

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**

**Housing & Community Redevelopment Authority of Marlboro County**

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

## PHA Plan Agency Identification

**PHAName:** Housing & Community Redevelopment  
Authority of Marlboro County

**PHANumber:** SC059

**PHA Fiscal Year Beginning:** (mm/yyyy) 10/2002

### PHA Plan Contact Information:

Name: Cynthia W. Williams  
Phone: 843 -669-4163  
TDD: 1 -800-735-8583  
Email (if available): Cwilliams@HAFSC.org

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

### PHA Programs Administered :

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

**Annual PHA Plan  
Fiscal Year 200 2**  
[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

**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.

There are no plans to make any changes other than HUD mandated.

**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? \$ 111,752

C.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

**(1) Capital Fund Program 5 - Year Action Plan**

The Capital Fund Program 5 - Year Action Plan is provided as Attachment C

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

The Capital Fund Program Annual Statement is provided as Attachment B

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

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

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

2. Activity Description

Demolition/Disposition Activity Description
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<b>(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: (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**

[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 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.SafetyandCrimePrevention:PHDEPPlan**

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmayskip to thenextcomponentPHAseligibleforPHDEPfundsmustprovidea PHDEPPlanmeetingspecifiedrequirementspriortoreceiptofPHDEPfund.

A.  Yes  No: IsthePHAeligible to participate in thePHDEP in thefiscal year covered by thisPHAPlan? N/A

B. WhatistheamountofthePHA'sestimatedoractual(ifknown)PHDEPgrantforthe upcomingyear?\$ N/A

C.  Yes  No DoesthePHAplantop participateinthePHDEP intheupcomingyear?If yes,answerquestionD.Ifno,skiptonextcomponent. N/A

D.  Yes  No:ThePHDEPPlanisattached. N/A

**6.OtherInformation**

[24CFRPart903.79(r)]

**A. ResidentAdvisoryBoard(RAB)RecommendationsandPHAResponse**

1.  Yes  No: DidthePHAreceiveanycommentsonthePHAPlanfromtheResident AdvisoryBoard/s?

2.Ifyes,thecommentsareAttachedatAttachment(Filename)

3.InwhatmannerdidthePHAaddressthosecomments?(selectallthatapply)

ThePHAchangedportionsofthePHAPlaninresponse tocomments Alistofthesechangesis included

Yes  No: belowor

Yes  No: attheendoftheRABCommentsinAttachment\_\_\_\_\_.

Consideredcomments, butdeterminedthatnochangestothePHAPlanwere necessary.AnexplanationofthePHA'sconsiderationis includedattheattheend oftheRABCommentsinAttachment\_\_\_\_\_.

Other:(listbelow)

**B.StatementofConsistencywiththeConsolidatedPlan**

ForeachapplicableConsolidatedPlan,makethefollowingstatement(copyquestionsasmany timesasnecessary).

1.ConsolidatedPlanjurisdiction:(providenamehere)StateofSouthCarolina

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply )

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Yes  No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

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

The following State Consolidated Plan Goals are consistent with the Housing Authority Plan:

- ◆ Support the development and availability of safe, decent and affordable Housing .
- ◆ Support the preservation of existing housing stock.

The State Consolidated Plan also supports through financing or technical assistance the efforts of the Housing Authority consistent with the objective of Federal programs that encourage homeownership, self-sufficiency, and youth development.

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

#### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

**A. Substantial Deviation from the 5-year Plan: Substantial deviation is defined as actions taken by the Housing Authority that are authorized by the board as being in the best interest of the Housing Authority that were not included in the original goals and objectives of the Five-year plan.**

**B. Significant Amendment or Modification to the Annual Plan: Significant Amendment or Modification is defined as an action taken by the Housing Authority that is authorized by the board as being in the best interest of the Housing Authority that were not included in the original Annual Plan.**

**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
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, 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
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 [TSA P]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input 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

<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	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
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
N/A	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 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 type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership 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
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	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
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
X	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&OP policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

**Attachment "B"**, FY2002 Capital Fund Program Annual Statement

See Attachment File s **SC059b01, SC059c01**

**Attachment "C"**, FY2002 Capital Fund Program 5 Year Action Plan

See Attachment File **SC059a01**

**Attachment "D",**

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

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

## Required Attachment "E": Resident Member on the PHA Governing Board

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

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

Elected

Appointed

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

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

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

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

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Anna Hubbard, County Administrator

**Required Attachment "F": Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Ms. Tifiani Cook  
149 Woods Avenue  
Clio, SC 29525

Ms. Angela McCrimmon  
126 Woods Avenue  
Clio, SC 29525

**Attachment “G”, Brief Statement of Progress in Meeting the 5 -Year Plan Mission and Goals**

**Year Two of the Plan.** The mission of the Housing and Community Redevelopment Authority of Marlboro County remains the same: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

In our efforts to “Increase the availability of decent, safe, and affordable housing”, we applied to State Housing to administer the Section 8 Program in Marlboro County. We received the ACC on March 1, 2002 with 125 additional units with which to provide housing. We have provided on -going staff training to improve the quality of Assisted Housing. Specialized training through workshops, colleges & universities, tech and adult education, on -site training, and other educational facilities has been provided and utilized by our staff in all departments. Our computer software and hardware has been upgraded. We hope to provide better and faster service to our clients.

