

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear:2002

VANHOUSINGAUTHORITY

Van,Texas

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOB ECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

PHA Plan Agency Identification

PHAName: VanHousingAuthority

PHANumber: TX344v01

PHAFiscalYearBeginning:(mm/yyyy) 10/02

PHA Plan Contact Information:

Name: Judy Nations

Phone:

TDD:

Email(if available): jn1@gte.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 XX Public Housing Only

Annual PHA Plan
Fiscal Year 2002
 [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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X Other (List below, providing each attachment name)	
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X Attachment G: Voluntary Conversion Initial Assessments	
X Attachment H: Progress Report Update on Goals and Action Plan for the PHA SR Resident Survey	
X Attachment I: Performance and Evaluation Report	

ii. Executive Summary

[24CFR Part 903.79(r)]

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

Optional

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.

In the process of implementing the Income Disregard Policy, Passbook Interest Rate for Imputed Income From Assets will be as follows: 2 percent as the rate to be used to impute income from assets in excess of \$5,000.

Also amending Procurement Policy - small construction \$25,000.00

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

- A. Yes: 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? \$ 55,870.00
- C. Yes: 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.D Demolition and Disposition

[24CFR Part 903.79(h)]

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

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

2. Activity Description

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

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

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

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

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

Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources

Requiring that financing for purchase of a home under its section 8 home ownership will be provided, insured or guaranteed by the state or Federal government; comply with the secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

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

A. 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 PH DEP Plan is attached as Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

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

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

2. If yes, the comments are attached as Attachment (Filename) E

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

The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included

Yes No: below 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 _____.

XX Other: (list below) Approved plan is.

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here)

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. (lists such initiatives below)

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

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)

- A. Promote adequate and affordable housing
- B. Promote economic opportunity
- C. Promote a suitable living environment without discrimination.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24CFR 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.SubstantialDeviationfromthe5 -yearPlan:

SubstantialDeviationfromthe5 -yearPlan:

AnychangetoMissionsta tementsuchas:

50%deletionfromoradditiontothegoalsandobjectivesasawhole

50%ormoredecreaseinthequantifiablemeasurementofanyindividualgoalorobjective.

2004CFPhasbeenmodifiedtoincludereplacekitchencabinetswithnewinclud ingcountertops,steel sinksandfixtures.

B.SignificantAmendmentorModificationtotheAnnualPlan:

50%varianceinthefundsprojectedintheCapitalFundProgramAnnualStatement.

AnyIncreaseordecreaseover50%inthefundsprojectedinthe FinancialResourcestatementand/orthe CapitalFundProgramannualStatement

Anychangeinapolicyorprocedurethatrequiresaregulatory30 -dayposting

AnysubmissiontoHUDthatrequiresaseparatenotificationtoresidents,suchasHopeVI,Public HousingConversion,Demolition/Disposition,designatedHousingorHomeownershipprograms.

2000CFPand2001CFPwillbecompletedasstatedandbothareonschedule.

Attachment A
SupportingDocumentsAvailableforReview

PHAsaretoindicatewhichdocumentsareavailableforpublicreviewbyplacingamarkinthe“Applicable&OnDisplay” columnintheappropriaterows.Alllisteddocumentsmustbeondisplayifapplicabletotheprogramactivitiesconductedby thePHA.

ListofSupportingDocuments AvailableforReview		
Applicable & OnDisplay	SupportingDocument	RelatedPlan Component
X	PHAPlanCertificationsofCompliancewiththePHAPlansand RelatedRegulations	5YearandAnnual Plans
X	State/LocalGovernmentCertificationofConsistencywith the ConsolidatedPlan	5YearandAnnual Plans

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
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 jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
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
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	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
N/A	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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	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
N/A	Approved HOPEVI application or, if more recent, approved or submitted HOPEVI 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, PIH99 -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
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
X	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 (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing site assisted under the PHDEP Plan. 	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 checked="" type="checkbox"/> check here if included in the public housing A&OP policy	Pet Policy
N/A	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

Annual Statement/Performance and Evaluation Report

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

PHAName: VanHousingAuthority	GrantTypeandNumberTX21P34450202 CapitalFundProgram: CFP CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2002
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	2,000.00			
4	1410 Administration	2,619.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,599.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	32,144.00			
11	1465.1 Dwelling Equipment — Nonexpendable	9,508.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	55,870.00			
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				

