Printed on: 9/13/20028:54 AM

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

Small PHA Plan Update for the El Paso County Housing Authority Annual Plan for Fiscal Year: 07/2002

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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

PHA Plan
Agency Identification

PHA Name: *Housing Authority of El Paso County*

PHA Number: *TX432*

PHA Fiscal Year Beginning: (mm/yyyy) *07/2002*

PHA Plan Contact Information:

Name: *Tomas Rodriguez, Executive Director & Sabrina Rogers, The Nelrod Company*
Phone: *1-915-764-3559 & 1-817-922-9000 x 642*
TDD:
Email (if available): *elpasocountyha@yahoo.com & sabrina@nelrod.com*

Public Access to Information

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

☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations for PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered:

☒Public Housing and Section 8 ☐Section 8 Only ☐Public Housing Only

Annual PHA Plan
Fiscal Year 20*02*

[24 CFR Part 903.7]

i. Table of Contents

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

Contents Page #

Annual Plan

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

Attachments

☒ Attachment A : Supporting Documents Available for Review
☒ Attachment B_: Capital Fund Program Annual Statement
☒ Attachment C_: Capital Fund Program 5-Year Action Plan
☐ Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement
☐ Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan
☒ Attachment D_: Resident Membership on PHA Board or Governing Body
☒ Attachment E_: Membership of Resident Advisory Board or Boards
☐ Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
☒ Other (List below, providing each attachment name)
1998 Performance and Evaluation Report – tx432f04
2000 Performance and Evaluation Report – tx432g04
2001 Performance and Evaluation Report – tx432h04
Progress Statement – tx432i04
Deconcentration and Income Mixing – tx432j04
Voluntary Conversion Required Initial Assessment – tx432k04

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

The Housing Authority of El Paso County, TX has prepared this Annual PHA Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

The purpose of the Annual Plan is to provide a framework for local accountability and an easily identifiable source by which public housing residents, participants in the tenant-based assistance program and other members of the public may locate basic PHA policies, rules and requirements related to the operations, programs and services of the agency.

The Mission Statement and the Goals and Objectives were based on information contained in our jurisdiction's Consolidated Plan and will assure that our residents will receive the best customer service.

Excellent customer service and fulfillment of the Mission Statement and Goals and Objectives is ensured by implementation of a series of policies that are on display with this Plan. The Admissions and Occupancy Policy and Section 8 Administrative Plan are the two primary policies on display. These important documents cover the public housing tenant selection and assignment plan, outreach services, PHA's responsibility to Section 8 owners/landlords, grievance procedures, etc.

The most important challenges to be met by the Housing Authority of El Paso County during FY 2002 include:

- *Expand the supply of assisted housing by pursuing all available housing opportunities;*
- *Preserve and improve the public housing stock through the Capital Funds activities;*
- *Involve the public housing residents and the Section 8 participants through the Annual Plan Resident Advisory Board;*
- *Train staff and commissioners to fully understand and take advantage of opportunities in the new law and regulations to better serve our residents and the community; and*
- *Identify, develop and leverage services to enable low-income families to become self-sufficient.*

In closing, this Annual PHA Plan exemplifies the commitment of the Housing Authority of El Paso County to meet the housing needs of the full range of low-income residents. The Housing Authority of El Paso County, in partnership with agencies from all levels of government, the business community, non-profit community groups, and residents will use this plan as a road map to reach the "higher quality of life" destination for the County of El Paso and the City of Fabens.

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.

Based on number of units per program (125 PH and 80 S8) agency is submitting the Small Template.

2. Capital Improvement Needs

[24 CFR Part 904.7 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? *$179,685.00*.