In our efforts to “Improve community quality of life and economic vitality” and to “Promote self -sufficiency and asset development of families and individuals”, we have installed heating/air units on this site by using our Capital Funds. We have hired an on -site manager for Public Housing/Section 8 for both our 55 units in Clio and our 34 units in McColl as well as our 125 Section 8 units in Marlboro County. We have also hired a Part-time Resident Services Coordinator who is providing numerous resident opportunity programs through contracts with other agencies (i.e. recreational/educational). We are providing a much -needed Community Policing Program through the use of our PHDEP funds. We are concerned that with the elimination of this grant, we may not have the necessary funds to support this program at the level needed. We are continuing to maintain affirmative measures that all applicants and/or program participants are treated equally regardless of race, color, religion, national origin, sex, familial status, and disability. We are also seeking problem -solving partnerships with PHA, residents, community, and government leadership as needed.

**CAPITAL FUND PROGRAM TABLES START HERE**

<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> Housing Authority of Marlboro County		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P05950102 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2002
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	\$5,000			
3	1408 Management Improvements	\$7,500			
4	1410 Administration	\$2,560			
5	1411 Audit	\$1,500			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$35,000			
10	1460 Dwelling Structures	\$40,000			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	\$17,800			
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				
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>

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

<b>PHAName:</b> Housing Authority of Marlboro County	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P05950102 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	
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 -20)	\$109,360			
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	\$7,500			
26	Amount of line 21 Related to Energy Conservation Measures	\$25,000			

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

PHA Name: Housing Authority of Marlboro County		Grant Type and Number Capital Fund Program Grant No: SC16P05950102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Operations	1406	N/A	\$5,000				
HA Wide Mgmt	Security Patrols	1408	1 Officer	\$7,500				
HA Wide Admin	1) IFB/RFP Advertising Costs	1410	N/A	\$560				
	2) Salary Prorate of MOD Coordinator	1410	1 Staff	\$2,000				
HA Wide Audit	CFP Audit Costs	1411	3 Year	\$1,500				
HA Wide Site	1) Site Work – Clothespole Pads	1450	1 Site	\$32,000				
	2) Site Work – Property Line Fence	1450	1 Fence	\$3,000				
59-1 Clio East	1) Kitchen Exhaust Fans	1460	55 Units	\$25,000				
	2) Exterior Window Shutters	1460	26 Bldg.	\$15,000				
Non-Dwelling Structures	AMC Building Renovation	1470	1 Bldg.	\$17,800				

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

PHAName: Housing Authority of Marlboro County		Grant Type and Number Capital Fund Program No: SC16P05950102 Replacement Housing Factor No:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide Operations	3/31/04			9/30/05			
HA Wide Management	3/31/04			9/30/05			
HA Wide Administration	3/31/04			9/30/05			
HA Wide Audit	3/31/04			9/30/05			
HA Wide Site	3/31/04			9/30/05			
59-1 Clio East	3/31/04			9/30/05			
Non-Dwelling Structures	3/31/04			9/30/05			

**Capital Fund Program Five - Year Action Plan**  
**Part I: Summary**

PHAName Housing Authority of Marlboro County		<input checked="" type="checkbox"/> Original 5 - Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2003 PHAFY: 2003	Work Statement for Year 3 FFY Grant: 2004 PHAFY: 2004	Work Statement for Year 4 FFY Grant: 2005 PHAFY: 2005	Work Statement for Year 5 FFY Grant: 2006 PHAFY: 2006
	Annual Statement				
HA Wide Operations		\$5,000	\$5,000	\$5,000	\$5,000
HA Wide Management		\$7,500	\$7,500	\$7,500	\$7,500
HA Wide Administration		\$2,560	\$2,560	\$2,560	\$2,560
HA Wide e Audit		\$1,500	\$1,500	\$1,500	\$1,500
HA Wide Fees/Costs		0	0	0	\$800
HJAWide Site		\$9,500	0	0	\$30,000
59-1 Clio East		\$83,300	\$92,800	\$92,800	\$62,000
CFPFunds listed for 5-year planning		\$109,360	\$109,360	\$109,360	\$109,360
Replacement Housing Factor Funds					





**CAPITAL FUND PROGRAM TABLES START HERE**

<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> Housing Authority of Marlboro County		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P05950101 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 02) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/02 <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	0	\$3,506	\$3,506	0
3	1408 Management Improvements	\$5,000	\$5,000	\$5,000	0
4	1410 Administration	\$3,050	\$3,236	\$3,016	\$2,318
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$660	\$660	\$660	\$660
8	1440 Site Acquisition				
9	1450 Site Improvement	\$6,805	\$7,700	0	0
10	1460 Dwelling Structures	\$96,237	\$91,650	\$91,650	\$7,413
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	1499 Development Activities				
19	1501 Collateralization or Debt Service				
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>

