

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 PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: FORT LEE HOUSING AUTHORITY

PHA Number: NJ071v02

PHA Fiscal Year Beginning: (mm/yyyy) 01/2002

PHA Plan Contact Information:

Name: Lillian Ciufu, Executive Director

Phone: 201-947-7400

TDD:

Email (if available): fortleea@erols.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**
[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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

Attachments

- Attachment A : Supporting Documents Available for Review
- Attachment __: Capital Fund Program Annual Statement
- Attachment "C": Capital Fund Program 5 Year Action Plan (Hard Copy)
- Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment __: Resident Membership on PHA Board or Governing Body
- Attachment __: Membership of Resident Advisory Board or Boards
- Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
 - Att. "E" Conversion of Public Housing to Tenant Based Assistance
 - Att. "F" Changes to five year plan (hard copy)
 - Att "G" Section 8 Home Ownership program (hard copy)
 - Att. "H" Goals for FY 2002 (hard copy)

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

In keeping with the County of Bergen Consolidated Plan, and the Fort Lee Housing Authority's waiting list for public housing and section 8 rent subsidy, the housing authority has determined that the needs are parallel and the Fort Lee Housing Authority is committed to addressing the needs.

The opportunity to focus on the community needs in lieu of the Federal Preference guidelines, helps us to serve the community with the greatest of needs. The Housing Authority continues to focus on the needs and to adjust the preferences, if needed, on an annual basis to make certain the highest and greatest needs are priority.

The Fort Lee Housing Authority shall continue to serve the community with the highest standards of personal integrity, professional and humanistic performance.

The Fort Lee Housing Authority and its non-profit, F.L.A.S.H. shall continue to Partnership with the County of Bergen, Banks and private resources which make substantial contributions to support the capital improvements, housing projects and programs for the Housing Authority residents, Section 7 rent subsidy/FSS participants.

A Section 8 Home Ownership Program shall be implemented to give an incentive and an opportunity to become a First Time Home owner. The Housing Authority shall continue to offer home ownership counseling and workshops to help our program participants reach their goals.

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.

No changes, only and addition: Section 8 Homeownership Program.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

The Capital Improvements are listed in Attachment “B”

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? \$65,000

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 D

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/>

Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

A. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

EXPERIENCE:

Lillian Ciufu, Executive Director

***Solid, strong background in first time homebuyer program.**

***Conducts “First time Home Buyer Workshops**

***Works directly with County of Bergen, Community Development’s American Dream Program which offers downpayment assistance.**

***Member of Community Reinvestment Advisory Board for the OCWEN**

Federal Bank – additional down payment/closing costs grants.
***Created and implemented a “Lease/Purchase Program” PHA purchases a**
single family house, offers Housing Authority Program Participants rental
of the house for 12 months w/option to purchase. All counseling provided.

5. Safety and Crime Prevention: PHDEP Plan (NOT APPLICABLE)

[24 CFR Part 903.7 (m)]

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

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

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

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

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

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

The Resident Advisory Board Approved every aspect of the Plan with no changes or additions.

2. If yes, the comments are Attached at Attachment (File name)

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 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)

BERGEN 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)

- A. Improvements to Public housing to enhance quality of life for Low Income households to maintain asset management
- B. Day Care to continue with partial funding from County of Bergen and partnership
- C. Lease/Purchase acquisition funds
- C. The consolidated plan of the jurisdiction supports the PHA plan by certifying that the Fort Lee Housing Authority’s annual plan is consistent with the County’s goals and objectives. The County of Bergen supports and funds projects and programs related to housing and support systems for low and moderate income households.

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:

FUNDING/SUPPORT:

- 1. Improvements to Public Housing
- 2. Tuition Subsidy for HEAD START Day Care center on public housing premises
- 3. Lease/Purchase – acquisition of houses
- 4. The American Dream Program – downpayment assistance for low/moderate income households.
- 5. Technical support

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

CERTIFICATION BY THE COUNTY OF BERGEN

PHA input into the County Consolidated Plan – working together to address the needs..

C. Criteria for Substantial Deviation and Significant Amendments

N/A

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: NO

B. Significant Amendment or Modification to the Annual Plan: NO

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
YES	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
YES	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
YES	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
YES	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
YES	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
YES	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
N/A	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
YES	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
NO	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
NO	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
YES	Section 8 rent determination (payment standard) policies X <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
YES	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
YES	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
YES	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
YES	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	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
YES	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
YES	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
YES	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
YES	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
YES	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
YES	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	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
N/A	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
YES	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
YES	Policies governing any Section 8 Homeownership program (section 23 of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	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
YES	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
YES	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
YES	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	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 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); · 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
YES	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	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
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name:		Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies			<input type="checkbox"/> Revised Annual Statement (revision no:)
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$61,867			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$61,867			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: FORT LEE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program #:NJ39PO7150100 Capital Fund Program 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	
HA-WIDE	A&E FEES	1403		\$6,000	\$1,400		\$1,400	
HA-WIDE	Sinks & Faucets	1406		\$8,000	\$8,000		-0-	
HA-WIDE	Flooring	1406		\$3,000	\$3,000		-0-	
HA-WIDE	exterior:Brick,seams,sills,a/c grills& sleeves	1406		\$17,987	\$20,645	\$37,500	\$37,500	\$37,500
						\$ 5,000	\$5,000	\$5,000
HA-WIDE						\$ 2,500	\$2,500	\$2,500
	Kitchen Cabinets-balance	1406			542			

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)

