

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

## PHA Plan Agency Identification

**PHA Name:** City of Cuero Housing Authority

**PHA Number:** TX 309

**PHA Fiscal Year Beginning:** April 1, 2001

### PHA Plan Contact Information:

Name: Carolyn Webb

Phone: (361) 275-6127

TDD:

Email (if available): chacha@dewittec.net

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

### PHA Programs Administered:

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

## Annual PHA Plan Fiscal Year 2002

[24 CFR Part 903.7]

### i. Table of Contents

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

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42-44

**ii. Executive Summary**

[24 CFR Part 903.7 9 (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.

Review and update Housing Authority lease, Admission & Occupancy policies, and any policies that improve management procedures to comply with changes in Federal housing legislation.

**2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (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? \$ 324,958.00

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 “B”

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

The Capital Fund Program Annual Statement is provided as Attachment “C”

**3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

<b>Demolition/Disposition Activity Description</b> (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name: 1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for     units <input type="checkbox"/> Public housing for     units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for     units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

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

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

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

- Establishing a minimum homeowner 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**

[24 CFR Part 903.7 (m)]

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

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

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

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

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

**6. Other Information**

[24 CFR Part 903.7 9 (r)]

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

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

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

3. In what manner did the PHA address those comments? (select all that apply)

The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

Yes  No: below or

Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_\_.

- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_.
- Other: (list below)

**B. Statement of Consistency with the Consolidated Plan**

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

1. Consolidated Plan jurisdiction: **State of Texas**

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. Any changes to the Mission Statement
  - 2. 50% deletion from or addition to the goals and objectives as a whole; and
  - 3. 50% or more decrease in the quantifiable measurement of any individual goal and objective.
  
- B. Significant Amendment or Modification to the Annual Plan:
  - 1. Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement.
  - 2. Any change in policy or procedure that requires a regulatory 30 day posting;
  - 3. Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership programs; and
  - 4. Any change inconsistent with the local, approved Consolidated Plan, on the discretion of the Executive Director.

## 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>
On Display	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
On Display	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
On Display	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
On Display	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
On Display	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
On Display	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
On Display	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
On Display	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
On Display	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>
On Display	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
On Display	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
On Display	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
On Display	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
On Display	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
On Display	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
On Display	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
On Display	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
On Display	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	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
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> <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
On Display	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
On Display	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



<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>PHA Name:</b>  <p style="text-align: center;"><b>Cuero Housing Authority</b></p>		<b>Grant Type and Number</b> Capital Fund Program: TX59P309 501-02 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  <p style="text-align: center;"><b>FY 2002</b></p>	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</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	16,000.00				
3	1408 Management Improvements	8,338.00				
4	1410 Administration	10,000.00				
5	1411 Audit	0.00				
6	1415 liquidated Damages	0.00				
7	1430 Fees and Costs	24,250.00				
8	1440 Site Acquisition	0.00				
9	1450 Site Improvement	12,375.00				
10	1460 Dwelling Structures	195,616.00				
11	1465.1 Dwelling Equipment—Nonexpendable	25,500.00				
12	1470 Nondwelling Structures	35,000.00				
13	1475 Nondwelling Equipment	4,500.00				
14	1485 Demolition	0.00				
15	1490 Replacement Reserve	0.00				
16	1492 Moving to Work Demonstration	0.00				
17	1495.1 Relocation Costs	0.00				
18	1498 Mod Used for Development	0.00				
19	1502 Contingency	0.00				
20	Amount of Annual Grant: (sum of lines 2-19)	331,579.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Compliance					

