

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

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*Small PHA Plan Update for the  
Housing Authority of the City of Roma  
Annual Plan for Fiscal Year: 2002*

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

## PHA Plan Agency Identification

**PHA Name:** *Housing Authority of the City of Roma*

**PHA Number:** *TX449*

**PHA Fiscal Year Beginning: (mm/yyyy)** *01/2002*

### PHA Plan Contact Information:

Name: *Nancy Alvarez, Executive Director & Sabrina Rogers, the Nelrod Company*

Phone: *1-956-849-1159 & 1-817-922-9000 x 621*

TDD:

Email (if available): *housing@awesomenet.net & 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 2002**  
[24 CFR Part 903.7]

**i. Table of Contents**

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

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<input checked="" type="checkbox"/> Attachment B_ : Capital Fund Program Annual Statement	
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<input checked="" type="checkbox"/> Attachment E_ : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment F_ : Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
<i>Community Service Policy – TX449g03</i>	
<i>Pet Ownership Policy – TX449h03</i>	
<i>Progress Statement – TX449i03</i>	
<i>1999 P &amp; E report – TX449l03</i>	
<i>2000 P &amp; E report – TX449m03</i>	
<i>2001 P &amp; E report - TX449n03</i>	

## **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 the City of Roma 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 the City of Roma during FY 2002 include:*

- *Reduce drug and alcohol abuse through the Public Housing Drug Elimination Program;*
- *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 the City of Roma to meet the housing needs of the full range of low-income residents. The Housing Authority of the City of Roma, 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 City of Roma.*

## **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.

*Revision of the Executive Summary*

*Adoption of the Community Service Policy*

*Adoption of Pet Ownership Policy*

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$124,106.00

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 *TX449c03*

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

The Capital Fund Program Annual Statement is provided as Attachment *TX449b03*

*1999 Performance and Evaluation Report – TX449l03*

*2000 Performance and Evaluation Report – TX449m03*

*2001 Performance and Evaluation Report – TX449n03*

### **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

#### 2. Activity Description

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

**4. Voucher Homeownership Program**

[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? \$ 25,000.00

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 TX449d03

## **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 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) *City of Roma and 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)
3. PHA Requests for support from the Consolidated Plan Agency
  - Yes  No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

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

*The Consolidated Plan supports extremely low-income residents as a high priority. Rehabilitation of rental units is a higher priority. The Consolidated Plan supports the PHDEP activities.*

## **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 change in a policy or procedure that requires a regulatory 30-day pasting;*
- *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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	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 <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input 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
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<i>X</i>	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
<i>X</i>	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
<i>N/A</i>	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
<i>X</i>	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
<i>X</i>	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
<i>X</i>	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<i>X</i>	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<i>X</i>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
<i>N/A</i>	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
<i>X</i>	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
<i>X</i>	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
<i>N/A</i>	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
<i>N/A</i>	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
<i>N/A</i>	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
<i>N/A</i>	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
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
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
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
X	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O 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
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: <i>See attachment TX449b03</i>		Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:    )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				







**Capital Fund Program 5-Year Action Plan**

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

<b>CFP 5-Year Action Plan</b>		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<i>See attachment TX449c03</i>		
<b>Total estimated cost over next 5 years</b>		

## PHA Public Housing Drug Elimination Program Plan

*See attachment TX449d03*

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

**Section 1: General Information/History**

- A. Amount of PHDEP Grant \$ \_\_\_\_\_
- B. Eligibility type (Indicate with an “x”)      N1 \_\_\_\_\_ N2 \_\_\_\_\_ R \_\_\_\_\_
- C. FFY in which funding is requested \_\_\_\_\_
- D. Executive Summary of Annual PHDEP Plan

