

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2002

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

## PHA Plan Agency Identification

**PHAName:** DuBoisHousingAuthority

**PHANumber:** PA063

**PHAFiscalYearBeginning:(mm/yyyy)** 10/2002

### PHA Plan Contact Information:

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### 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 Plan s (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.

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## ii. Executive Summary

[24CFR Part 903.79(r)]

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

The DuBois Housing Authority exists to provide safe, decent, and affordable housing for lower income families, elderly, and persons with disabilities; along with encouraging families to become self-sufficient. To this end the Housing Authority will continue to maintain its Public Housing and Section 8 Housing Choice Voucher Program housing stock in compliance with Uniform Physical Standards. All monies received from the United States Department of Housing and Urban Development will be used to benefit all those individuals who qualify for housing assistance.

All individuals will be treated fairly and equally when seeking the Authority's assistance in bettering their living conditions.

All operations, management policies, and this Annual Plan will reflect the fact that the resident's needs are first and foremost.

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

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

### 2. Capital Improvement Needs

[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? \$ 321,495.00

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**

[24 CFR 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

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
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**

[24CFR Part 903.79(k)]

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

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

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

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

**5. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

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

A.  Yes  No: Is the PHA eligible to participate in the PHDEP 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 as Attachment (Filename) \_\_\_\_\_
3. In what manner did the PHA address those comments? (select all that apply)
  - The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included:
    - Yes  No: below
    - 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) Northwest Region of PA.
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)

## **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: 1.) If the Housing Authority changes its statement of housing needs in the five year plan; 2.) Any addition of new housing programs such as HOPE VI or home ownership.**

**B. Significant Amendment or Modification to the Annual Plan: 1.) A request to HUD to demolish/dispose of public housing units; 2.) Changes in rent policies or admission policies; 3.) Waiting list organization; 4.) Addition of non-emergency work items or changes in use of replacement reserve funds under the Capital Fund Program.**

## Attachment A

### Supporting Documents Available for Review

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan 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)	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
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 checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52(HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· 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);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input 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)
X	Community Service Plan	
X	Voluntary Conversion Initial Assessment	
X	Deconcentration Analysis	



Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHAName:		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					
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)					
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					

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>				
<b>PHAName:</b>	<b>Grant Type and Number</b> Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>
<input type="checkbox"/> <b>Original Annual Statement</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b></span> <span style="margin-left: 50px;"><input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b></span>				
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <span style="margin-left: 150px;"><input type="checkbox"/> <b>Final Performance and Evaluation Report</b></span>				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 Related to Energy Conservation Measures			





### 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.

CFP5 - 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	Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Totalestimatedcostovernext5years</b>		

## PHA Public Housing Drug Elimination Program Plan

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

### Section 1: General Information/History

**A. Amount of PHDEP Grant \$** \_\_\_\_\_

**B. Eligibility type (Indicate with an "x")**                      **N1** \_\_\_\_\_ **N2** \_\_\_\_\_                      **R** \_\_\_\_\_

**C. FF Y in which funding is requested** \_\_\_\_\_

### **D. Executive Summary of Annual PHDEP Plan**

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

### **E. Target Areas**

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

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

### **F. Duration of Program**

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

**12 Months** \_\_\_\_\_ **18 Months** \_\_\_\_\_ **24 Months** \_\_\_\_\_

**G. PHDEP Program History**

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

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

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

**B. PHDEP Budget Summary**

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

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

**C. PHDEP Plan Goals and Activities**

In the tables below, provide information on the PH DEP 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.

<b>9110 – Reimbursement of Law Enforcement</b>	<b>Total PHDEP Funding: \$</b>
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.							

<b>9115 -Special Initiative</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9116 -Gun Buyback TAMatch</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9120 - Security Personnel</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9130 - Employment of Investigators</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9140 - Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$</b>		
---------------------------------------	--	--	--	--	--------------------------------	--	--

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.							

<b>9150 - Physical Improvements</b>					<b>Total PHEDEP Funding: \$</b>		
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.							

<b>9160 - Drug Prevention</b>					<b>Total PHEDEP Funding: \$</b>		
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.							

<b>9170 -Drug Intervention</b>					<b>Total PHDEP Funding:\$</b>		
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.							

<b>9180 -Drug Treatment</b>					<b>Total PHDEP Funding:\$</b>		
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.							

<b>9190 -Other Program Costs</b>					<b>Total PHDEP Funds:\$</b>		
Goal(s)							

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



**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: Florence Steiner

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): 1/1/2004

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:

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

**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 represented or otherwise provide a description sufficient to identify how members are chosen.)