<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>PHA Name:</b>  <p style="text-align: center;"><b>Cuero Housing Authority</b></p>	<b>Grant Type and Number</b> Capital Fund Program: TX59P309 501-02 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  <p style="text-align: center;"><b>FY 2002</b></p>	
<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	
23	Amount of line 20 Related to Security	18,150.00			
24	Amount of line 20 Related to Energy Conservation Measures	195,616.00			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name:  <b>Cuero Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program #: TX59P309 501 02 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b>  <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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
H/A Wide	Operations	1406	1	16,000.00				
H/A Wide	Management Improvements							
	Management Training	1408	1	1,838.00				
	Review Policies & Procedures	1408	1	1,500.00				
	Upgrade Computer System	1408	1	5,000.00				
H/A Wide	Administration							
	Pro-rate Salaries & Benefits	1410	5	8,600.00				
	Sundry Items	1410	1	1,400.00				
H/A Wide	Fees & Costs							
	A&E Fees	1430	1	22,500.00				
	Printing	1430	3	1,000.00				
	Annual Plan Preparation	1430	1	750.00				
TX 309 02	Site Improvements							
	Repair/Replace Sidewalks	1450	1650 Sqft	12,375.00				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name:  <b>Cuero Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program #: TX59P309 501 02 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant:</b>  <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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX 309 02	Dwelling Structures							
	Install Central Heat & Air	1460	40	141,166.00				
	Add Insulation	1460	40	36,300.00				
	Replace Exterior Doors	1460	80	18,150.00				
H/A Wide	Dwelling Equipment							
	Replace Ranges	1465.1	34	8,500.00				
	Replace Refrigerators	1465.1	24	11,900.00				
	Replace Water Heaters	1465.1	17	5,100.00				
H\A Wide	Non Dwelling Equipment							
	Lawn & Garden Equipment	1475	5	4,500.00				
H/A Wide	Non Dwelling Structures							
	Replace Office/Maint Bldg Roof	1470	1	35,000.00				





### 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.

<b>CFP 5-Year Action Plan</b>		
<input checked="" type="checkbox"/> <b>Original statement</b> <input type="checkbox"/> <b>Revised statement</b>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
<b>TX 309</b>	<b>H/A Wide</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>1406 Operations</b>	<b>40,000.00</b>	<b>FY 2003 – 2006</b>
<b>1408 Management Improvements</b>		
<b>Management &amp; Maintenance Training</b>	<b>40,000.00</b>	<b>FY 2003 – 2006</b>
<b>Computer Software</b>	<b>10,000.00</b>	<b>FY 2003 – 2006</b>
<b>1410 Administration</b>		
<b>Prorate Salaries &amp; Benefits</b>	<b>80,000.00</b>	<b>FY 2003 – 2006</b>
<b>1430 Fees &amp; Costs</b>		
<b>A &amp; E Fees</b>	<b>145,000.00</b>	<b>FY 2003 – 2006</b>
<b>Annual Plan Preparation</b>	<b>5,000.00</b>	<b>FY 2003 – 2006</b>
<b>1475 Non Dwelling Equipment</b>		
<b>Lawn &amp; Garden Equipment</b>	<b>7,500.00</b>	<b>FY 2003 – 2006</b>
<b>Replace Maintenance Vehicle</b>	<b>21,000.00</b>	<b>FY 2003 - 2006</b>
<b>Total estimated cost over next 5 years</b>	<b>348,500.00</b>	

### 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.

<b>CFP 5-Year Action Plan</b>		
<input checked="" type="checkbox"/> <b>Original statement</b> <input type="checkbox"/> <b>Revised statement</b>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
<b>TX 309 01</b>		
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>

<b>1450 Site Improvemnts</b>		
Repair/Replace Sidewalks	22,500.00	FY 2003 – 2006
Landscaping	7,500.00	FY 2003 – 2006
Upgrade Parks/Playgrounds	15,000.00	FY 2003 – 2006
<b>1460 Dwelling Structures</b>		
Paint Exteriors		
Paint Interiors	99,000.00	FY 2003 – 2006
Repair/Replace Exterior Siding	82,500.00	FY 2003 – 2006
Replace Bath Fixtures	82,500.00	FY 2003 – 2006
Replace Kitchen Fixtures	55,000.00	FY 2003 – 2006
Replace Kitchen Cabinets	55,000.00	FY 2003 – 2006
Replace Kitchen Counter Tops	222,000.00	FY 2003 – 2006
Replace Floor Tile	27,500.00	FY 2003 – 2006
	74,250.00	FY 2003 – 2006
<b>Total estimated cost over next 5 years</b>	<b>742,750.00</b>	

### 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.

<b>CFP 5-Year Action Plan</b>	
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement	
Development Number	Development Name (or indicate PHA wide)
TX 329 01	

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>1460 Dwelling Structures (Con't)</b> Replace Interior Doors Install Central Air & Heat Replace/Add Insulation Repair/Replace Exterior Doors	82,500.00 385,000.00 99,000.00 49,500.00	FY 2003 – 2006 FY 2003 – 2006 FY 2003 – 2006 FY 2003 – 2006
<b>1465.1 Dwelling Equipment - Nonexpendable</b> Replace Ranges (5 year cycle) Replace Refrigerators (7 year cycle) Replace Water Heaters (10 year cycle)	33,000.00 29,050.00 8,250.00	FY 2003 – 2006 FY 2003 – 2006 FY 2003 – 2006
<b>1470 Non Dwelling Structures</b> Replace/Repair Roofs	35,000.00	FY 2003 – 2006
<b>Total estimated cost over next 5 years</b>	<b>721,300</b>	

