

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate  
AnnualPlanforFiscalYear:200 2  
Five-YearPlan:2001 -2005

HousingAuthorityoftheCountyofFlagler

**NOTE:THIS PHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan  
Agency Identification**

**PHAName:** Housing Authority of the County of Flagler

**PHANumber:** FL030

**PHAFiscalYearBeginning:** (07/2002)

**PHA Plan Contact Information:**

Name: Mike Boyd, Executive Director

Phone: (386) 437 -3221

TDD:

Email (if available):

**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 200 2**  
 [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 filename in parentheses in the space to the right of the title.

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<input checked="" type="checkbox"/> FY2000 CFP Performance and Evaluation Report <b>(f1030c01)</b>	
<input type="checkbox"/> Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input type="checkbox"/> Other (List below, providing each attachment name)	

## ii. Executive Summary

[24CFR Part 903.79(r)]

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

This document represents the Housing Authority of the County of Flagler's FY2002 Agency Plan Annual Update. The Annual Update includes an overview of all the Authority's current operations.

As in last year's Plan, the Authority has provided updated information on the progress toward achieving the Five Year Plan's Mission and Goals and planned Capital Fund Program expenditures. In addition to the above, the Authority has also completed a conversion to tenant based assistance analysis as required by HUD. A complete listing of the information provided in the Agency Plan Annual Update is provided on the previous page in the Table of Contents.

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

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

The Authority is requesting a revision to the FY2000 Capital Fund Program. The requested revision is included as Attachment fl030c01.

The Authority is also revising the Goals and Objectives stated in the Five Year Plan. The Goals and Objectives established were not attainable due to the small size of the PHA. The new Goals are included in Attachment B (page 11) of this document.

### 2. Capital Improvement Needs

[24CFR 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? \$244,114

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 fl030a01.

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

The Capital Fund Program Annual Statement is provided as Attachment fl030a01.

### **3.D emolitionandDisposition**

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredto completethissection.

1.  Yes  No: DoesthePHAplantoconductanydemolitionordisp ositionactivities (pursuanttosection18oftheU.S.HousingActof1937(42U.S.C. 1437p))intheplanFiscalYear?(If“No”,skiptonextcomponent;if “yes”,completeoneactivitydescriptionforeachdevelopment.)

#### 2.ActivityDescription

<b>Demolition/DispositionActivityDescription (NotincludingActivitiesAssociatedwithHOPEVIorConversionActivities)</b>	
1a.Developmentname: 1b.Development(project)number:	
2.Activitytype:Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3.Appli cationstatus(selectone) Approved <input type="checkbox"/> Submitted,pendingapproval <input type="checkbox"/> Plannedapplication <input type="checkbox"/>	
4.Dateapplicationapproved,submitted,orplannedforsubmission: (DD/MM/YY)	
5.Numberofunitsaffected: 6.Coverageofaction(selectone) <input type="checkbox"/> Partofthedevelopment <input type="checkbox"/> Totaldevelopment	
7.Relocationresources(selectallthatapply) <input type="checkbox"/> Section8for units <input type="checkbox"/> Publ ichousingfor units <input type="checkbox"/> Preferenceforadmissiontootherpublichousingorsection8 <input type="checkbox"/> Otherhousingfor units(describewhatbelow)	
8.Timelineforactivity: a. Actualorprojectedstart dateofactivity: b. Actualorprojectedstartdateofrelocationactivities: c.Projectendeddateofactivity:	

#### **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 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified).)

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

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

- Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the estate 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 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 as Attachment

## **6. Other Information**

[24CFRPart903.79(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 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: (Flagler County)

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)

**GOAL:** Ensure decent, safe and sanitary housing in suitable neighborhoods at affordable costs to meet the needs of present and future residents of the County.

**Objective 6** – Flagler County shall provide assistance to organizations dedicated to the provision of affordable housing for very low, low and moderate-income persons through partial matching funding or in-kind services for federal and state.

Policy 6.1 – Support the efforts of the Housing Authority of Flagler County and assist in their effort to determine and develop sites and programs for housing for very low, low and moderate-income persons of the County.

### C. Criteria for Substantial Deviation and Significant Amendments

#### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

#### A. Substantial Deviation from the 5-year Plan:

A “Substantial Deviation” from the 5-Year Plan is an overall change in the direction of the Authority pertaining to the Authority’s Goals and Objectives. This includes changing the Authority’s Goals and Objectives.