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

PHAName: Van Housing Authority		Grant Type and Number Capital Fund Program#: TX21P34450202 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX344-HA								
	Hire a consultant to assist with plan	1408		2,000.00				
	Hire on technical help	1410		1,819.00				
	Provide funds for sundry items	1410		800.00				
	Hire on site inspector	1430		2,728.00				
	Hire an architect to develop plans and specifications	1430		6,071.00				
	Provide funds for reproduction of prints	1430		800.00				
	SUBTOTAL			15,218.00				

Capital Fund Program Five - Year Action Plan

Part I: Summary

PHAVanHousingAuthority		<input checked="" type="checkbox"/> Original 5 - Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year1	WorkStatementforYear2 FFYGrant:2003 PHAFY:2003	WorkStatementforYear3 FFYGrant: 2004 PHAFY:2004	WorkStatementforYear4 FFYGrant:2005 PHAFY:2005	WorkStatementforYear5 FFYGrant:2006 PHAFY:2006
	Annual Statement				
TX344 -001		38,652.00	38,652.00	30,152.00	30,562.00
TX344 -HA		17,218.00	17,218.00	25,718.00	25,218.00
CFPFundsListedfor 5-yearplanning		55,870.00	55,870.00	55,870.00	55,870.00
ReplacementHousing FactorFunds					

Capital Fund Program Five - Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year: 4 FFY Grant: 2005 PHAFY: 2005			Activities for Year: 5 FFY Grant: 2006 PHAFY: 2006		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual	TX344 -001	Install new playground and new equipment for the resident's children	12,709.00	TX344 -001	Rehabentireunit(electrical, plumbing, painting, doors, cabinets, bathroom fixtures and site improvements etc.) and other accouterments.	10,365.00
Statement		Replace existing kitchen cabinets complete with countertops, sinks and fixtures with new.	10,543.00		Replace interior doors with new	20,287.00
		Install ceiling fans in all units (2 per unit)	6,900.00			
	Total CFPEstimatedCost		\$30,152.00			\$30,652.00

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 Balance should reflect the balance as of _____

Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

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

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

FFY ____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	

9160 -DrugPrevention	
9170 -DrugIntervention	
9180 -DrugTreat ment	
9190 -OtherProgramCosts	
TOTALPHDEPFUNDING	

C. PHDEPPlanGoalsandActivities

Inthetablesbelow,provideinformationonthePHDEPstrategysummarizedabovebybudgetlineitem.Eachgoalandobjectiveshouldbenumberedsequentiallyfor eachbudget lineitem(whereapplicable).Useasmanyrowsasnecessarytolistproposedactivities(additionalrowsmaybeinsertedinthetables).PHAsarenotrequiredtoprovide informationinshadedboxes.Informationprovidedmustbeconcise —not toexceedtwosentencesinanycolumn.TablesforlineitemsinwhichthePHAhasnoplannedgoalsor activitiesmaybedeleted.

9110 –ReimbursementofLawEnforcement						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9115 -SpecialInitiative						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch	TotalPHDEPFunding:\$
--------------------------------	-----------------------------

Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 –EmploymentofInvestigators					TotalPHDEP Funding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9140 – VoluntaryTenant Patrol					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							

2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceI ndicators
1.							

2.							
3.							

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

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

Required Attachment D: Resident Member on the PHA Governing Board

1. Yes 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:

La Dana Sullenbrger

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

Appointed

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

2 year term -9/2000 till 9/2002

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 fulltime 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:

September 2002

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

Judy Nations, Executive Director and the Board Members

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.)

Barbara Alexander Darlene Marrow

Approved plan isis.

ATTACHMENT F: Deconcentration and Income Mixing

In accordance with the final rule 903(2)(b)(2) exempts “public housing developments operated by a PHA with fewer than 100 public housing units”.

ATTACHMENTG:VOLUNTARYCONVERSIONINITIALASSESSMENTS

- A. HowmanyofthePHA’sdevelopmentsaresubjecttotheRequired Initial Assessments.Project001
- B. HowmanyofthePHA’sdevelopmentsarenotsubjecttotheRequiredInitial Assessmentsbasedonexemptions(e.g.,elderlyand/ordisableddevelopmentsnot generaloccupancyprojects)?NONE
- C. HowmanyAssessments wereconductedforthePHA’scovereddevelopments? ONE“CHAS”Report
- D. IdentifyPHAdvelopmentsthatmaybeappropriateforconversionbasedonthe RequiredInitialAssessments:
NONE

DevelopmentName	NumberofUnits

- E. IfthePHAhasnotcompletedtheRequiredInitialAssessments,describethestatusof theseassessments.