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

**E. Target Areas**

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

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

**F. Duration of Program**

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

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

**G. PHDEP Program History**

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

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

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

**A. PHDEP Plan Summary**

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

**B. PHDEP Budget Summary**

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

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

**C. PHDEP Plan Goals and Activities**

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

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

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

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

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

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

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

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

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

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

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

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							



**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: 3 FFY Grant: 2004 PHA FY: 2004		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	HA - Wide	Operations	20,000.00	HA - Wide	Operations	20,000.00
		Commissioners Training	3,000.00		Commissioners Training	3,000.00
		Staff Training	3,000.00		Staff Training	3,000.00
		Hire a person to oversee	12,000.00		Hire a person to oversee	12,000.00
		Audit	1,000.00		Audit	1,000.00
Annual		Architectural Firm	12,000.00		Architectural Firm	12,000.00
		A/E Service Reimbursable	2,000.00		A/E Service Reimbursable	2,000.00
		Advertisement of Bids	1,000.00		Advertisement of Bids	1,000.00
		Replace Retexture existing gypsum ceiling	10,000.00		Playground equipment for playground	20,000.00
		Topsoil, grass, plants	500.00		Topsoil, grass, plants	500.00
Statement		Backyards cedar fence (Privacy)	10,000.00			
		Treatment for Infestation	800.00		Treatment for Infestation	800.00
		Interior and Exterior Paint	200.00		Interior and Exterior Paint	500.00
		Repointing Brick Wall of Existing Units	2,000.00		Repointing Brick Wall of Existing Units	500.00
		Kitchen Cabinets	5,000.00		Kitchen Cabinets	30,000.00
		Replace passage, entry, privacy locks	250.00		Replace passage, entry, privacy locks	250.00
		Water heaters, nipples, connector	1,500.00		Water heaters, nipples, connector	3,000.00
		Refrigerators	2,156.00		Refrigerators	3,156.00
		Stoves	2,400.00		Stoves	2,700.00
		Automobile	26,000.00		Maintenance Tools (garden, power, other)	1,200.00
		Maintenance Tools (garden, power, other)	1,300.00		Lawnmower	2,500.00
		Lawnmower	2,500.00		Edger	500.00
		Edger	1,000.00		Weedeater Trimmer	500.00
		Weedeater Trimmer	1,000.00		Screen TV for Community Room	2,800.00
		Portable bleachers	3,500.00		Kitchenware, pots, pans, tools, etc.	1,200.00
					for Community Room	
		<b>TOTAL CFP ESTIMATED COST - 2003</b>	<b>124,106.00</b>		<b>TOTAL CFP ESTIMATED COST - 2004</b>	<b>124,106.00</b>

**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:4 FFY Grant: 2005 PHA FY: 2005		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	HA - Wide	Operations	20,000.00	<b>FY 2005</b>	Replace clotheslines and posts	12,606.00
				<b>Continued</b>	Smoke detectors	500.00
		Commissioners Training	3,000.00		Window blinds, shades	35,000.00
		Staff Training	3,000.00		Rangehood	3,500.00
Annual		Hire a person to oversee	12,000.00		Refrigerators	2,600.00
					Stoves	2,100.00
		Audit	1,000.00			
					Maintenance tools (garden, power, other)	1,000.00
		Architectural Firm	12,000.00		Lawnmower	2,000.00
Statement		A/E Service Reimbursable	2,000.00		Edger	600.00
		Advertisement of Bids	1,000.00		Weedeater Trimmer	400.00
						<b>60,306.00</b>
		Topsoil, grass, plants	500.00			
		Treatment for Infestation	800.00			
		Interior and Exterior Paint	500.00			
		Provide new faucets for sinks & lavatory	1,500.00			
		Provide new shower head, spout, cartridge	500.00			
		Provide new bathroom accessories, brackets, towel bar, etc.	2,500.00			
		Replace passage, entry, privacy locks	250.00			
		Water heaters, nipples, connector	2,500.00			
		Wall switch	100.00			
		Wall switch wall plate, single, double, triple, double combo, duplex, waterproof	150.00			
		Angle Stop	100.00			
		Flexible water supply	300.00			
		Toilet seat, bowl gasket, bowl wax gasket, toilet bolt, tank bowl bolts, tank lever, ballcock, flapper, flush valve	100.00			
		<b>Continued next column - 2005</b>	<b>63,800.00</b>		<b>TOTAL CFP ESTIMATED COST - 2005</b>	<b>124,106.00</b>

