

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: FortFairfieldHousingAuthority

PHANumber: ME002

PHAFiscalYearBeginning:(mm/yyyy) 07/01/2002

PHA Plan Contact Information:

Name: David J. Bernard

Phone: (207) 476-5093

TDD:

Email: daveff@maine.rr.com

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- Main administrative office of the PHA
- PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- Main administrative office of the local, county or State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)

PHA Programs Administered :

- Public Housing and Section 8 Section 8 Only Public Housing Only

Annual PHA Plan
Fiscal Year 2002
[24CFR Part 903.7]

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ii. Executive Summary – N/A

[24CFR Part 903.79(r)]

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

iii. Annual Plan Information – N/A

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

The Fort Fairfield Housing Authority has adopted a policy change to do interim changes in between annual recertifications. It has also adopted a resolution to not enforce 8-hour Community Service Requirement more information is provided at Attachment H to 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? \$ 143,639.00

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 "C"

(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: <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 903.79(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 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 -N/A

[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 at Attachment _____

6. Other Information

[24CFR Part 903.79(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 at 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
 - Yes No: at the end of the RAB Comments in Attachment _____.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment _____.
- Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

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: See 2001 Statement

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

See Attachment I for definition.

A. Substantial Deviation from the 5 -year Plan:

None

B. Significant Amendment or Modification to the Annual Plan:

None

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, address 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
X	Any policy governing occupancy of Police Officers in Public Housing <input checked="" 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 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 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
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 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
X	Self-evaluation, Needs Assessment and Transition Plan required by regulation 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 home ownership 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
X	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
X	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
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 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)

Attachment "B"

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Fort Fairfield Housing Authority		Grant Type and Number Capital Fund Program: ME36P002501 -02 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations		\$15,000		
3	1408 Management Improvements	\$15,000	0		
4	1410 Administration	\$1,000	\$1,000		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$9,000	\$9,000		
8	1440 Site Acquisition				
9	1450 Site Improvement		\$42,200		
10	1460 Dwelling Structures	\$42,200	0		
11	1465.1 Dwelling Equipment — Nonexpendable	\$72,000	0		
12	1470 Nondwelling Structures		\$72,000		
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	\$4,439	\$4,439		
20	Amount of Annual Grant: (sum of lines 2 -19)	\$143,639	\$143,639		
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				
24	Amount of line 20 Related to Energy Conservation Measures				

Attachment "B" (Cont)

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Fort Fairfield Housing Authority		Grant Type and Number Capital Fund Program#: ME36P002501 -02 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	
PHAWide	Admin. Salary	1410		1,000	1,000			
PHAWide	A/E Services	1430		9,000	9,000			
ME2 -3	Repair and Pave Parking Areas, Handicap Ramps and Entrance Street	1450		42,200	42,200			
ME2 -1	New Storage Sheds	1470	36	72,000	72,000			
PHAWide	Preventive Maintenance	1406		15,000	15,000			
PHAWide	Cost Overruns	1502		4,439	4,439			
	Total CFP Est. Cost			143,639	143,639			

Attachment "C"

Capital Fund Program Five - Year Action Plan					
Part I: Summary					
PHAName: Fort Fairfield Housing Authority					<input type="checkbox"/> Original 5 - Year Plan <input checked="" type="checkbox"/> Revision No: 1
Development Number/Name/HA-Wide	Year1	Year2	Work Statement for Year3 FFY Grant: 2002 PHAFY: 2002	Work Statement for Year4 FFY Grant: 2003 PHAFY: 2003	Work Statement for Year5 FFY Grant: 2004 PHAFY: 2004
ME2 -1	Annual Statement	Annual Statement	72,000.00	111,700	60,000.00
ME2 -3			42,200		39,000.00
ME2 -4					
ME2 -5					23,600.00
HA Wide			71,639.00	31,939	21,039.00
Total CFP Funds (Est.)			143,639.00	143,639.00	143,639.00
CFP Funds Listed for 5-year plan			143,639.00	143,639.00	143,639.00
Replacement Housing Factor Funds					

Required Attachment "D": 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:

Valarie Clark -ME2 -1, Marjorie Haines -ME2 -3

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

Elected

Appointed

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

Valarie Clark -07/2001 thru 06/2004, Marjorie Haines -07/2001 thru 06/2006

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

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: 06/2004

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **Fort Fairfield Town Council**

Required Attachment "E": 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 and descriptions sufficient to identify how members are chosen.)

represented or otherwise provide

Patricia Chilson	ME2 -1
Valarie Clark	ME2 -1
Margorie Haines	ME2 -3
Hugh Murchison	ME2 -3
Eugene Butler	ME2 -4
Florence Farrell	ME2 -5
Janelle Cote	Sec8 Voucher

Attachment "F -1"