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 *tx432c04*

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment *tx432b04*

1998 Performance and Evaluation Report tx432f04
2000 Performance and Evaluation Report tx432g04
2001 Performance and Evaluation Report tx432h04

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition ☐ Disposition ☐
3. Application status (select one) Approved ☐ Submitted, pending approval ☐ Planned application ☐
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) ☐ Part of the development ☐ Total development
7. Relocation resources (select all that apply) ☐ Section 8 for units ☐ Public housing for units ☐ Preference for admission to other public housing or section 8 ☐ 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 – n/a

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? $ _*0.00*_____

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 *(no longer a requirement)*

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) *N/A*

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

   ☐ 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: (provide name here) *Texas County*

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

   ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
   ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
   ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
   ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
   ☒ Other: (list below)
   - *Reduce vacancies in public housing.*
   - *Expand the Voucher Program*
   - *Modernize Public Housing Units.*
   - *Expand the supply of Public Housing units.*

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)
   - *To preserve and rehabilitate the City's existing housing stock primarily for extremely low, very low and low-income families (0-80 percent of median income).*
   - *To expand economic opportunities in the community particularly for lower income residents.*
   - *To continue to encourage and support non-profit organizations in seeking additional funding sources and assist them in obtaining such funding whenever possible.*

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:

- ***Any change to the Mission Statement;***
- ***50% deletion from or addition to the goals and objectives as a whole; and***
- ***50% or more decrease in the quantifiable measurement of any individual goal and objective.***

B. Significant Amendment or Modification to the Annual Plan:

- ***Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement;***
- ***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***
- ***Any change inconsistent with the local, approved Consolidated Plan, in 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.

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	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
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing ☐ check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents ☒ 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 ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies ☒ check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types ☒ check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures ☒ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures ☒ 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
N/A	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
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
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
X	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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
N/A	Policies governing any Section 8 Homeownership program (section _____of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
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 (PHEDEP) semi-annual performance report *Performance reports for prior year grants, as needed*	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) ☐ check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
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)

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
See attachment tx432b04	Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:	

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 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)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
See attachment tx432b04	Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:	

☐ **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	
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:	**Grant Type and Number**	**Federal FY of Grant:**
See attachment tx432b04	Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:	

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	

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

PHA Name:	**Grant Type and Number**	**Federal FY of Grant:**
See attachment tx432b04	Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:	

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

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 ☐ Original statement ☐ Revised statement			
Development Number	**Development Name (or indicate PHA wide)**		
Description of Needed Physical Improvements or Management Improvements		**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
See attachment tx432c04			
Total estimated cost over next 5 years			

PHA Public Housing Drug Elimination Program Plan

No longer required attachment

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

Section 1: General Information/History

A. Amount of PHDEP Grant $_____

B. Eligibility type (Indicate with an "x") N1_____ N2_____ R_____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

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

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

F. Duration of Program

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

12 Months_____ 18 Months_____ 24 Months_____

G. PHDEP Program History

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

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

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

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

C. PHDEP Plan Goals and Activities

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

9110 – Reimbursement of Law Enforcement					**Total PHDEP Funding: $**		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

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

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

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

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

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

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

9160 - Drug Prevention					**Total PHDEP Funding: $**		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

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

9190 - Other Program Costs					**Total PHDEP Funds: $**		
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.							

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Housing Authority of the County of El Paso	Capital Fund Program No: **TX21P53850102** Replacement Housing Factor Grant No:	**2002**

■ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** ☐ **Revised Annual Statement/Revision Number** _____

☐ **Performance and Evaluation Report for Program Year Ending** ☐ **Final Performance and Evaluation Report for Program Year Ending**_____

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operating Expenses	8,000.00			
3	1408 Management Improvements	0.00			
4	1410 Administration	8,000.00			
5	1411 Audit	8,000.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	0.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	0.00			
10	1460 Dwelling Structures	124,000.00			
11	1465.1 Dwelling Equipment-Nonexpendable	0.00			
12	1470 Nondwelling Structures	0.00			
13	1475 Nondwelling Equipment	22,996.00			
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	1499 Development Activities	0.00			
19	1501 Collateralization or Debt Service	0.00			
20	1502 Contingency	0.00			
21	**Amount of Annual Grant (sums of lines 2-20)**	**$170,996.00**			
22	Amount of line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 Compliance				
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				

xls/Nelrod

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Housing Authority of the County of El Paso	Capital Fund Program No: **TX21P53850102** Replacement Housing Factor Grant No:	**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Operations	1406		8,000.00				
	Administration - salaries	1410		8,000.00				
	Audit	1411		8,000.00				
TX538-005	Dwelling Structures -	1460	40 units	124,000.00				
	Doors (interior and exterior)		80 units					
TX538-001	Replace Air Conditioners, A/C Duct Work &							
TX538-005	A/C Covers							
PHA Wide	Non-dwelling equipment	1475		22,996.00				
	Tractor-loader							
	TOTAL			**$170,996.00**				

xls/Nelrod

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Housing Authority of the County of El Paso	Capital Fund Program No: **TX21P53850102** Replacement Housing Factor Grant No:	**2002**