**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: 5 FFY Grant: 2006 PHA FY: 2006		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	HA - Wide	Operations	20,000.00	<b>FY 2006</b>	Angle Stop	25.00
				<b>Continued</b>	Flexible water supply	100.00
		Commissioners Training	3,000.00		Toilet seat, bowl gasket, bowl wax gasket,	50.00
		Staff Training	3,000.00		toilet bolt, tank bowl bolts, tank lever,	
		Update PHA policies	6,000.00		ballcock, flapper, flush valve	
Annual		Computer, printer, monitor & software	6,000.00		Refrigerators	2,500.00
					Stoves	2,100.00
		Hire a person to oversee	12,000.00			
					Provide a Pavilion	38,000.00
		Audit	1,000.00			
					Maintenance tools (garden, power, other)	1,000.00
		Architectural Firm	12,000.00		Lawnmower	2,000.00
		A/E Service Reimbursable	2,000.00		Edger	600.00
Statement		Advertisement of Bids	1,000.00		Weedeater Trimmer	400.00
						<b>46,775.00</b>
		Topsoil, grass, plants	500.00			
		Flagpole and installation	1,500.00			
		Repair existing concrete walks	5,000.00			
		Replace broken glass in windows	500.00			
		Treatment for infestation	800.00			
		Interior and exterior paint	500.00			
		Provide new showerhead, spout, cartridge	500.00			
		Provide new bathroom accessories, brackets, towel bar, etc.	100.00			
		Replace passage, entry, privacy locks	250.00			
		Water heaters, nipples, connectors	1,631.00			
		Wall switch	25.00			
		Wall switch wall plate, single, double, triple,	25.00			
		double combo, duplex, waterproof				
		<b>Continued next column - 2006</b>	<b>77,331.00</b>		<b>TOTAL CFP ESTIMATED COST - 2006</b>	<b>124,106.00</b>

**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: <b>Housing Authority of the City of Roma</b>	Grant Type and Number: Capital Fund Program No: <b>TX59P44950102</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2002</b>
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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	24,000.00			
3	1408 Management Improvements	6,000.00			
4	1410 Administration	12,000.00			
5	1411 Audit	1,000.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	21,000.00			
10	1460 Dwelling Structures	13,156.00			
11	1465.1 Dwelling Equipment-Nonexpendable	4,550.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	27,400.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (sums of lines 2-20)	<b>124,106.00</b>			
22	Amount of line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 Compliance				
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				

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

PHA Name: <b>Housing Authority of the City of Roma</b>		Grant Type and Number: Capital Fund Program No: <b>TX59P44950102</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2002</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>HA - Wide</b>	<b>Operations:</b>	1406		<b>24,000.00</b>				
	<b>Management Improvements:</b>							
	Commissioners Training	1408		3,000.00				
	Staff Training	1408		3,000.00				
	<b>Subtotal</b>			<b>6,000.00</b>				
	<b>Administration:</b>							
	Hire a person to oversee	1410		<b>12,000.00</b>				
	<b>Audit:</b>	1411		<b>1,000.00</b>				
	<b>Fees and Costs:</b>							
	Architctural Firm	1430		12,000.00				
	A/E Service Reimburseable	1430		2,000.00				
	Advertisement of Bids	1430		1,000.00				
	<b>Subtotal</b>			<b>15,000.00</b>				
	<b>Site Improvement:</b>							
	Playground Equipment	1450		20,000.00				
	Topsoil, grass, plants	1450		1,000.00				
	<b>Subtotal</b>			<b>21,000.00</b>				

**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: <b>Housing Authority of the City of Roma</b>		Grant Type and Number: Capital Fund Program No: <b>TX59P44950102</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2002</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>HA - Wide</b>	<b>Dwelling Structures:</b>							
	Treatment for Infestation	1460		650.00				
	Interior and Exterior Paint	1460		200.00				
	Provide new faucets for sinks and lavatory	1460		200.00				
	Provise new showerhead, spout cartridge	1460		175.00				
	Bathroom accessories, brackets, towel bar, etc.	1460		5,000.00				
	Kitchen cabinets	1460		5,754.00				
	Replace passage, entry, privacy locks	1460		250.00				
	Water heaters, nipples, connector	1460		375.00				
	Wall switch	1460		65.00				
	Wall switch plates, single, double, triple, double combo duplex, waterproof	1460		82.00				
	Angle stop	1460		65.00				
	Toilet seat,bowl gasket, bowl wax gasket, toilet bolt, tank bowl bolts, tank lever, ballcock, flapper, flush valve	1460		215.00				
	Smoke detectors	1460		125.00				
	<b>Subtotal</b>			<b>13,156.00</b>				
	<b>Dwelling Equipment - Non-Expendable:</b>							
	Refrigerators	1465		2,350.00				
	Stoves	1465		2,200.00				
	<b>Subtotal</b>			<b>4,550.00</b>				