### Capital Fund Program 5-Year Action Plan

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

CFP 5-Year Action Plan	
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement	
Development Number	Development Name (or indicate PHA wide)
TX 309 02	

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>1450 Site Improvemnts</b>		
Repair/Replace Sidewalks	12,375.00	FY 2003 – 2006
Landscaping	4,125.00	FY 2003 – 2006
Upgrade Parks/Playgrounds	8,250.00	FY 2003 – 2006
Replace Sewer Lines		
Replace Water Lines		
Replace Gas Lines		
<b>1460 Dwelling Structures</b>		
Paint Exteriors	54,450.00	FY 2003 – 2006
Paint Interiors	45,375.00	FY 2003 – 2006
Repair/Replace Exterior Siding	45,375.00	FY 2003 – 2006
Replace Bath Fixtures	30,250.00	FY 2003 – 2006
Replace Kitchen Fixtures	30,250.00	FY 2003 – 2006
Replace Kitchen Cabinets	122,100.00	FY 2003 – 2006
Replace Kitchen Counter Tops	15,125.00	FY 2003 – 2006
Replace Floor Tile	40,837.00	FY 2003 – 2006
<b>Total estimated cost over next 5 years</b>	<b>408,512.00</b>	

### Capital Fund Program 5-Year Action Plan

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

CFP 5-Year Action Plan	
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement	
Development Number	Development Name (or indicate PHA wide)
TX 309 02	

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>1460 Dwelling Structures (Con't)</b>		
<b>Replace Interior Doors</b>	45,375.00	FY 2003 – 2006
<b>Install Central Air &amp; Heat</b>	211,750.00	FY 2003 – 2006
<b>Replace/Add Insulation</b>	54,450.00	FY 2003 – 2006
<b>Repair/Replace Exterior Doors</b>	27,225.00	FY 2003 – 2006
<b>1465.1 Dwelling Equipment - Nonexpendable</b>		
<b>Replace Ranges (5 year cycle)</b>	18,150.00	FY 2003 – 2006
<b>Replace Refrigerators (7 year cycle)</b>	15,978.00	FY 2003 – 2006
<b>Replace Water Heaters (10 year cycle)</b>	4,538.00	FY 2003 – 2006
<b>Total estimated cost over next 5 years</b>	<b>377,466</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. FFY in which funding is requested** \_\_\_\_\_

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

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

**E. Target Areas**

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

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

**F. Duration of Program**

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

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

**G. PHDEP Program History**

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

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

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

**A. PHDEP Plan Summary**

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

**B. PHDEP Budget Summary**

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

<b>FFY ____ PHDEP Budget Summary</b>	
<b>Original 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 TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
<b>TOTAL PHDEP FUNDING</b>	

**C. PHDEP Plan Goals and Activities**

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

<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 TA Match</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 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>9160 - Drug Prevention</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>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							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
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:  
**Wesley Brown**

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

C. The term of appointment is:  
**Two (2) Years**  
**Expiration Date: April 1, 2002**

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:  
**April 1, 2001**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):  
**Buzz Edge**  
**Mayor**  
**City of Cuero**



**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.)

1. **President** – Lorene Lee
2. **Vice President** – Isabel Van Beberen
3. **Secretary** – Bethany Villarreal

**REQUIRED ATTACHMENT F : BRIEF STATEMENT OF PROGRESS IN MEETING 5-YEAR PLAN MISSION & GOALS**

**5-YEAR PLAN  
PHA FISCAL YEARS 2000 - 2004**

[24 CFR Part 903.5]

**A. Mission**

The mission of the PHA is the same as that of the Department of Housing and Urban Development:  
To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

The PHA's mission is: (state mission here)

**B. Goals**

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

PHA Goal: Expand the supply of assisted housing

Objectives:

- Apply for additional rental vouchers:
- Reduce public housing vacancies:
- Leverage private or other public funds to create additional housing opportunities:
- Acquire or build units or developments
- Other (list below)

PHA Goal: Improve the quality of assisted housing

Objectives:

- Improve public housing management: (PHAS score)
- Improve voucher management: (SEMAP score)
- Increase customer satisfaction:
- Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- Renovate or modernize public housing units:

- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers: Other: (list below)

PHA Goal: Increase assisted housing choices

- Objectives:
- Provide voucher mobility counseling:
  - Conduct outreach efforts to potential voucher landlords
  - Increase voucher payment standards
  - Implement voucher homeownership program:
  - Implement public housing or other homeownership programs:
  - Implement public housing site-based waiting lists:
  - Convert public housing to vouchers:
  - Other: (list below)

**HUD Strategic Goal: Improve community quality of life and economic vitality**

PHA Goal: Provide an improved living environment

- Objectives:
- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
  - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
  - Implement public housing security improvements:
  - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
  - Other: (list below)

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

PHA Goal: Promote self-sufficiency and asset development of assisted households

- Objectives:
- Increase the number and percentage of employed persons in assisted families:
  - Provide or attract supportive services to improve assistance recipients' employability:
  - Provide or attract supportive services to increase independence for the elderly or families with disabilities.
  - Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**Required Attachment G: Voluntary Conversion  
Initial Assessments**

**Component 10(B)**

a. How many of the PHA’s developments are subject to the Required Initial Assessments?

**None**

a. How many of the HA’s developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

**Two**

c. How many assessments were conducted for the PHA’s covered developments?

**Two**

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessment?

Development Name	Number of Units
<b>None</b>	

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

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

<b>PHA Name:</b>  Cuero Housing Authority	<b>Grant Type and Number</b> Capital Fund Program: TX 309 910 99 Capital Fund Program 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: 9/30/01   
  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	12,000.00		12,000.00	12,000.00
3	1408 Management Improvements	0.00		0.00	0.00
4	1410 Administration	7,503.00		7,503.00	7,503.00
5	1411 Audit	0.00		0.00	0.00
6	1415 liquidated Damages	0.00		0.00	0.00
7	1430 Fees and Costs	25,537.00		25,537.00	13,827.00
8	1440 Site Acquisition	0.00		0.00	0.00
9	1450 Site Improvement	170,874.00		151,973.00	53,070.33
10	1460 Dwelling Structures	45,644.00		18,644.00	18,644.02
11	1465.1 Dwelling Equipment—Nonexpendable	4,652.00		4,652.00	4,652.00
12	1470 Nondwelling Structures	17,987.00		17,987.00	17,986.68
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	284,197		238,296.00	127,683.03

21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**Attachment H – Performance & Evaluation Report  
FY 99 CIAP**

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages</b>								
PHA Name: <b>Cuero Housing Authority</b>		Grant Type and Number Capital Fund Program #: <b>TX 309-910-99</b> Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant:  <b>1999</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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
H/A Wide	Operations	1406	1	12,000.00		12,000.00	12,000.00	In Progress
H/A Wide	Sundry	1410	1	7,503.00		7,503.00	7,503.00	Complete
H/A Wide	Fees & Costs							
	A&E Fees	1430	1	24,110.00		24,110.00	12,400.00	In Progress
	Consultant	1430	1	1,427.00		1,427.00	1,427.00	Complete
TX 309 02	Site Improvements							
	Replace Fences	1450	60	22,284.00		22,284.00	22,284.00	Complete
TX 309 02	Site Improvements							
	Repair Foundations (Emergency)	1450	10	148,590.00		129,689.00	30,786.00	In Progress
TX 309 02	Dwelling Structures							
	Paint Exteriors	1460		27,000.00		27,000.00	0.00	Pending
	Replace Roofs	1460		18,644.00		18,644.00	18,644.00	Complete