Alice Steiner, Resident Gateway Towers  
LaRue Bell, Resident Gateway Towers  
Ann Crooks, Resident Gateway Towers  
Calvin Wood, Resident Gateway Towers  
John Rowan, Resident Gateway Towers  
Kathy Catalone, Resident Gateway Towers  
Karen Drobny, Resident Gateway Towers

**ATTACHMENT F**

**RESIDENT ADVISORY BOARD MEETING**

**MINUTES**

Minutes from RAB meeting held on Monday, April 8, 2002 at 10:00 AM in the Community Room at Gateway Towers Apt. building, located at 21 East Long Avenue, Du Bois, PA

Those in attendance were:

Rose M. Smith, Executive Director, Du Bois HA  
Alice Steiner, Resident GT, Apt. #406  
La Rue Bell, Resident GT Apt. #314  
Ann Crooks, Resident GT Apt #615  
Calvin Woods, Resident GT Apt #616  
John Rowan, Resident GT Apt #509  
Kathy Catalone, Resident GT Apt #216  
Karen Drobn y, Resident GT Apt #611

ED Smith opened the meeting by thanking all those in attendance and for showing an interest in developing the Annual Plan for Fiscal Year October 1, 2002 to September 30, 2003.

Smith gave a short history for those who were new members to the RAB board.

In October of 1998, the Quality Housing and Work Responsibility Act was enacted by the United States Congress. This act had a significant impact on how HA's, all over the Country, operate and manage their housing programs. A section of this act, dictates that HA's develop Five Year and Annual Plans. In order to develop these plans, Congress requested that the HA ask input into the goals and objectives, set forth in these plans, from their residents. Last year, another RAB meeting was held and the suggestions and ideas of the individuals present were taken into consideration when these two plans were developed.

The Annual Plan for fiscal year October 1, 2001 to September 30, 2002 and all attachments were on display for all to view, along with the Five Year Annual Plan for fiscal year's 2000 to 2004.

Smith read the executive summary to highlight the HA's continuing goals and objectives.

Smith opened up the meeting for discussion on the resident's thoughts and ideas for the directions they may wish the HA to take in the coming year. Smith reminded the board that all items of discussion would be considered for the plan, however, not necessarily included in the plan due to various reasons, such as financial limitations of the HA and additional workload for the HA staff.

Board Member Steiner suggested the consideration of purchasing new stoves and refrigerators in the near future.

Member Wood suggested the installation of stove hoods with fan to divert the heat/smoke from the stove, when cooking, from traveling through the living room and setting off the smoke alarms.

Smith stated that the ceiling vents located in the kitchen is supposed to take care of this situation, however, she is aware of the fact that it doesn't always do the job. She stated that she would have to speak with the HA's architect about the matter to see if it is financially feasible and/or possible.

RAB member Rowan complimented ED Smith on the new entry system into the building. All agreed that they now felt a lot more secure living in the building.

ED Smith was questioned as to whether or not there could be more editions of the newsletter? Smith answered by stating "no". Explaining that the newsletter takes a lot of time and effort by the editor,

which takes from her regular job responsibilities. Smith explained in detail what is involved in publishing the newsletter.

RAB member Bell wanted to know if the HA was going to hire a window washer this spring? Smith stated that the HA does not hire a window washer, the resident does. The HA will contact a window washer, then it is up to the resident to sign a paper indicating that they want their windows washed and will pay for it. The sheet will be located in the waiting room. The HA will do the contact ing, the resident will do the contracting. Smith indicated that she would move on this request as soon as possible.

Smith explained there will be another scheduled meeting with the RAB Board, once the Annual Plan is completed. The purpose of this meeting will be to review the Annual Plan with the board for their approval. Once this has taken place, a meeting will be scheduled for the general public's review and approval. After this meeting, the plan will be submitted to the Pittsburgh HUD field office for their review and approval.

Smith further explained that along with the RAB suggestions, goals, and objectives, the HA Board of Commissioners, office and maintenance staff, present their thoughts and ideas for the HA's Annual Plan.

Smith indicated her disappointment that no residents from many other housing sites had attended today's meeting, along with participants of the Housing Choice Voucher Program. All were given a blen notice, as were the present board members.

As there appeared to be no further discussion to take place, ED Smith adjourned the meeting at 10:45 AM., thanking all those who attended the meeting and reminding them of the meeting to take place in the near future.

Rose M. Smith, PHM  
Executive Director  
April 8, 2002

ATTACHMENT G

Component 3, (6) Deconcentration and Income Mixing

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

If yes, list these developments as follows:

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

**ATTACHMENTH**

**Progress Report On The Goals and Objectives Established Within The Authority's Five Year Plan, Fiscal Years 2000 -2004:**

**A. Mission:** The DuBois Housing Authority continues to practice its mission statement by providing safe, decent, and affordable housing to lower income families, elderly, and persons with disabilities, along with encouraging families to become self-sufficient. These standards are practiced in the management of the Public Housing Program and Housing Choice Voucher Program.