# Public Housing Drug Elimination Program Plan

Attachment: TX449d01

**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 \$** 25,000

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

**C. FFY in which funding is requested** 2002

**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

*The Housing Authority of the City of Roma will continue educating our youth by bringing presentations and educate them on drug prevention. We will always try to keep our youth busy at all times by doing recreational activities like baseball, basketball camps, swimming, playing pool, and educate them with the computer. We will also continue to motivate our residents to participate in educational training programs and to enroll them in our volunteer tenant patrol. There will be no duplication of funding for period of overlap in FY2001 PHDEP with activities funded under FY00 PHDEP.*

**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.

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)
<i>Project I</i>	<i>30</i>	<i>125</i>
<i>Project II</i>	<i>26</i>	<i>76</i>

**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** X      **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. 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		Anticipated Completion Date
FY 1996	50,000	TX59DEP4490196	0.00			6/30/98
FY 1997	0.00	N/A				
FY 1998	50,000	TX59DEP4490198	0.00			3/31/00
FY 1999	25,000	TX59DEP4490199	8,537.50			3/31/01
FY 2000	25,000	TX59DEP4490100	25,000			3/31/02
FY 2001						

**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.

*Our strategy is going out into the targeted sites door to door with the parents introducing the PHDEP. The program is in effect for their children. Our goal is to educate them on drug and gang prevention and intervention and help them with any problems they might encounter. Personnel will help our youth with school work and bring recreational activities to have them busy at all times and away from drugs and crime. Personnel and our youth will attend one (1) educational trip on National Red-Ribbon Week.*

## B. PHDEP Budget Summary

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

FY 2002 PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	3,000.00
9115 - Special Initiatives	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	100.00
9150 - Physical Improvements	
9160 - Drug Prevention	20,400.00
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	1,500.00
<b>TOTAL PHDEP FUNDING</b>	<b>25,000.00</b>

## C. PHDEP Plan Goals and Activities

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

9110 - Reimbursement of Law Enforcement					Total PHDEP Funding: \$3,000.00		
Goal(s)	<i>We have contracted the Roma Police Department during the past 2 years to provide foot patrol services to our Housing Authority residents for their protection. We would like for the Roma Police Department to continue providing us with this valuable services. The Roma Police Department foot patrol services are available only when contracted out.</i>						
Objectives	<i>The Roma Police Department services are visible in our housing an hour every day, and have one on one conversation with our residents. They are good role models for our youth. The Police Department also provides us with a monthly activity report.</i>						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount / Source)	Performance Indicator
1. <b>Foot Patrol</b> - Enhance baseline security with foot patrols one hour every day from 7:00 pm to 7:00 am, to reduce crime, increase resident interaction and enhance sense of safety.	201	201	4/1/01	3/31/02	3,000	0.00	<i>Track and monitor security patrols through daily reports of incidents, to reduce crime, calls and responses. Conduct survey to assess satisfaction of residents with security and community's environment. Use reports and survey to evaluate effectiveness of patrols.</i>
2.							
3.							

9115 - Special Initiatives	Total PHDEP Funding: \$ 0.00
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Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9116 – Gun Buyback TA Match</b>	<b>Total PHDEP Funding: \$ 0.00</b>
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Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9120 - Security Personnel</b>	<b>Total PHDEP Funding: \$ 0.00</b>
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Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9130 - Employment of Investigators</b>	<b>Total PHDEP Funding: \$ 0.00</b>
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Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9140 - Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$100.00</b>		
Goal(s)		<i>To assist police in crime prevention education by educating residents on what they can do to help eradicate crime in public housing.</i>					
Objectives		<i>Increased resident awareness; visible deterrent to criminal behavior.</i>					
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. <b><u>Tenant Patrol</u></b> <i>Equip VTP with necessary tools and equipment for residents to conduct patrols.</i>	2	201	4/1/01	3/31/02	100	0.00	<i>Procure caps, vests and flashlights/batteries to establish equipment necessary to conduct patrols by 03/31/01</i>
2.							
3.							

