

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2002

**TheHousingAuthorityoftheCityofRobersonville, North Carolina
NC067v02**

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDINACCORDANCEWITH
INSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: Robersonville Housing Authority

PHANumber: NC067

PHAFiscalYearBeginning: 10/2002

PHA Plan Contact Information:

Name: **Michael H. Williams**

Phone: **1-252-795-3134**

TDD:

Email(if available): **mwilliams015@sprintmail.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 20 02
 [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	<u>Page#</u>
Annual Plan	
i. Executive Summary (optional)	N/A
ii. Annual Plan Information	2
iii. Table of Contents	2
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	3
2. Capital Improvement Needs	3
3. Demolition and Disposition	4
4. Homeownership: Voucher Homeownership Program	5
5. Crime and Safety: PHDEP Plan	5
6. Other Information:	
A. Resident Advisory Board Consultation Process	6
B. Statement of Consistency with Consolidated Plan	6
C. Criteria for Substantial Deviations and Significant Amendments	7
Attachments	
<input checked="" type="checkbox"/> Attachment A : Supporting Documents Available for Review	8
<input checked="" type="checkbox"/> Attachment B : Capital Fund Program Annual Statement	12
<input checked="" type="checkbox"/> Attachment C : Capital Fund Program 5 Year Action Plan	17
<input type="checkbox"/> Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment D : Resident Membership on PHA Board or Governing Body	27
<input checked="" type="checkbox"/> Attachment F : Membership of Resident Advisory Board or Boards	28
<input type="checkbox"/> Attachment E : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	29
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
<input checked="" type="checkbox"/> Attachment G Progress on FY 2000 Missions & Goals	30
<input checked="" type="checkbox"/> Attachment H FY 2001 P & E Report	31
<input checked="" type="checkbox"/> Attachment I : Deconcentration and Income Mixing	36
<input checked="" type="checkbox"/> Attachment J : Voluntary Conversion	37

ii. Executive Summary

[24CFR Part 903.79(r)]

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

Not Applicable

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 Housing Authority will continue to revise existing procedures & programs pursuant to HUD Final Rules. The Authority does not intend to otherwise revise any current policy or program. The Housing Authority will enforce its policy to provide for deconcentration of poverty and encourage income mixing by bringing in higher income families into lower income developments and lower income families into higher income developments.

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? **\$193,742.00**

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 HOPEVI 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
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

[24CFRPart903.79(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 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

[24CFRPart903.7(m)]

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

- A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year?
- C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. Yes No: The PHDEP Plan is attached at Attachment .

6. Other Information

[24CFR Part 903.79(r)]

B. 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 **E**.

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 **E**.

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: **State of North Carolina**

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 Consolidated Plan supports the PHA Plan of the Robersonville Housing Authority because the PHA Plan meets the priority outlined in the State of North Carolina's Consolidated Plan to increase the number of North Carolina's low and moderate income households who have obtained affordable, rental housing free of overcrowded and structurally substandard conditions.

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:

Substantial deviations are defined as discretionary in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners or as may be required by HUD.

B. Significant Amendment or Modification to the Annual Plan:

Significant amendments or modifications are defined as discretionary in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners or as may be required by HUD.

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
✓	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
✓	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update) For 2000	5 Year and Annual Plans
✓	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 jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
✓	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
✓	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
✓	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
✓	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
✓	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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
✓	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
✓	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
✓	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
✓	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
✓	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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	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
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
✓	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (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 checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
✓	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) Voluntary Conversion Deconcentration & Income Mixing Follow Up Plan to the Resident Survey Results Community Service Policy	(specify as needed) Attachment J Attachment I On File at PHA

Attachment "B" CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: The Housing Authority of the City of Robersonville, NC		Grant Type and Number Capital Fund Program Grant No: NC19P06750102 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	\$43,242.00			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$10,500.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable	\$140,000.00			
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	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$193,742.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				

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

PHAName: The Housing Authority of the City of Robersonville, NC	Grant Type and Number Capital Fund Program Grant No: NC19P06750102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHAName: The Housing Authority of the City of Robersonville, NC		Grant Type and Number Capital Fund Program Grant No: NC19P06750102 Replacement Housing Factor Grant No:			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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	<u>OPERATIONS</u>							
PHAWide	Operations	1406	100	\$43,242.00				
	SUBTOTAL			\$43,242.00				
	<u>FEES & COSTS</u>							
NC067-1	a. Architects fees to prepare bid and	1430.1	50 Units	\$9,800.00				
NC067-2	contract documents, drawings, specifications and assist the PHA at	1430.1	50 Units	\$0.00				
	bid opening, awarding the contract, and to supervise the construction work							
	on a periodic basis. Fees to be negotiated							
	Contract Labor							
	Subtotal			\$9,800.00				
NC067-1	b. Consulting fees for Agency Plan	1430.2	50 Units	\$350.00				
NC067-2	preparation.	1430.2	50 Units	\$350.00				
	Subtotal			\$700.00				
	SUBTOTAL			\$10,500.00				
	<u>DWELLING EQUIPMENT</u>							