**B. Goals:** HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing:

It has been the practice of the Housing Authority to continue to reduce public housing vacancies and to manage various housing programs for local service agencies. At the present time, the Authority is managing two programs for a local service agency, Shelter Plus Care and the Based Rental Assistance Program.

The PH AS score of last year's reporting period improved from 84.3 to 86, along with an increase in customer satisfaction scores from the previous year.

The SEMAP score for the past year is 100%.

A concentrated effort has been made to renovate public housing units by funds available in the Capital Fund Program 1999 in the amount of \$325,921.00, along with projected work items for the Capital Fund Program 2000 in the amount of \$339,335.00 and Capital Fund Program 2001 in the amount of \$346,111.00.

Staff has been on numerous training sessions in order to provide support services to increase independent living for the elderly and/or families with disabilities. These services have been provided to those in need of them when necessary.

Affirmative measures are practiced to ensure all individuals who are seeking assisted housing are given equal opportunity regardless of race, color, religion, national origin, sex, familial status and disability.

ATTACHMENT I

**Component 10(B) Voluntary Conversion Initial Assessments**

- a. **How many of the PHA's developments are subject to the Required Initial Assessments?**  
**THREE**
- 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?** **THREE**
- d. **Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:**

<b>Development Name</b>	<b>Number of Units</b>
<b>Gateway Towers Apts.</b>	<b>99</b>

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

## CAPITAL FUND PROGRAM TABLES

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName:</b> DUBOISHOUSINGAUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P06350100 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: March 31, 2002 <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	13,677		6,216.77	4,429.28
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13,900		13,900.00	11,100.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	289,000		289,000.00	27,562.35
11	1465.1 Dwelling Equipment — Nonexpendable	3,680		3,680.00	3,680.00
12	1470 Nondwelling Structures	19,078		19,078.00	11,468.00
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				

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

<b>PHAName:</b> DUBOISHOUSINGAUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P06350100 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  2000
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: March 31, 2002  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20-26)	<b>339,335</b>		<b>331,874.77</b>	<b>58,239.63</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	<b>19,078</b>		<b>19,078.00</b>	<b>11,468.00</b>
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: <b>DUBOISHOUSINGAUTHORITY</b>		GrantTypeandNumber CapitalFundProgramGrantN o: <b>PA06350100</b> ReplacementHousingFactorGrantNo:			FederalFYofGrant: <b>2000</b>			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
PA063	ADMINISTRATION	1410		13,677.00				
	EnvironmentalReview					1,950.00	1,950.00	Completed
	Advertising					715.93	715.93	Completed
	AdministrativeWages					3,550.84	1,763.35	Ongoing
						6,216.77	4,429.28	
PA063	FEESANDCOSTS	1430		13,900.00				
	ArchitecturalAward					13,900.00	11,100.00	Ongoing
PA063003	DWELLINGEQUIPMENT -nonexpend	1465.1	16	3,680.00				
	SyktichAppliance -16ranges					3,680.00	3,680.00	Completed
PA063	DWELLINGSTRUCTURES	1460		289,000.00				
	ElectricalContractAward					17,120.48	-0 -	Ongoing
	63 -1CardEntrySystem							
	63 -2aptbathroomrenova tions							
	General/MechanicalContractAward					271,879.52	27,562.35	Ongoing
	PortiontoCFP2000(SeeCFP2001)							
	63 -2BathroomRenovation		75					

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

PHAName: <b>DUBOISHOUSINGAUTHORITY</b>		Grant Type and Number Capital Fund Program Grant No: <b>PA06350100</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2000</b>			
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	
	63 -3RoofReplacement		16					
PA063002	NONDWEL LINGSTRUCTURES Electrical Contract Award	1470		19,078.00		150.00	-0 -	Ongoing
	63 -2communitykitch/bathrenovation General/Mechanical Contract Award	1470				18,928.00	11,468.00	Ongoing
	63 -2communitykitch/bath renovation							





## CAPITAL FUND PROGRAM TABLES

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: DUBOISHOUSINGAUTHORITY		Grant Type and Number Capital Fund Program Grant No: PA28P06350101 Replacement Housing Factor Grant No:			Federal FY of Grant:  2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: March 31, 2002 <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	26,599		673.12	435.53
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13,500		13,500	-0 -
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	306,012		85,012.48	-0 -
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				