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$ 0.00</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$ 20,400.00</b>		
Goal(s)		<i>PHDEP coordinator shall continue and expand ongoing drug prevention activities that include drug awareness/educational programs for residents. The coordinator shall continue activities that assist in the reduction of crime and drug behavior in our PHA such activities as youth sports, computer learning/after school activities.</i>					
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. <i>Personnel</i>	3	201	4/1/01	3/31/02	17,530	0.00	<i>Salaries</i>
2. <i>Travel</i>	105	99	4/1/01	3/31/02	2,500	0.00	<i>Educational Trip</i>
3. <i>Equipment/Supplies</i>	115	201	4/1/01	3/31/02	470	0.00	<i>Equipment &amp; Office Supplies</i>

<b>9170 - Drug Intervention</b>					<b>Total PHDEP Funding: \$ 0.00</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$ 0.00</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$1,500.00</b>		
Goal(s)							
<i>To award no less than 3 scholarships @ \$500 each to RHA residents</i>							
Objectives							
<i>promote higher education that leads to self sufficiency</i>							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
<i>1. Educational Scholarships Award Educational Scholarships to at least three (3) RHA residents.</i>	<i>3</i>	<i>201</i>	<i>4/1/01</i>	<i>3/31/02</i>	<i>1,500</i>	<i>0.00</i>	<i>Based on written criteria of eligibility and award, at least three (3) scholarships will be awarded by the end of the grant term.</i>
2.							
3.							

# Housing Authority of the City of Roma

## Required Attachment *TX449e01*: 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: *Current member resigned, Mayor to reappoint.*

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

Elected

Appointed

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

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

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

## **Required Attachment TX449f01: 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.)

*Amada Maldonado – President*

*Maria Munoz – Vice President*

*Guadalupe Garcia – Secretary*

**Housing Authority of the City of Roma**  
**COMMUNITY SERVICE/SELF-SUFFICIENCY POLICY**

Attachment: TX449g01

**A. Background**

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes and other activities which help an individual toward self sufficiency and economic independence. This is a requirement of the Public Housing Lease.

**A. Definitions**

***Community Service*** - volunteer work which includes, but is not limited to:

1. Work at a local school, hospital, or child care center
2. Work with youth organizations
3. Work at the Authority to help improve physical conditions
4. Work at the Authority to help with children's programs
5. Helping neighborhood groups with special projects
6. Working through resident organization to help other residents with problems
7. Tenant Patrol  
Resident Council Officers

**NOTE: Political activity is excluded.**

***Self Sufficiency Activities*** - activities which include, but are not limited to:

1. Job training programs
2. Substance abuse or mental health counseling
3. English proficiency or literacy (reading) classes
4. Budgeting and credit counseling
5. Any kind of class that helps a person toward economic independence

***Exempt Adult*** - an adult member of the family who

1. Is 62 years of age or older
2. Has a disability that prevents him/her from being gainfully employed
3. Is the caretaker of a disabled person
4. Is working at least 20 hours per week
5. Is participating in a welfare to work program
6. Is receiving assistance from TANF and is in compliance with job training and work activities requirements of the program.
7. A Resident Council Officer
8. A parent caretaker of a child under the age to attend school

**C. Requirements of the Program**

1. The eight (8) hours per month may be either volunteer work or self sufficiency program activity or a combination of the two.
2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The Authority will make the determination of whether to allow or disallow a deviation from the schedule.
3. Activities must be performed within the community and not outside the jurisdictional area of the Authority.
4. Family obligations
  - a. At lease execution or re-examination after October 1, 1999, all adult members (18 or older) of a public housing resident family must
    - 1.) provide documentation that they are exempt from Community Service requirement if they qualify for an exemption, and
    - 2.) sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service requirement will result in nonrenewal of their lease.
  - b. At each annual re-examination, non-exempt family members must present a completed documentation form (to be provided by the Authority) of activities performed over the previous twelve (12) months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.
  - c. If a family member is found to be noncompliant at re-examination,

he/she and the Head of Household will sign an agreement with the Authority to make up the deficient hours over the next twelve (12) month period.