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	12/31/2003			6/30/2005			
TX538-005	12/31/2003			6/30/2005			

xls/Nelrod

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

HA Name:

Housing Authority of the County of El Paso

■ Original ☐ Revision No. _____

Development Number/Name/HA-Wide	Year 1 2002	Work Statement for Year 2 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 3 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 4 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 5 FFY Grant: 2006 PHA FY: 2006
HA - Wide	Annual	50,000.00	69,685.00	60,000.00	69,685.00
TX538	Statement	129,685.00	110,000.00	119,685.00	110,000.00
CFP Funds Listed for		**$179,685.00**	**$179,685.00**	**$179,685.00**	**$179,685.00**
5-Year planning					
Replacement Housing					
Factor Funds					

Capital Funds Program Five Year Action Plan
Part II: Supporting Pages--Work Activities

Activities for Year 1	Activities for Year: 2 FFY Grant: 2003 PHA FY: 2003			Activities for Year: FFY Grant: PHA FY:		
2002	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	HA - Wide	Operations	10,000.00			
		Administration:	10,000.00			
		Salaries/benefits				
Annual		Audit	10,000.00			
		Non-Dwelling Equipment:	15,000.00			
		Replace lawnmowers, gas trimmers, rakes,				
		shovels and hoes				
Statement						
		Site Improvements:	99,685.00			
		Repair streets and sidewalks within the				
		complexes				
		Dwelling Structures:	30,000.00			
		Build storage facility				
		Contingency	5,000.00			
		2003 - TOTAL CFP ESTIMATED COST	**179,685.00**			

Capital Funds Program Five Year Action Plan
Part II: Supporting Pages--Work Activities

Activities for Year 1	Activities for Year: 3 FFY Grant: 2004 PHA FY: 2004			Activities for Year: FFY Grant: PHA FY:		
2002	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	HA - Wide	Operations	27,032.00			
		Administration:	17,968.00			
		Salaries/benefits				
Annual		Audit	10,665.00			
	TX 538	Dwelling Structures:	110,000.00			
		Repair handicap units, both complexes				
Statement		Contingency	14,020.00			
		2004 - TOTAL CFP ESTIMATED COST	**179,685.00**			

Capital Funds Program Five Year Action Plan
Part II: Supporting Pages--Work Activities

Activities for Year 1	Activities for Year: 4 FFY Grant: 2005 PHA FY: 2005			Activities for Year: FFY Grant: PHA FY:		
2002	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	HA - Wide	Operations	27,032.00			
		Administration:	17,968.00			
		Salaries/benefits				
Annual		Audit	10,000.00			
		Site Improvements:	9,685.00			
		Repair work on sprinkler system				
Statement		Dwelling Structures:	110,000.00			
		Comprehensive repairs to all units				
		Contingency	5,000.00			
		2005 - TOTAL CFP ESTIMATED COST	**179,685.00**			

Capital Funds Program Five Year Action Plan
Part II: Supporting Pages--Work Activities

Activities for Year 1	Activities for Year: 5 FFY Grant: 2006 PHA FY: 2006			Activities for Year: FFY Grant: PHA FY:		
2002	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	HA - Wide	Operations	26,031.00			
		Administration:	17,968.00			
		Salaries/benefits				
Annual		Audit	12,000.00			
		Non-Dwelling Equipment:	3,686.00			
		Replace office furniture				
Statement	TX538	Non - Dwelling Structures:	110,000.00			
		Comprehensive repairs-office building,				
		meeting rooms/training rooms &				
		laundry facilities				
		Contingency	10,000.00			
		2006 - TOTAL CFP ESTIMATED COST	**179,685.00**			

Housing Authority of El Paso County

Required Attachment tx432d04: 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: ***Ms. Aurora Garcia***

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

C. The term of appointment is (include the date term expires): ***12/01 - 12/03***

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? ***N/A***
☐ 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: ***6/02***

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): ***County Commissioner Carlos Aguilar***

Required Attachment tx432e04: 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.)