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

PHAName: DUBOISHOUSINGAUTHORITY	GrantTypeandNumber CapitalFundProgramGrantNo: PA28P06350101 ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2001
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Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: March 31, 2002  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20-26)	346,111		99,185.60	435.53
22	Amount of line 21 Related to LBP Activities				
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	100,000			

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

PHAName: <b>DUBOISHOUSINGAUTHORITY</b>		Grant Type and Number Capital Fund Program Grant No: <b>PA28P06350101</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2001</b>		
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	
<b>PA063</b>	<b>ADMINISTRATION</b>	<b>1410</b>		<b>26,599</b>				
	Administrative Wages					<b>509.28</b>	<b>271.69</b>	<b>Ongoing</b>
	Advertising					<b>163.84</b>	<b>163.84</b>	<b>Ongoing</b>
<b>PA063</b>	<b>FEES AND COSTS</b>	<b>1430</b>						
	Architectural Award			<b>13,500</b>		<b>13,500</b>	<b>-0 -</b>	<b>Ongoing</b>
<b>PA063</b>	<b>DWELLING STRUCTURES</b>	<b>1460</b>		<b>306,012</b>				
	General/Mechanical Contract Award			<b>85,012</b>		<b>85,012.48</b>	<b>-0 -</b>	<b>Ongoing</b>
	Portion of CFP 2001 (See CFP 2000)							
	63 -2 Bathroom renovations		<b>75</b>					
	63 -3 Roof replacement		<b>16</b>					
	63-1 Installation of new rubber roof		<b>1</b>	<b>60,000</b>		<b>-0 -</b>		
	63-1 Boiler replacement		<b>4</b>	<b>100,000</b>		<b>-0 -</b>		
	63-3 Kitchen cabinet/counter replace		<b>16</b>	<b>61,000</b>		<b>-0 -</b>		

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHAName: <b>DUBOISHOUSINGAUTHORITY</b>		GrantTypeandNumber CapitalFundProgramNo: <b>PA28P06350101</b> ReplacementHousingFactorNo:				FederalFYofGrant: <b>2001</b>	
DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuarterEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
PA063001 Roof/boiler	09/30/2003	03/31/2003		09/30/2004			To comply with HUD obligation deadlines
PA063002 Bathroom renovations	09/30/2003	03/31/2003	3/31/2002	09/30/2004			To comply with HUD obligation deadlines (Work item carried over from CF2000)
PA063003 Roof replacements Kitch Cabinets/counters	09/30/2003	03/31/2003	3/31/2002	09/30/2004			To comply with HUD obligation deadlines (Work item carried over from CF2000)

**CAPITAL FUND PROGRAM TABLES**

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

PHAName: DUBOISHOUSINGAUTHORITY	GrantTypeandNumber CapitalFundProgramGrantNo: ReplacementHousingFactorGrantNo:	FederalFYofGrant:  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
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	30,495			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13,500		13,500.00	-0 -
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	277,500			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 -20)	321,495		13,500.00	

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

<b>PHAName:</b> DUBOISHOUSINGAUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  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
22	Amount of line 21 Related to LBP Activities				
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**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>DUBOISHOUSINGAUTHORITY</b>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2002</b>			
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	
PA063	Administration Costs	1410		30,495				
PA063	Fees and Costs – Architectural Contract	1430		13,500				
PA063001	Apartment carpet replacement	1460	99	135,000				
Gateway Towers	Replace kitchen/bathroom tile floors	1460	99	50,000				
	Hallway carpet replacement (6 halls)	1460		37,000				
PA063003	Siding replacement	1460	16	5,500				
Acquisition Site	Interior floor replacement	1460	16	50,000				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHAName: <b>DuBoisHousingAuthority</b>		GrantTypeandNumber CapitalFundProgramNo: ReplacementHousingFactorNo:					FederalFYofGrant: <b>2002</b>
DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuarterEndingDate)			AllFundsExpended (QuarterEnding Date)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
PA063001	03/31/2004			09/30/2005			
PA063003	03/31/2004			09/30/2005			

**CapitalFundProgramFive -YearActionPlan**  
**PartI:Summary**

PHAName		DUBOISHOUSINGAUTHORITY PA063		<input checked="" type="checkbox"/> Original5 -YearPlan <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				
PA063001 GatewayTowersApts		177,500	2,650	74,500	218,990
PA063002 GardenGroveTwnh		59,130	310,000	80,750	23,000
PA063003 AcquisitionSite		48,000		42,950	
PHAWide				33,000	
CFPFundsListedfor 5-yearplanning		284,630	312,650	231,200	241,990
ReplacementHousing FactorFunds					