1403, 1405, 1407.....		
replacement-showerheads – 2001	\$3,000	
replacement sinks/faucets - 2002	\$25,360	
replacement roof fans-2002	\$28,750	
replacement exhaust grills-2002	\$7,045	
replace electric exhaust fans-2002	\$9,200	
replace electric ceiling fixtures-2002	\$4,830	
replace 24 kitchen cabinets, coutertops,backspash-2002	\$56,000	
replace stoves-2003	\$20,700	
replace refrigerators-2003	\$20,700	
install new ductless exhaust fan on stove-2003	\$5,000	
replace light fixtures-flourescent - 2003	\$5,750	
COMMON AREAS:		
replace light fixtures-hallways-2004	\$20,130	
replace existing acoustical tile ceiling & grid-2003	\$12,790	
Add one CCTV-2003	\$1,300	
replace existing lock sets with new lever-2003	\$11,500	
replace auxillary power generator-2003	\$100,000	
replace existing boiler-2004	\$100,000	
Total estimated cost over next 5 years	\$406,805	

PHA Public Housing Drug Elimination Program Plan

*****NOT APPLICABLE*****

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

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

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

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

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months _____ **18 Months** _____ **24 Months** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

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

C. PHDEP Plan Goals and Activities

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

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

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

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

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

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

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

1.							
2.							
3.							

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

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

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

Required Attachment ____: Resident Member on the PHA Governing Board (information indicated below – no additional attachment)

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:

ZOE NAVAS

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 5 YEARS

01/01/01 – 12/31/2006

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):

RESIDENT APPOINTED BY BOROUGH COUNCIL

B. Date of next term expiration of a governing board member: 8/2003

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

MAYOR JACK ALTER – NEXT POSITION

Required Attachment _____: Membership of the Resident Advisory Board or Boards (Information below – no additional attachment)

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.)

ZOE NAVAS
MERI HARBOUR
HELEN ARAVANTINOS
LILLIAN ACEVIDO
JAYE SINCLAIR
AGNES DOUGHERTY
SEVGI BILUKBASH
ANNA DONENKO

Each participant in the Fort Lee Housing Authority Programs, Public Housing, Section 8, FSS, were sent a letter asking if they were interested in serving on the Resident Advisory Board. A complete description of the functions of the Board and the role of the members was included. Those who expressed an interest and those who responded first (all responses were numbered in order received) others are on the replacement list.

ATTACHMENT “ E”

CONVERSION OF PUBLIC HOUSING TO TENANT-BASED ASSISTANCE

The Fort Lee Housing Authority has conducted a required initial assessment for the one public housing development, the Harry J. Holtje House to determine if conversion is in accordance with CFR 972:200, is feasible.

The Fort Lee Housing Authority finds that it is inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion because it is more expensive to implement than continuing to operate the development (the portion that houses families) as public housing.

The following indicates the Operating costs per Public Housing Units vs. the costs per unit to operate section 8 tenant based vouchers.

- | | |
|---|----------|
| 1. Operating Costs per unit (12/31/2001 Budget) | \$521.64 |
| 2. Capital Funds cost per unit | 139.16 |
| 3. Costs per unit to operate Public Housing | \$660.80 |

FMR – 2 bedroom, Section 8	\$1,024
Rent Reasonableness	\$1,500 (over and above payment standard)
Average rents paid by tenants	\$ 291

The cost per unit based on conversion = \$733 (approximately 11.5% greater than public housing operation costs)

In addition, an important factor, the Borough of Fort Lee with its proximity to New York City features rents well above the FMR indicated by HUD. A rent reasonableness is conducted annually and the rents in Fort Lee are not affordable to section 8 recipients who receive subsidies lower than the actual FMR in Fort Lee. The units that are available in Fort Lee are few and difficult to find, consequently the Fort Lee Housing Authority extends the voucher expiration time period.

ATTACHMENT "F"

NEEDS ASSESSMENT OF THE FORT LEE HOUSING AUTHORITY PUBLIC HOUSING...1403, 1405, 1407 FOR FIVE YEARS.

THIS PLAN HAS BEEN SUBMITTED WITH THE FIVE YEAR PLAN. SOME CHANGES WERE REQUIRED TO ADDRESS THE NEEDS SOONER THAN INDICATED ON THE ORIGINAL PLAN, THEREFORE, THE ITEMS ARE THE SAME, HOWEVER, SOME OF THE ITEMS HAVE BEEN SHIFTED TO DIFFERENT TIME FRAMES.

A REVISED HARD COPY IS BEING SUBMITTED TO THE HUD NEWARK OFFICE.

ATTACHMENT "G"

SECTION 8 HOME OWNERSHIP PROGRAM

SUMMARY:

The target population for the home ownership program will be eligible families in the FSS program/ Section 8 rent subsidy program. A training component will be required of participants. The Housing Authority will provide long-term counseling.

- Family must be first time homebuyer
- Family must meet minimum income requirements
- Family must meet full time employment requirements
- Family must complete home ownership education courses and the related certificate
- Family must locate home to purchase in Bergen County in a reasonable time
- Family is responsible for securing financing from bank and other funding sources
(the housing authority will assist)

The Housing Authority, in partnership with Community Development of the County of Bergen shall offer the opportunity for down payment/closing cost assistance. The Housing Authority will enable holders of federally subsidized rent vouchers to use the Section 8 Voucher to subsidize the mortgage payment.

The eligible family will apply for a traditional mortgage. The applicant's first mortgage will be based on 33% of the applicant gross income. The second mortgage, a no interest deferred loan, paid upon the sale of the house, will provide the down payment between the participant's first mortgage and the sales price of the house.

ATTACHMENT "H"

The Fort Lee Housing Authority Goals and Management Goals for Fiscal Year 2002 is being submitted in Hard Copy to the HUD field office.