The Housing Authority of El Paso County is currently trying to recruit tenants to form a Resident Advisory Board. Last year we tried to form a RAB with no success and notices have sent to residents again this year. As of this date, we have no RAB, but we will continue to solicit residents for participation.

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Housing Authority of the County of El Paso	Capital Fund Program No: **TX21P53890498** Replacement Housing Factor Grant No:	**1998**

☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** **Revised Annual Statement/Revision Number** _____

■ **Performance and Evaluation Report for Program Year Ending 12/31/01** ☒ **Final Performance and Evaluation Report for Program Year Ending 6/30/01**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements	25,635.00	17,787.20	17,787.20	17,787.20
4	1410 Administration	54,050.00	18,939.47	18,939.47	18,939.47
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	115,400.00	101,061.23	101,061.23	101,061.23
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	141,960.00	75,301.86	75,301.86	75,250.80
10	1460 Dwelling Structures	760,710.00	938,079.53	938,079.53	938,079.59
11	1465.1 Dwelling Equipment-Nonexpendable	54,825.00	70,079.00	70,079.00	70,130.00
12	1470 Nondwelling Structures	63,500.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	18,050.00	15,000.00	15,000.00	15,000.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	17,000.00	14,881.71	14,881.71	14,881.71
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	**Amount of Annual Grant (sums of lines 2-20)**	**1,251,130.00**	**1,251,130.00**	**1,251,130.00**	**1,251,130.00**
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of Line 21 Related to Section 504 Compliance	0.00	0.00	0.00	0.00
24	Amount of Line 21 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security - Hard Costs	0.00	0.00	0.00	0.00
26	Amount of Line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

PHA Name: Housing Authority of the County of El Paso	Grant Type and Number: Capital Fund Program No: TX21P53890498 Replacement Housing Factor Grant No:	Federal FY of Grant: 1998

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA - Wide	Management Improvements	1408		**25,635.00**	**17,787.20**	**17,787.20**	**17,787.20**	Completed
TX538001	Administration	1410		**54,050.00**	**18,939.47**	**18,939.47**	**18,939.47**	Completed
	a. Advertising & sundry costs			9,000.00	4,497.92	4,497.92	4,497.92	
	b. Modernization Coordinator			45,050.00	14,441.55	14,441.55	14,441.55	
TX538001	Fees and Costs	1430		**115,400.00**	**101,061.23**	**101,061.23**	**101,061.23**	Completed
	a. Architectural/Engineering services			84,000.00	97,061.23	97,061.23	97,061.23	
	b. Inspector			23,400.00	0.00	0.00	0.00	
	c. State of Texas Abatement Fees			8,000.00	0.00	0.00	0.00	
	d. Landscape Architect			0.00	4,000.00	4,000.00	4,000.00	
TX538001	Site improvements	1450		**141,960.00**	**75,301.86**	**75,301.86**	**75,250.80**	Completed
	a. Landscape, irrigation system & electrical					15,134.00	15,134.00	
	system					60,167.86	60,116.80	
TX538001	Dwelling Structures	1460		**760,710.00**	**938,079.53**	**938,079.53**	**938,079.59**	Completed
	Replace central heater, ugrade electrical to			670,610.00	847,979.53	847,979.53	847,979.59	
	include GFI outlets, flourescent fixtures							
	porch lights, replace washer boxes w/outlets.							
	Replace kitchen & bath cabinets, countertops							
	sinks, fixtures, traps, trim venthoods,							
	splashes.							
	Install state mandated locks, replace							
	roofing, ridge vents, sofits & facia.							
	Remove solar panels, relocate water cooler							
	mounts. Install security screens of doors							
	and window, replace exterior doors with							
			TOTAL	**1,097,755.00**	**1,151,169.29**	**1,151,169.29**	**1,151,118.29**	