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

PHAName: The Housing Authority of the City of Robersonville, NC		Grant Type and Number Capital Fund Program Grant No: NC19P06750102 Replacement Housing Factor Grant No:			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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	<u>NON-EXPENDABLE</u>							
NC067-1	Replaceranges&refrigerators	1465.1	50Units	\$70,000.00				
NC067-2		1465.1	50Units	\$70,000.00				
	SUBTOTAL			\$140,000.00				
	GRANDTOTAL			\$193,742.00				

Attachment“C”

CapitalFundProgramFive -YearActionPlan					
PartI:Summary					
PHAName:HousingAuthorityof theCityofRobersonville,NC				<input checked="" type="checkbox"/> Original5 -YearPla n <input type="checkbox"/> RevisionNo:	
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2003 PHAFY:2003	WorkStatementforYear3 FFYGrant:2004 PHAFY:2004	WorkStatementforYear4 FFYGrant:2005 PHAFY:2005	WorkStatementforYear5 FFYGrant:2006 PHAFY:2006
	Annual Statement				
H.A.Wide		\$78,742.00	\$73,742.00	\$68,742.00	\$143,742.00
NC067-1		\$115,000.00	\$0.00	\$65,000.00	\$25,000.00
NC067-2		\$0.00	\$120,000.00	\$60,000.00	\$25,000.00
CFPFundsListedfor 5-yearplanning		\$193,742.00	\$193,742.00	\$193,742.00	\$193,742.00
ReplacementHousing FactorFunds					

Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD50075 -PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Annual PHDEP Plan Table of Contents:

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

Section 1: General Information/History

A. Amount of PHDEP Grant

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R _____

C. FFY in which funding is requested

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEPT target Area (development or site where activities will be conducted), the total number of units in each PHDEPT target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEPT Target Areas (Name of development(s) or site)	Total # of Units within the PHDEPT Target Area(s)	Total Population to be Served within the PHDEPT 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).

6 Months _____ 12 Months _____ 18 Months _____ 24 Months _____ Other _____

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. 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	Anticipated Completion Date

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.

FY PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
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	PHDEP 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	PHDEP 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	PHDEP 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	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
2.							
3.							

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

9160 -DrugPrevention					TotalPHDEPFunding:		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators

9170 -DrugIntervention					TotalPHDEPFunding:		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding	PerformanceIndicators
1.							
3.							

Section3:Expenditure/ObligationMilestones

IndicatebyBudgetLineItemandtheProposedActivity(base dontheinformationcontainedinSection2PHDEPPlanBudgetandGoals),the%offundsthatwillbeexpended(at least25%ofthetotalgrantaward)andobligated(atleast50%ofthetotalgrantaward)within12monthsofgrantexecution.

BudgetLine Item#	25%Expenditure ofTotalGrantFundsByActivity#	TotalPHDEP FundingExpended	50%ObligationofTotal GrantFundsbyActivity#	TotalPHDEPFunding Obligated
	<i>Activities1,3</i>		<i>Activity2</i>	
9110				
9120				
9130				
9140				
9150				
9160				
9170				
9180				
9190				
TOTAL				

Section4:Certifications

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:

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: **3/2003**

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

Frank Measamer - Mayor
Ed Casper - Town of Robersonville Commissioner
Ivana Ward - Town of Robersonville Commissioner
David Jenkins - Town of Robersonville Commissioner
Noah Daniels - Town of Robersonville Commissioner
Eugene Roberson, Jr. - Town of Robersonville Commissioner

Group appointments & votes.

Required Attachment E: Comments of Resident Advisory Board or Boards & Explanation of PHA Response

Robersonville Housing Authority
5 Year/Annual Plan
Capital Improvements for Fiscal Year
Beginning 10/01/02

1. Move and purchase office
2. Resident Services Building rehab
3. Build reserve
4. Replace stoves & refrigerators

The Resident Advisory Board has been involved in the planning process from the very beginning. All listed items were proposed by the PHA and the Resident Advisory Board was asked for comments. The Resident Advisory Board was in strong agreement with the proposed improvements and all items have been planned for in the PHA 5 - Year Plan.

Required 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.)

The Resident Advisory Board Members are:

Lula Gray Hill
Edith Hall
Rachel Brown
Deidre McNeil

Required Attachment G: Progress on FY2000 Missions & Goals

The Robersonville Housing Authority continues to maintain High Performer status and continues to have high customer satisfaction.