<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>PHA Name:</b>  Cuero Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: TX 59P309 501 00 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  FY 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: 9/30/01 <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	10,000.00		10,000.00	10,000.00
3	1408 Management Improvements	20,700.00		6543.30	6543.30
4	1410 Administration	14,000.00		4,380.00	4,380.00
5	1411 Audit	0.00		0.00	0.00
6	1415 liquidated Damages	0.00		0.00	0.00
7	1430 Fees and Costs	22,000.00		22,000.00	4,100.00
8	1440 Site Acquisition	0.00		0.00	0.00
9	1450 Site Improvement	270,458.00		12,200.00	0.00
10	1460 Dwelling Structures	0.00		0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	0.00		0.00	0.00
12	1470 Nondwelling Structures	0.00		0.00	0.00
13	1475 Nondwelling Equipment	0.00		0.00	0.00
14	1485 Demolition	0.00		0.00	0.00
15	1490 Replacement Reserve	0.00		0.00	0.00
16	1492 Moving to Work Demonstration	0.00		0.00	0.00
17	1495.1 Relocation Costs	0.00		0.00	0.00
18	1498 Mod Used for Development	0.00		0.00	0.00
19	1502 Contingency	0.00		0.00	0.00
20	Amount of Annual Grant: (sum of lines 2-19)	337,158.00		51,093.00	25,023.30
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name:  <b>Cuero Housing Authority</b>		Grant Type and Number Capital Fund Program #: <b>TX 59P309 501-00</b> Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant:  <b>FY 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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
H/A Wide	Operations	1406	1	10,000.00		10,000.00	10,000.00	In Progress
				0.00				
H/ A Wide	Management Improvements			0.00				
	Upgrade Computer Software	1408	1	5,000.00		0.00	0.00	Pending
	Review/Update Policies	1408	1	3,500.00		0.00	0.00	Pending
	Security	1408	1	12,200.00				
				0.00				
H/A Wide	Administration			0.00				
	Sundry	1410	1	14,000.00		2,550.00	2,550.00	Complete
				0.00				
H/A Wide	Fees & Costs			0.00				
	A&E Fees	1430	1	22,000.00		22,000.00	4,100.00	In Progress
				0.00				
TX 309 02	Site Improvements							
	Replace Sewer Lines	1450		183,000.00		0.00	0.00	Pending
	Replace Water Lines	1450		16,458.00		0.00	0.00	Pending
	Repair Foundations	1450		71,000.00		0.00	0.00	Pending



Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name:  Cuero Housing Authority		Grant Type and Number Capital Fund Program: TX59P309 501 01 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant:  FY 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: 9/30/01		<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	16,621.00			
3	1408 Management Improvements	18,500.00			
4	1410 Administration	20,000.00			
5	1411 Audit	0.00			
6	1415 liquidated Damages	0.00			
7	1430 Fees and Costs	20,000.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	112,800.00			
10	1460 Dwelling Structures	65,100.00			
11	1465.1 Dwelling Equipment—Nonexpendable	36,000.00			
12	1470 Nondwelling Structures	0.00			
13	1475 Nondwelling Equipment	42,558.00			
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	0.00			
18	1498 Mod Used for Development	0.00			
19	1502 Contingency	0.00			
20	Amount of Annual Grant: (sum of lines 2-19)	331,579.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHA Name:  <b>Cuero Housing Authority</b>		Grant Type and Number Capital Fund Program #: <b>TX59P309 501 01</b> Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant:  <b>FY 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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
H/A Wide	Operations	1406	1	16,621.00				Pending
H/A Wide	Management Improvements							
	Management Training	1408	3	3,500.00				Pending
	Security	1408	1	15,000.00				Pending
H/A Wide	Administration							
	Sundry Items	1410	1	20,000.00				Pending
H/A Wide	Fees & Costs							
	A&E Fees	1430	1	20,000.00				Pending
H/A Wide	Site Improvements							
	Repair Sidewalks	1450	1250 LFT	70,000.00				Pending
	Upgrade Parks & Playgrounds	1450	2	42,800.00				Pending
H/A Wide	Dwelling Structures							
	Termite Treatment	1460	54 Ea.	5,400.00				Pending



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

PHA Name: <b>Cuero Housing Authority</b>		Grant Type and Number Capital Fund Program #: <b>TX59P309 501 01</b> Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: <b>FY 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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX 309 01	Dwelling Structures (Con't)							
	Install Water Heaters	1460	75	14,700.00				Pending
	Paint Exteriors	1460		45,000.00				Pending
H/A Wide	Dwelling Equipment							
	Replace Ranges	1465.1	60	15,000.00				Pending
	Replace Refrigerators	1465.1	60	21,000.00				Pending
H/A Wide	Non Dwelling Equipment							
	Copier	1475	1	5,558.00				Pending
	Replace Vehicle	1475	1	35,000.00				Pending
	Lawn & Garden/Maint. Tools	1475	10	2,000.00				Pending





**Required Attachment K: Deconcentration and  
Income Mixing**

**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 income of all such developments? If no, this section is complete.

If yes, list these developments as follows:

**Deconcentration Policy for Covered Developments**

Development Name:	Number Of Units	Explanation (if any) [see step 4 at 903.2(c)(1)(iv)]	Deconcentration Policy (if no explanation) [see step 5 at 903.2(c)(1)(v)]