly @ 2000.00	10,000.00	2002
Purchase Commercial Mower	7,500.00	2002
Purchase Push Mowers Yearly @ 150.00 each	2,250.00	2002
Clean Exterior Vinyl Siding 25 Bldgs @ 400.00 each	10,000.00	2002
Replace Refrigerators 50 @ 400.00 each	20,000.00	2006
Replace Ranges 50 @ 350.00 each	17,500.00	2006
Landscaping	20,000.00	2003
MOD Coordinator 5 years @ 4,000.00	20,000.00	2002
MOD Inspector 5 years @ 4,000.00	20,000.00	2002
Architect/Eng. 5 years @ 5,000.00	25,000.00	2002
Replace HVAC as needed 5 per year @ 4,000.00	60,000.00	2004
Contingency 6,000.00 per year	30,000.00	2002
Total estimated cost over next 5 years	491,000.00	

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. This 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 havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates 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
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

B. PHDEP Budget Summary

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

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 - Reimbursement of Law Enforcement	Total PHDEP Funding: \$
Goal(s)	
Objectives	

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

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

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

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

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

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators

1.							
2.							
3.							

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

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

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

Required Attachment C: 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:

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

- Elected
 Appointed

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

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: 10/12/2001

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Probate Judge of Crenshaw County, Alabama

Required Attachment D: 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.)

No members on the Resident Advisory Board or Boards

ATTACHMENT E
Voluntary Conversion of Public Housing Development Analysis
Required Initial Assessment

FORT DEPOSIT HOUSING AUTHORITY

Determination of requirement for initial assessment:

This assessment must be completed once for each of the authority's developments, unless the development falls under one of the four following categories:

1. The development has already been determined to be subject to mandatory conversion under 24 CFR part 971;
2. The development is the subject of a application for demolition or disposition that has not been disapproved by HUD;
3. The development has been awarded HOPEVI revitalization grant; or
4. The development is designated for occupancy by the elderly and/or persons with disabilities (i.e. is not a general occupancy development).

Please complete this table for all developments of your PHA to determine if an initial assessment is required.

***If any question is answered yes, development is exempt from the voluntary conversion requirements.**

Dev. Number	Development Name	*Is the Dev. Subject to Mandatory Conversion	*Is A Demolition Application Pending?	*Is the Dev. Designated Elderly/ Disabled?	*Dev. Has HOPEVI Approved?	Is Dev. Exempt?
193-2	Edgewood Apts	No	No	No	No	No

Complete an individual development analysis for each development not exempted.

**Voluntary Conversion of Public Housing Development Analysis
Required Initial Assessment**

**FORT DEPOSIT HOUSING AUTHORITY
DEVELOPMENT NUMBER AL09P193002**

As required by 24 CFR Part 972 - Complete each section to determine if conversion of Public Housing to Tenant Based Assistance, may be appropriate:

Necessary conditions for voluntary conversions:
Will not be more expensive than continuing to operate the development (or portion of it) as public housing;
Will principally benefit the residents of the public housing development to be converted and the community; and
Will not adversely affect the availability of affordable housing in the community.

1. Is the cost of conversion more expensive than continuing to operate the development as a public housing community? Use most recent financial (year -end) statements for public housing and Section 8.

a. Public Housing Line 520, HUD 52599: (PUM) 187.12

b. Section 8 HUD 52681, Line 30 2,340,197 divided
by Line 11: 8,879 = avg. unit cost 263.57

(If you do not have Section 8, you may contact another Authority in your locality with the same FMRs and use its information or contact your Public Housing Revitalization Specialist)

c. Is line 1b higher? Yes No

If line 1c is yes, Section 8 is more expensive to operate and is not appropriate for conversion and you do not have to complete section 2 or 3.