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Housing Authority of the County of El Paso	Capital Fund Program No: **TX21P53890498** Replacement Housing Factor Grant No:	**1998**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
TX538001	viewers, weather stripping threshold &	1460						
(continued from page 2)	hardware.							
	Replace interior doors with hardware.							
	Upgrade bathrooms with toilet water saving							
	shower heads and bath accessories.							
	Remove ducting and vent systems. Paint							
	interiors, install mini-blinds.							
	Replace water heaters w/40 & 45 gal							
	capacity. Remove existing solar circulation							
	system. Upgrade Abate asbestos flooring.							
TX538005	Replace central headers, upgrade electrical	1460		90,100.00	90,100.00	90,100.00	90,100.00	completed
	to include GFI outlets. Install state mandated							
	locks. Replace roofing ridge vents, relocate							
	water cooler mounts.							
PHA-Wide	Dwell Equipment	1465		**54,825.00**	**70,079.00**	**70,079.00**	**70,130.00**	completed
	a. Refrigerators		85					
	b. Ranges		85					
TX538001	Non-Dwelling Structures	1470		**63,500.00**	**0.00**	**0.00**	**0.00**	completed
	Washer, 2 dryers, folding tables, trash cans			61,500.00	0.00	0.00	0.00	
	clocks, signs, benches, laundry baskets							
	w/clothes hangers & security system.							
TX538005	Install security system on water purification			2,000.00	0.00	0.00	0.00	
	system building.							
			TOTAL	**118,325.00**	**70,079.00**	**70,079.00**	**70,130.00**	

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

PHA Name: **Housing Authority of the County of El Paso**		**Grant Type and Number:** Capital Fund Program No: **TX21P53890498** Replacement Housing Factor Grant No:						**Federal FY of Grant: 1998**
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	Non-Dwelling Equipment	1475		**18,050.00**	**15,000.00**	**15,000.00**	**15,000.00**	completed
	Replace maintenance truck w/lift & tool box,			18,050.00	15,000.00	15,000.00	15,000.00	
TX538001	Relocation	1495		**17,000.00**	**14,881.71**	**14,881.71**	**14,881.71**	completed
	Moving services, temporary utilities,cleaning			17,000.00	14,881.71	14,881.71	14,881.71	
	etx.							
			TOTAL	**35,050.00**	**29,881.71**	**29,881.71**	**29,881.71**	
	TOTAL GRANT FOR 1998			**$1,251,130.00**	**$1,251,130.00**	**$1,251,130.00**	**$1,251,130.00**	

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Housing Authority of the County of El Paso	Capital Fund Program No: **TX21P53890498** Replacement Housing Factor Grant No:	**1998**

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	3/31/2000		6/30/2001	3/31/2001		6/30/2001	

xls.Nelrod

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Housing Authority of the County of El Paso	Capital Fund Program No: **TX21P53850100** Replacement Housing Factor Grant No:	**2000**

☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** ■ **Revised Annual Statement/Revision Number** ___1_____

■ **Performance and Evaluation Report for Program Year Ending 12/31/01** ■ **Final Performance and Evaluation Report for Program Year Ending 12/31/01**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operations	10,000.00	10,000.00	10,000.00	10,000.00
3	1408 Management Improvements	20,000.00	20,000.00	20,000.00	20,000.00
4	1410 Administration	15,000.00	15,000.00	15,000.00	15,000.00
5	1411 Audit	2,500.00	7,000.00	7,000.00	7,000.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	0.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	120,542.00	120,542.00
10	1460 Dwelling Structures	120,542.00	120,542.00	0.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	4,265.00	4,265.00	4,265.00	4,265.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	4,500.00	0.00	0.00	0.00
21	**Amount of Annual Grant (sums of lines 2-20)**	**176,807.00**	**176,807.00**	**176,807.00**	**176,807.00**
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of Line 21 Related to Section 504 Compliance	0.00	0.00	0.00	0.00
24	Amount of Line 21 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security - Hard Costs	0.00	0.00	0.00	0.00
26	Amount of Line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