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)					
Part 1: Summary					
PHAName: Fort Fairfield Housing Authority		Grant Type and Number Capital Fund Program: ME36P002501 -01 Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<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: 12/31/2001		<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	1,000	1,000	1,000	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,400	10,400	10,400	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	89,300	96,300	0	0
11	1465.1 Dwelling Equipment — Nonexpendable	26,900	26,900	22,577	22,577
12	1470 Non Dwelling Structures	7,000	0	0	0
13	1475 Non Dwelling 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	\$9,039	\$9,039	0	0
20	Amount of Annual Grant: (sum of lines 2 -19)	\$143,639	\$143,639	33,977	22,577
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				
24	Amount of line 20 Related to Energy Conservation Measures				

Attachment F -1(Cont)

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHAName: Fort Fairfield Housing Authority		Grant Type and Number Capital Fund Program#: ME36P002501 -01 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	
ME2 -1	Replace Stoves/Refrigerators/Hoods	1465.1	64	26,900	26,900	22,577	22,577	90%
ME2 -3,4	Replace Siding and Construct New Canopies, Metal Wrap Wood Trim and relocate Dryer Ducts	1460	10	44,300	51,300	0	0	0%
ME2 -3	Repair/Replace Entrance Patio Slabs	1460	10	15,000	15,000	0	0	0%
ME2 -3	Replace Hot Water Storage Tank	1460	1	2,300	2,300	0	0	0%
ME2 -4	Install Hot Water Storage Tanks	1460	2	4,700	4,700	0	0	0%
ME2 -4	Repair Concrete Entrance Decks	1460	20	5,000	5,000	0	0	0%
ME2 -4	Window Replacement	1460	20	9,000	9,000	0	0	0%
ME2 -5	Construct Oil Retention Barricade in Boilerroom	1460	1	4,000	4,000	0	0	0%
ME2 -5	New Windows at 2 nd Floor Hallway	1460	2	5,000	5,000	0	0	0%
ME2 -4	Sand/Salt Storage Shed	1470	1	7,000	0	0	0	0%
HA Wide	Administration	1410		1,000	1,000	0	0	0%
HA Wide	A/E Services	1430		10,400	10,400	0	0	0%
HA Wide	Contingency	1502		9,039	9,039	0	0	0%
TOTALS				143,639	143,639	22,577	22,577	

Attachment F -1(Cont.)

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHAN Name: Fort Fairfield Housing Authority		Grant Type and Number Capital Fund Program#: ME36P002501 -01 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2001		
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	
ME2 -1	9/2002	12/31/2002		9/2003	06/30/2004		Due to combining CFP years 2000 and 2001, it is estimated that both obligated and expended periods will take a longer period of time. Also corrected format to end of quarter format
ME2 -3	9/2002	12/31/2002		9/2003	06/30/2004		
ME2 -4	9/2002	12/31/2002		9/2003	06/30/2004		
ME2 -5	9/2002	12/31/2002		9/2003	06/30/2004		

Attachment "F -2"

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHAName: Fort Fairfield Housing Authority		Grant Type and Number Capital Fund Program: ME36P002501 -00 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000	
<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: 12/31/2001		<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	1,000	1,000			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	11,700	11,700			
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	97,000	97,000			
11	1465.1 Dwelling Equipment — Nonexpendable					
12	1470 Nondwelling Structures	26,100	26,100			
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	5,060	5,060			
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$140,860	\$140,860			
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					
24	Amount of line 20 Related to Energy Conservation Measures					

Attachment "F -2" (Cont.)

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Fort Fairfield Housing Authority		Grant Type and Number Capital Fund Program#: ME36P002501 -00 Replacement Housing Factor#:				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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
ME2 -1	Replace Electrical Wiring	1460	36	70,104	70,104			0%
ME2 -1	Rebrick Chimneys	1460	18	8,000	8,000			0%
ME2 -1	Replace Exterior Combodoors	1460	36	9,000	9,000			0%
ME2 -3	Repair brick wall section, New boiler room door and replace chimney	1470	1	7,100	7,100			0%
ME2 -4	Construct New Garage/Maintenance Building	1470		19,000	19,000			0%
ME2 -1	Leak Proof Fuel Oil Lines in Units	1460	18	9,896	9,896	9,896	9,896	100%
HA Wide	Administration	1410		1,000	1,000			0%
HA Wide	A/E Services	1430		11,700	11,700			0%
HA Wide	Contingency	1502		5,060	5,060			0%
	Total			140,860	140,860			

Attachment G - Certification for Voluntary Conversion of Public Housing

HOUSING AUTHORITY OF FORT FAIRFIELD

P.O. BOX 230
FORT FAIRFIELD, MAINE 04742
PHONE 207-476-5771
FAX 207-476-5450

November 2, 2001

Mr. Howard Schindler
U. S. Department of Housing and Urban Development
Massachusetts State Office
Office of Public Housing
Thomas P. O'Neill, Jr. Federal Building
10 Causeway St.
Boston, MA 02222-1092