#### B. Significant Amendment or Modification to the Annual Plan:

A “Significant Amendment or Modification” to the Annual Plan is a change in a policy or policies pertaining to the operation of the Authority. This includes the following:

- Change to rent or admissions policies or organization of the waiting list.
- Additions of non-emergency work items over \$100,000 (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund.
- Any change with regard to demolition or disposition, designation, home ownership programs or conversion activities.

## 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>
X	PHA Plan Certification 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
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediment 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 jurisdiction 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
X	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 checked="" 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 checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	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
X	Section 8 informal review and hearing procedures <input checked="" 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
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -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
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership

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

## Attachment B

### **Statement of Progress Relating to the Five -Year Plan Mission and Goals**

The Authority has reviewed the Mission Statement and Goals and Objectives in the Five -Year Agency Plan. During this review, the Authority decided to revise the Goals and Objectives. The Housing Authority of the County of Flagler is a small authority with only 132 units of public housing. Because of the staff size and funding level of the Authority, some of the Goals and Objectives stated in the Five -Year Plan were not realistic. The Authority would like to establish the following Goals.

**Goal#1 Keep the occupancy rate above 95%.**

**Goal#2 Improve the physical appearance and livability of the public housing developments through the use of the Capital Fund Program.**

**Goal#3 Keep residents satisfaction at a high level.**

## Attachment C

### Deconcentration Analysis

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

- a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b.  Yes  No: Do any of these covered developments have average incomes above or below 8.5% to 11.5% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

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

**AttachmentD**

**InitialConversionAssessmentAnalysis**

A. HowmanyofthePHA'sdevelopmentsaresubjecttotheRequiredInitial assessments?

Three

B. HowManyofthePHA'sdevelopmentsarenotsubjecttotheRequiredInitial Assessmentsbasedonexemptions(e.g.elderlyand/ordisableddevelopmentsnot generaloccupancyprojects?

Zero

C. HowmanyAssessmentswereconductedforthePHA'scovereddevelopments?

Oneassessmentperdevelopment.

D. IdentifyPHAdevelopmentsthatmaybeappropriateforconversionbasedonthe RequiredInitialAssessments:

<b>DevelopmentName</b>	<b>NumberofUnits</b>
None	

E. IfthePHAhasnotcompletedtheRequiredInitialAssessments,describethe statusoftheseassessments:

ThecompleteInitialAssessmentsareavailableforreviewattheHousing Authority'soffice.

## Attachment E

### **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:

Thelma Allen

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

- Elected  
 Appointed

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

4/9/01 to 12/15/04

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 governing board member:

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

## Attachment 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.)

Mrs. Thelma Allen – President  
Mrs. Delories Hall – Vice -President  
Ms. Ruthie Morris - Secretary  
Ms. Jacqueline Nelson – Assistant Secretary  
Mr. Lonnie Allison

## Attachment G

### **Resident Assessment and Satisfaction Survey Follow -Up Plan**

The Real Estate Assessment Center (REAC) informed the Authority that no responses were received from the residents concerning the Resident Assessment and Satisfaction Survey. The Authority was penalized with a low score on this area of PHAS. The Authority will address the survey in upcoming Resident Advisory Board meetings to try to get residents involved in completing the survey.

# Annual Statement/Performance and Evaluation Report

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

<b>PHAName:</b> Housing Authority of the County of Flagler	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL29P03050101 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2001
------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------	----------------------------------

Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/01  
  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	\$53,114.00		\$0.00	\$0.00
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$16,000.00		\$0.00	\$0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$0.00		\$0.00	\$0.00
10	1460 Dwelling Structures	\$175,000.00		\$0.00	\$0.00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$0.00		\$0.00	\$0.00
14	1485 Demolition	\$0.00		\$0.00	\$0.00
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	\$244,114.00		\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 compliance				
23	Amount of line 20 Related to Security — Soft Costs				
24	Amount of line 20 Related to Security — Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
26	Collateralization Expenses or Debt Service				





# Annual Statement/Performance and Evaluation Report

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

<b>PHAName:</b> Housing Authority of the County of Flagler	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL29P03050102 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2002
------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------	----------------------------------

Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no:      )