AttachmentH –FY2001P&EReport

CAPITALFUNDPROGRAMTABLESSTARTHERE

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CF				PRHF)PartI:Summary	
PHAName: TheHousingAuthorityoftheCityofRobersonville,NC		GrantTypeandNumber CapitalFundProgramGrantNo: NC19P06750101 ReplacementHousingFactorGrantNo:		FederalFYofGrant: 2001	
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input checked="" type="checkbox"/> RevisedAnnualStatement(revisio: 1) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 3/31/02 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	\$48,248.00	\$48,248.00	\$36,459.00	\$36,459.00
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	\$10,500.00	\$10,200.00	\$10,200.00	\$0.00
8	1440SiteAcquisition				
9	1450SiteImprovement	\$10,000.00	\$10,000.00	\$2,019.13	\$2,019.13
10	1460DwellingStructures				
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures	\$130,000.00	\$130,300.00	\$70,343.87	\$65,000.00
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1501CollaterizationorDebtService				
20	1502Contingency				
21	AmountofAnnualGrant:(sumoflines2 –20)	\$198,748.00	\$198,748.00	\$119,022.00	\$103,478.13
22	Amountoffline21RelatedtoLBPActivities				

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

PHAName: The Housing Authority of the City of Robersonville, NC	Grant Type and Number Capital Fund Program Grant No: NC19P06750101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: **3/31/02**
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Budget Revision #1
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 03/31/02
Part II: Supporting Pages

PHAName: The Housing Authority of the City of Robersonville, NC		Grant Type and Number Capital Fund Program Grant No: NC19P06750101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<u>OPERATIONS</u>							
PHAWide	Operations	1406	100	\$48,248.00	\$48,248.00	\$36,459.00	\$36,459.00	In Progress
	SUBTOTAL			\$48,248.00	\$48,248.00	\$36,459.00	\$36,459.00	
	<u>FEES & COSTS</u>							
NC067-1	a. Architects fee to prepare bid and	1430.1	50 Units	\$9,800.00	\$5,100.00	\$5,100.00	\$0.00	Contract
NC067-2	contract documents, drawings, specifications and assist the PHA at	1430.1	50 Units	\$0.00	\$5,100.00	\$5,100.00	\$0.00	Executed
	bid opening, awarding the contract, and to supervise the construction work							
	on a periodic basis. Fee to be negotiated							
	Contract Labor							
	Subtotal			\$9,800.00	10,200.00	10,200.00	\$0.00	
NC067-1	b. Consulting fees for Agency Plan	1430.2	50 Units	\$350.00	\$0.00	\$0.00	\$0.00	Deleted
NC067-2	preparation.	1430.2	50 Units	\$350.00	\$0.00	\$0.00	\$0.00	Deleted
	Subtotal			\$700.00	\$0.00	\$0.00	\$0.00	
	SUBTOTAL			\$10,500.00	\$10,200.00	\$10,200.00	\$0.00	
	<u>SITE IMPROVEMENTS</u>							

Annual Statement/Performance and Evaluation Report Budget Revision #1
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 03/31/02
Part II: Supporting Pages

PHAName: The Housing Authority of the City of Robersonville, NC		Grant Type and Number Capital Fund Program Grant No: NC19P06750101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NC067-1	a. Renovate playgrounds; install 4	1450	50 Units	\$5,000.00	\$5,000.00	\$2,019.13	\$2,019.13	In Progress
NC067-2	toddler mini - parks; picnic areas; repair	1450	50 Units	\$5,000.00	\$5,000.00	\$0.00	\$0.00	No Progress
	fencing.							
	Subtotal			\$10,000.00	\$10,000.00	\$2,019.13	\$2,019.13	
	<u>NONDWELLING STRUCTURES</u>							
NC067-1	Renovate existing Administration	1470	50 Units	\$65,000.00	\$65,300.00	\$5,343.87	\$0.00	In Progress
NC067-2	Building for Resident Services. Purchase	1470	50 Units	\$65,000.00	\$65,000.00	\$65,000.00	\$65,000.00	Completed
	new facility for Central Offices and							
	renovate as necessary.							
	SUBTOTAL			\$130,000.00	\$130,300.00	\$70,343.87	\$65,000.00	
	GRAND TOTAL			\$198,748.00	\$198,748.00	\$119,022.00	\$103,478.13	

Attachment I: Deconcentration and Income Mixing

- a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

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

Attachment J: Voluntary Conversion

Component 10(B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments?
ALL
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? **NONE**
- c. How many Assessments were conducted for the PHA's covered developments?
One each for Project.
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: **N/A**

Development Name	Number of Units

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: **N/A**