PHA Name: Housing Authority of the County of El Paso	Grant Type and Number: Capital Fund Program No: TX21P53850100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA - Wide	**Operations**	1406		10,000.00	10,000.00	10,000.00	10,000.00	completed
	Management Improvements -	1408		20,000.00	20,000.00	20,000.00	20,000.00	completed
	Security & Improve HA Image (uniforms)							
	Safety/Floor mats for office							
	Improvement to PHAS score-hired							
	professional group to inspect prior to REAC							
	TA/PreparationAnnual Plan/consortium fees							
	Improvement to File Systems							
	Executive Director training							
	Obtained new software/support							
	Administration - Salaries/Inspector	1410		15,000.00	15,000.00	15,000.00	15,000.00	completed
	Audit - 1998-1999	1411		2,500.00	7,000.00	7,000.00	7,000.00	completed
	Non-dwelling equipment -	1475		4,265.00	4,265.00	4,265.00	4,265.00	completed
	Sewer line cleaning machine							
TX538005	**Dwelling Structures -**	1460		120,542.00	120,542.00	120,542.00	120,542.00	completed
	Screens		40 units					
	Kitchen cabinets, kitchen hoods & sinks.		38 units					
	Contingency	1502		4,500.00	0.00	0.00	0.00	funds to audit
			TOTAL	**176,807.00**	**176,807.00**	**176,807.00**	**176,807.00**	**100% Completed**

xls.Nelrod

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Housing Authority of the County of El Paso	Capital Fund Program No: **TX21P53850100** Replacement Housing Factor Grant No:	**2000**

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	12/31/2001			6/30/2003		12/31/2001	
TX538005	12/31/2001			6/30/2003		12/31/2001	

xls.Nelrod

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Housing Authority of the County of El Paso	Capital Fund Program No: TX21PS3850100 Replacement Housing Factor Grant No:	2000

☐ Original Annual Statement ☐ Reserved for Disasters/Emergencies ☐ Revised Annual Statement/Revision Number _____
■ Performance and Evaluation Report for Program Year Ending 12/31/00 ☐ Final Performance and Evaluation Report for Program Year Ending _____

Line No.	Summary by Development Account	Total Estimated Cost Original	Total Estimated Cost Revised	Total Actual Cost Obligated	Total Actual Cost Expended
1	Total Non-Capital Funds				
2	1406 Operations	10,000.00		10,000.00	10,000.00
3	1408 Management Improvements	20,000.00		20,000.00	20,000.00
4	1410 Administration	15,000.00		15,000.00	15,000.00
5	1411 Audit	2,500.00		2,500.00	2,500.00
6	1415 Liquidated Damages	0.00		0.00	0.00
7	1430 Fees and Costs	0.00		0.00	0.00
8	1440 Site Acquisition	0.00		0.00	0.00
9	1450 Site Improvement	0.00		0.00	0.00
10	1460 Dwelling Structures	120,542.00		120,542.00	120,542.00
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	4,265.00		4,265.00	4,265.00
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	1499 Development Activities	0.00		0.00	0.00
19	1501 Collateralization or Debt Service	0.00		0.00	0.00
20	1502 Contingency	4,500.00		4,500.00	4,500.00
21	**Amount of Annual Grant (sums of lines 2-20)**	**176,807.00**		**176,807.00**	**176,807.00**
22	Amount of line 21 Related to LBP Activities	0.00		0.00	0.00
23	Amount of Line 21 Related to Section 504 Compliance	0.00		0.00	0.00
24	Amount of Line 21 Related to Security – Soft Costs	0.00		0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00		0.00	0.00
26	Amount of Line 21 Related to Energy Conservation Measures	0.00		0.00	0.00

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Housing Authority of the County of El Paso	Capital Fund Program No: TX21PS3850100 Replacement Housing Factor Grant No:	2000

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost Original	Total Estimated Cost Revised	Total Actual Cost Funds Obligated	Total Actual Cost Funds Expended	Status of Work
HA - Wide	Operations	1406		10,000.00		10,000.00	10,000.00	completed
	Management Improvements	1408		20,000.00		20,000.00	20,000.00	completed
	Administration - Salaries/Inspector	1410		15,000.00		15,000.00	15,000.00	completed
	Audit - 1998-1999	1411		2,500.00		2,500.00	2,500.00	completed
	Non-dwelling equipment	1475		4,265.00		4,265.00	4,265.00	completed
	Sewer line cleaning machine							
TX538005	Dwelling Structures -	1460		120,542.00		120,542.00	120,542.00	completed
	Screens		40 units					
	Kitchen cabinets, kitchen hoods & sinks.		38 units					
	Contingency	1502		4,500.00		4,500.00	4,500.00	completed
			TOTAL	**176,807.00**		**176,807.00**	**176,807.00**	