Performance and Evaluation Report for Period Ending:        
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	\$41,114			
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$20,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$183,000			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$244,114			
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 — Soft Costs				
24	Amount of Line 20 related to Security -- Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
26	Collateralization Expense or Debt Service				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>									
<b>PHA Name:</b> Housing Authority of the County of Flagler			<b>Grant Type and Number</b> Capital Fund Program Grant No: FL29P0305010 2 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 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 Work
	<b>Operations</b>								
PHA-Wide	Operating Fund		1406	LS	\$41,114				
	<b>Subtotal 1406</b>				<b>\$41,114</b>				
	<b>Fees and Costs</b>								
PHA-Wide	A&E Fees		1430	LS	\$20,000				
	<b>Subtotal 1430</b>				<b>\$20,000</b>				
	<b>Dwelling Structures</b>								
FL30-2	Replace windows and install security screens		1460	40 units	\$154,000				
	Attic Insulation		1460	40 units	\$29,000				
	<b>Subtotal 1460</b>				<b>\$183,000</b>				
	<b>Grant Total</b>				<b>\$244,114</b>				



# CapitalFundProgramFive -YearActionPlan

## PartI:Summary

PHAName : HousingAuthorityof theCountyofFlagler		<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2003 PHAFY:2004	WorkStatementforYear3 FFY Grant:2004 PHAFY:2005	WorkStatementforYear4 FFYGrant:2005 PHAFY:2006	WorkStatementforYear5 FFYGrant:2006 PHAFY:2007
PHA-Wide	Annual Statement	\$18,114	\$124,114	\$112,114	\$244,114
FL030-1		\$0	\$0	\$32,000	\$0
FL030-2		\$0	\$0	\$40,000	\$0
FL030-3		\$226,000	\$120,000	\$60,000	\$0
CFPFundsListedfor 5-yearplanning		\$244,114	\$244,114	\$244,114	\$244,114
ReplacementHousing FactorFunds					





# Annual Statement/Performance and Evaluation Report

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

PHAName: Housing Authority of the County of Flagler	Grant Type and Number Capital Fund Program Grant No: FL29P0305010 0 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement   
 Reserve for Disasters/Emergencies   
 Revised Annual Statement (revision no: 1)   
 Final Performance and Evaluation Report  
 Performance and Evaluation Report for Period Ending: 12/31/01

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	\$64,154.01	\$0.00	\$0.00
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$16,000.00	\$16,000.00	\$16,000.00	\$16,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$226,305.00	\$162,150.99	\$162,150.99	\$162,150.99
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	\$242,305.00	\$242,305.00	\$178,150.99	\$178,150.99
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 — Soft Costs				
24	Amount of Line 20 related to Security -- Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
26	Collateralization Expenses or Debt Service				

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

PHA Name: Housing Authority of the County of Flagler		Grant Type and Number Capital Fund Program Grant No: FL29P0305010 0 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	
	<b>Operations</b>								
PHA-Wide	Operating Fund	1406	LS	\$0.00	\$64,154.01	\$0.00	\$0.00		
	<b>Subtotal 1406</b>			<b>\$0.00</b>	<b>\$64,154.01</b>	<b>\$0.00</b>	<b>\$0.00</b>		
	<b>Fees and Costs</b>								
PHA-Wide	A&E Fees	1430	LS	\$16,000.00	\$16,000.00	\$16,000.00	\$16,000.00		
	Sundry Planning Costs	1430	LS	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00		
	<b>Subtotal 1430</b>			<b>\$16,000.00</b>	<b>\$16,000.00</b>	<b>\$16,000.00</b>	<b>\$16,000.00</b>		
	<b>Dwelling Structures</b>								
FL30-1	Replace interior doors, frames and hardware	1460	32 units	\$35,350.00	\$30,000.00	\$30,000.00	\$30,000.00	Complete	
FL30-1	Replace interior doors, frames and hardware	1460	40 units	\$73,800.00	\$43,800.00	\$43,800.00	\$43,800.00	Complete	
FL30-1	Replace interior doors, frames and hardware	1460	60 units	\$117,155.00	\$88,350.99	\$88,350.99	\$88,350.99	Complete	
	<b>Subtotal 1460</b>			<b>\$226,305.00</b>	<b>\$162,150.99</b>	<b>\$162,150.99</b>	<b>\$162,150.99</b>		
	<b>Grant Total</b>			<b>\$242,305.00</b>	<b>\$242,305.00</b>	<b>\$178,150.99</b>	<b>\$178,150.99</b>		