RE: Certification of Initial Assessment for Voluntary Conversion of Public Housing

Dear Mr. Schindler:

In keeping with HUD's directive for housing authorities to undertake an initial assessment of qualified public housing stock for conversion to tenant based assistance, the Fort Fairfield Housing Authority did such an assessment and makes the following Certification:

CERTIFICATION

The Fort Fairfield Housing Authority certifies that it has:

1. Reviewed the Development's operation as Public Housing;
2. Considered the implications of converting the Public Housing to tenant based assistance; and
3. Concluded that conversion of the Development may be:
 - a) Inappropriate, because removal of the Development would not meet the following conditions:
 1. Not be more expensive than continuing to operate the Development as Public Housing;
 2. Principally benefit the residents of Public Housing Development to be converted and the Community; and
 3. Not adversely affect the availability of affordable housing in the Community.

Signed: David J. Bernard
David Bernard, Executive Director

Dated: 11/02/01

If there are any questions concerning this Certification, please call me at (207) 476-5771.

Yours truly,

David J. Bernard

David J. Bernard
Executive Director

/tlh

Attachment H: Resolution to Not Enforce 8 -hour Community Service Requirement

02-16

HUD-9706

The following resolution was introduced by Secretary, read in full and considered:

WHEREAS, the Fort Fairfield Housing Authority desires to suspend its enforcement of the 118 -hour Community Service" requirement 30 days from February 14, 2002 and will not enforce this provision of the Housing Authority's Admission and Continued Occupancy Policy so long as the Congress of the United States provides for the option to not enforce the 8 -Hour Community Service item. In taking this action, the Housing Authority still wants to encourage its public housing residents to both participate in their Community and enhance their self-sufficiency skills in a voluntary manner. Volunteer organization information will be made available on the Community bulletin board at the Fields Lane Office.

BE IT RESOLVED, that the Secretary shall take action to effectuate this change in the Admission and Continued Occupancy Policy as described in this resolution.

UPON MOTION made by Marjorie Haines and seconded by Richard Pelletier and upon roll call the "AYES" and "NAYS" were as follows:

AYES

Pat Dorsey
Charles Lockhart
Lawrence Gardner
Valerie Clark
Richard Pelletier
Marjorie Haines
Scott Fields

NAYS

The Chairman thereupon declared said motion carried and said resolution adopted.

Attachment I.

Significant Amendments or Modifications Definition

In accordance with 24 CFR 903.21, any significant amendment or modification that a PHA proposes to make to the PHA Plan is subject to the same coordination, certification and public comment requirements (including time frames) for the PHA Plan. HUD also has a new 75-day period in order to review and approve or disapprove the significant amendment or modification. The Fort Fairfield Housing Authority uses the same definition as HUD to determine the basic criteria used for determining what constitutes a significant amendment or modification. They are listed below:

- (1) Changes to rent or admissions policies or organization of the waiting list;
- (2) Additions of non-emergency work items (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;
- (3) Additions of new activities not included in the current PHDEP plan; and
- (4) Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

The last day on which a PHA may submit a significant amendment or modification to its PHA Plan to HUD for review is the day before its PHA Plan submission due date for its next PHA Plan.

Attachment "J"

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Fort Fairfield Housing Authority		Grant Type and Number Capital Fund Program: ME36P002912 -99 Replacement Housing Factor Grant No:		Federal FY of Grant: 1999	
<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: 12/31/2001		<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	5,000		5,000	5,000
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,250		10,250	10,250
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	130,737		130,737	130,737
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling 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)	\$140,987		\$140,987	\$140,987
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				
24	Amount of line 20 Related to Energy Conservation Measures				

Attachment "J" (Cont.)

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Fort Fairfield Housing Authority		Grant Type and Number Capital Fund Program#: ME36P002912 -99 Replacement Housing Factor#:			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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	NonCIAP Funds	N/A		5,000	4,050	4,050	4,050	100%
ME2 -1/3	Fees & Costs	1430		10,250	10,250	10,250	10,250	100%
ME2 -1	Leak proof fuel lines w/conduit	1460		34,398	34,398	34,398	34,398	100%
ME2 -1	Bathroom renovations	1460		60,395	60,395	60,395	60,395	100%
ME2 -1	Fire rate andrewire mechanical rooms	1460		27,229	27,229	27,229	27,229	100%
ME2 -1	Repair upper level hallways	1460		4,355	4,355	4,355	4,355	100%
ME2 -3	New Chimneys	1460		4,360	4,360	4,360	4,360	100%
Total CIAP Funds				140,987	140,987	140,987	140,987	100%
Total NonCIAP Funds				5,000	4,050	4,050	4,050	