Conversiontovouchersatthistimewouldhaveadverseaffectontheavailabilityof affordablehousinginourcommunityatthistime.

**ATTACHMENTH:PROGRESSREPORTUPDATEONGOALSANDACTION
PLANFORTHEPHASRESIDENTSURVEY**

OurAnnualPlanisbasedonthepremisethatifweaccomplishourgoalsandobjectiveswewillbe workingtowardstheachievementofourmission.

ProgressStatement:

On-going,throughtraining,thePHAandboardmemberswillhavetheknowledgeasneededforthe newlawsandregulationstobeterservetheneedsoftheresidents.

On-going,existingpoliciesandprocedureswillbereviewedandifwarranted,developwritten recommendationsforpolicyrevisionstotheBoardandtheResidentAdvisoryBoard.

On-going,throughthereceiptofCFPfundswewillcontinuetomodernizationasneededtopromote abetterlivingenvironmentforourresidents.

VanHousingAuthority'sResidentSurveyFollow-upPlanAddressingproblems.

VanHousingAuthorityhascorrectedeverythingthatwasfoundduringinspection.

GFI'swerecheckedbyanelectricianandreplacedtheonesthatwerenotfunctioning.

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

PHAName: Van Housing Authority	Grant Type and Number TX21P34450101 Capital Fund Program: CFP Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 XX Performance and Evaluation Report for Period Ending: 3/31/02 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	4,500.00		4,500.00	1,683.60
4	1410 Administration	2,619.00		2,619.00	800.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	19,599.00		8,670.46	6,503.25
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	33,408.00		33,408.00	
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	60,126.00		49,197.46	8,986.85
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 I

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHAName: VanHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P34450101 CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant: 2001			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX344-HA								
	Hireconsultanttoassistwithannual plan	1408		2,000.00		2,000.00	1,683.60	
	ProvidefundsfortrainingforExecutive Director	1408		2,500.00		2,500.00		
	SUBTOTAL	1408		4,500.00		4,500.00	1,683.60	
	Hireontechnicalhelp	1410		1,819.00		1,819.00		
	Providefundsforsundryitems	1410		800.00		800.00		
	SUBTOTAL	1410		2,619.00		2,619.00		
	Hireanon -siteinspector	1430		2,728.00		1,140.30		
	Hireanarchitect	1430		7,071.00		7,071.00	6,044.09	
	Providefundsforreproductionofprints	1430		800.00		459.16	459.16	
	Testformaterialcontainingasbestos	1430		9,000.00				
	SUBTOTAL	1430		19,599.00		8,670.46	6,503.25	

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

PHAName: VanHousingAuthority	GrantTypeandNumberTX21P34450100 CapitalFundProgram: CFP CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2000
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Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 XX Performance and Evaluation Report for Period Ending: 3/31/02 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	3,385.00		3,385.00	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13,403.00		13,403.00	6,044.09
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	42,147.00		42,147.00	
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	58,935.00		58,935.00	6,044.09
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 5 04 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

PHAName: VanHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P34450100 CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant: 2000			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX344-HA								
344-HA-1	Hireontechnicalhelp	1410		2,202.00		2,202.00		
344-HA-2	Providefundsforsundryitems	1410		1,183.00		1,183.00		
	SUBTOTAL	1410		3,385.00		3,385.00		
344-HA-3	Hireanonsiteinspector	1430		3,746.00		3,746.00		
344-HA-4	Hireanarchitecttodevelopplansand specifications	1430		7,839.00		7,839.00	6,044.09	
344-HA-5	Providefundsforreproductionofprints	1430		1,818.00		1,818.00		
344-HA-6	Hireaconsultant	1430						
	SUBTOTAL	1430		13,403.00		13,403.00	6,044.09	
	HAW IDENEEDSTOTAL			16,788.00		16,788.00	6,044.09	

ATTACHMENT I

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

PHAName: VanHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P34450100 CapitalFundProgramReplacementHousingFactor#:					FederalFYofGrant: 2000	
DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuartEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates	
	Original	Revised	Actual	Original	Revised	Actual		
TX344-001	9/30/02			9/30/03				
TX344-HA	9/30/02			9/30/03				