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Housing Authority of the County of El Paso	Capital Fund Program No: TX21PS3850100 Replacement Housing Factor Grant No:	2000

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date) Original	Revised	Actual	All Funds Expended (Quarter Ending Date) Original	Revised	Actual	Reasons for Revised Target Dates
HA-Wide	12/31/2001			6/30/2003		11/30/2001	
TX538005	12/31/2001			6/30/2003		11/30/2001	

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Housing Authority of the County of El Paso	Capital Fund Program No: **TX21P53850101** Replacement Housing Factor Grant No:	**2001**

☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** ☐ **Revised Annual Statement/Revision Number** _____

■ **Performance and Evaluation Report for Program Year Ending 12/31/2001** ☐ **Final Performance and Evaluation Report for Program Year Ending**_____

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operating Expenses	10,000.00		10,000.00	10,000.00
3	1408 Management Improvements	0.00			
4	1410 Administration	7,665.00			
5	1411 Audit	7,000.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	0.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	0.00			
10	1460 Dwelling Structures	133,020.00		11,772.11	10,522.29
11	1465.1 Dwelling Equipment-Nonexpendable	0.00			
12	1470 Nondwelling Structures	0.00			
13	1475 Nondwelling Equipment	17,000.00		17,000.00	17,000.00
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	1499 Development Activities	0.00			
19	1501 Collateralization or Debt Service	0.00			
20	1502 Contingency	5,000.00			
21	**Amount of Annual Grant (sums of lines 2-20)**	**179,685.00**		**38,772.11**	**37,522.29**
22	Amount of line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 Compliance				
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				

xls/Nelrod

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

PHA Name: Housing Authority of the County of El Paso	Grant Type and Number: Capital Fund Program No: TX21P53850101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	**Operations**	1406		10,000.00		10,000.00	10,000.00	completed
	Administration	1410		7,665.00				
	Salaries/Inspector							
	Audit	1411		7,000.00				
	Non-dwelling equipment -	1475		17,000.00		17,000.00	17,000.00	completed
	Pickup truck for maintenance							
TX538-005	**Dwelling Structures -**	1460	38 units	133,020.00		11,772.11	10,522.29	on-going
	Replace bathroom vanities & commodes							
	Replace all floor coverings.							
	Contingency	1502		5,000.00				
	TOTAL			**179,685.00**		**38,772.11**	**37,522.29**	

Annual Statement/Performance and Evaluation Report and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Housing Authority of the County of El Paso	Capital Fund Program No: **TX21P53850101** Replacement Housing Factor Grant No:	**2001**

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	12/31/2002			6/30/2004			
TX538-005	12/31/2002			6/30/2004			

xls/Nelrod

Housing Authority of El Paso County
PHA Plan Update for FYB 2002

Statement of Progress
Attachment: tx432i04

The Housing Authority of has been successful in achieving its mission and goals in the year 2001. Goals are either completed or on target for completion by the end of the year.

To ensure compliance with the Public Housing Reform Act of 1998, every policy was reviewed and updated as needed. Most significant was the update to the Admissions and Occupancy Policy and the Section 8 Administrative Plan.

Concerning ensuring equal opportunity outreach efforts have been made by making renewed partnerships with community groups and medical facilities.

Housing Authority of El Paso County
Attachment: tx432j04

Component 3, (6) Deconcentration and Income Mixing

a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

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)]**
			1.

Housing Authority of El Paso County
Attachment: tx432k04

Agency Plan Component 10 (B) Voluntary Conversion Initial Assessments

A. How many of the PHA's developments are subject to the Required Initial Assessments?

TX538001	Rogelio Sanchez	40 units	general occupancy
TX538005	Mickey Solis	40 units	general occupancy

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

No developments are exempt.

C. How many Assessments were conducted for the PHA's covered developments?

One assessment was conducted.

D. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

The PHA has determined that conversion is not appropriate for any developments at this time.

E. If the PHA has not completed the Required Initial Assessment, describe the status of these assessments.

N/A