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

<b>PHAName:</b> Housing Authority of Marlboro County	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P05950101 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2001
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: 02)  
 Performance and Evaluation Report for Period Ending: 3/31/02  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 -20)	\$111,752	\$111,752	\$103,832	\$10,391
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	\$5,000	\$5,000	\$5,000	0
26	Amount of line 21 Related to Energy Conservation Measures	\$96,237	\$92,310	\$92,310	\$8,073

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

PHA Name: Housing Authority of Marlboro County		Grant Type and Number Capital Fund Program Grant No: SC16P05 950101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Operations	1406	N/A	0	\$3,506	\$3,506	0	Ongoing Expenditure
HA Wide Mgmt	Security Patrols	1408	1 Officer	\$5,000	\$5,000	\$5,000	0	Contract Signed
HA Wide Admin	1) IFB/RFP Advertising Costs	1410	N/A	\$1,550	\$1,736	\$1,516	\$1,516	Ongoing Expenditure
	2) Salary Prorate of MOD Coordinator	1410	1 Staff	\$1,500	\$1,500	\$1,500	\$802	Staff in Place
HA Wide Fees/Costs	Energy Audit – 5 Year Update	1430	1 Audit	\$660	\$660	\$660	\$660	Complete
HA Wide Site	Site Work – Storm Sewer Inlets	1450	5 Inlets	\$6,805	\$7,700	0	0	Preparing IFB
59-1 Clio East	1) HVAC – Heat Pumps	1460	42 Units	\$37,552	\$37,552	\$37,552	0	Punch List
	2) Exterior Doors	1460	55 Units	\$46,685	\$46,685	\$46,685	0	Contract Signed
	3) Kitchen Light Fixtures	1460	55 Units	\$12,000	\$7,413	\$7,413	7,413	Complete

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

PHAName: Housing Authority of Marlboro County		Grant Type and Number Capital Fund Program No: SC16P05950101 Replacement Housing Factor No:				Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide Operations	3/31/03		3/31/02	9/30/04			
HA Wide Management	3/31/03		12/31/01	9/30/04			
HA Wide Administration	3/31/03			9/30/04			
HA Wide Fees/Costs	3/31/03		12/31/01	9/30/04		3/31/02	
HA Wide Site	3/31/03			9/30/04			
59-1 Clio East	3/31/03		3/31/02	9/30/04			

**CAPITAL FUND PROGRAM TABLES START HERE**

<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> Housing Authority of Marlboro County		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P05950100 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: 3/31/02 <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	\$1,500		\$1,500	0
4	1410 Administration	\$66		\$66	\$66
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$11,521		\$11,521	\$7,552
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$91,944		\$91,944	\$22,250
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$4,500		\$4,500	0
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				
		Original	Revised	Obligated	Expended

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

<b>PHAName:</b> Housing Authority of Marlboro County	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P05950100 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: 3/31/02  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 -20)	\$109,531		\$109,531	\$29,868
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	\$1,500		\$1,500	0
26	Amount of line 21 Related to Energy Conservation Measures	\$91,944		\$91,944	\$22,250

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

PHAName: Housing Authority of Marlboro County		Grant Type and Number Capital Fund Program Grant No: SC16P05950100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Mgmt	Security Patrols	1408	1 Officer	\$1,500		\$1,500	0	Contract Signed
HA Wide Admin	IFB/RFP Advertising Costs	1410	N/A	\$66		\$66	\$66	Complete
HA Wide Fees/Costs	A&E Services/59 -1 HVAC	1430	1 A&E	\$11,521		\$11,521	\$7,552	Post Completion Phase
59-1 Clio East	HVAC - Heat Pumps	1460	42 Units	\$91,944		\$91,944	\$22,250	Punch List
HA Wide Non - Dwell Equipment	Computer Hardware	1475	1 PC	\$4,500		\$4,500	0	Computer Ordered

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

PHAName: Housing Authority of Marlboro County		Grant Type and Number Capital Fund Program No: SC16P05950100 Replacement Housing Factor No:				Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide Management	3/31/02		3/31/01	9/30/03			
HA Wide Administration	3/31/02		3/31/01	9/30/03		3/31/01	
HA Wide Fees/Costs	3/31/02		3/31/01	9/30/03			
59-1 Clio East	3/31/02		9/30/01	9/30/03			
HA Wide Non -Dwelling Equipment	3/31/02		3/31/01	9/30/03			

**CAPITAL FUND PROGRAM TABLES START HERE**

<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> Housing Authority of Marlboro County		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P059906 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 1999
<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: 03/31/02 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	\$67		\$67	\$67
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$100,583		\$100,583	\$100,583
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	1499 Development Activities				
19	1501 Collateralization or Debt Service				
		Original	Revised	Obligated	Expended

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

<b>PHAName:</b> Housing Authority of Marlboro County	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P059906 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 1999
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Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 03/31/02  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 -20)	\$100,650		\$100,650	\$100,650
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	\$45,583		\$45,583	\$45,583