- b. Change in exempt status:
  - 1. If, during the twelve (12) month period, a non-exempt person becomes exempt, it is his/her responsibility to report this to the Authority and provide documentation of such.
  - 2. If, during the twelve (12) month period, an exempt person becomes non-exempt, it is his/her responsibility to report this to the Authority. The Authority will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

5. Authority obligations

- a. To the greatest extent possible and practicable, the Authority will
  - 1. provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service obligations. *(According to the Quality Housing and Work Responsibility Act, a disabled person who is otherwise able to be gainfully employed is not necessarily exempt from the Community Service requirement)*
  - 2. provide in-house opportunities for volunteer work or self sufficiency programs.
- a. The Authority will provide the family with exemption verification forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution
- b. The Authority will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the Authority's Grievance Procedure if they disagree with the Authority's determination.
- c. Noncompliance of family member

- 1) At least thirty (30) days prior to annual re-examination and/or lease expiration, the Authority will begin reviewing the exempt or non-exempt status and compliance of family members.
- 2) If the Authority finds a family member to be noncompliant, the Authority will enter into an agreement with the noncompliant member and the Head of Household to make up the deficient hours over the next twelve (12) month period.
- 3) If, at the next annual re-examination, the family member still is not compliant, the lease will not be renewed and the entire family will have to vacate, unless the noncompliant member agrees to move out of the unit.
- 4) The family may use the Authority's Grievance Procedure to protest the lease termination.

**Addendum J**  
**PET OWNERSHIP POLICY**  
*Attachment: TX449h01*

**A. Pet Rules**

The following rules shall apply for the keeping of pets by Residents living in the units operated by the Housing Authority. These rules do not apply to animals used by persons with disabilities.

1. Common household pets as authorized by this policy means a domesticated animals, such as cats, dogs, fish, birds, rodents (including rabbits) and turtles, that are traditionally kept in the home for pleasure rather than for commercial purposes.
2. Residents will register their pets with the Authority **BEFORE** it is brought onto the Authority premises, and will update the registration annually. The registration will include: (*Appendix 1*)
  - a. Information sufficient to identify the pet and to demonstrate that it is a common household pet and a picture;
  - b. A certificate signed by a licensed veterinarian or a State or Local Authority empowered to inoculate animals, stating that the pet has received all inoculations required by applicable State and Local Law;
  - c. The name, address, and telephone number of one or more responsible parties who will care for the pet if the pet owner dies, is incapacitated, or is otherwise unable to care for the pet.
  - d. The registration will be updated annually at the annual re-examination of Residents' income.
  - e. A statement indicating that the pet owner has read the pet rules and agrees to comply with them; (*Appendix 2*)
  - f. The Authority may refuse to register a pet if:
    - 1) The pet is not a common household pet;
    - 2) The keeping of the pet would violate any applicable house pet rule;
    - 3) The pet owner fails to provide complete pet registration information;

- 4) The pet owner fails annually to update the pet registration;
  - 5) The Authority reasonably determines, based on the pet owners' habits and practices and the pet's temperament, that the pet owner will be unable to keep the pet in compliance with the pet rules and other legal obligations;
  - 5) Financial ability to care for the pet will not be a reason for the Authority to refuse to register a pet.
- g. The Authority will notify the pet owner if the Authority refuses to register a pet. The notice will:
- 1) State the reasons for refusing to register the pet;
  - 2) Be served on the pet owner in accordance with procedure outlined in paragraph B1 of this policy; and
  - 3) Be combined with a notice of a pet rule violation if appropriate.
3. Cats and dogs shall be limited to small breeds where total weight shall not exceed twenty (20) pounds and total height shall not exceed twelve (12) inches. Seeing-eye dogs are excluded to height and weight.
  4. No chows, pit bulls, german police dogs, or any other known fighter breed will be allowed on the premises.
  5. All cat and dog pets shall be neutered or spayed, and verified by veterinarian, cost to be paid by the owner. Pet owners will be required to present a certificate of health from their veterinarian verifying all required annual vaccines, initially and at re-examination.
  6. A \$100 pet fee shall be made to the Housing Authority. Such fee will be a one-time fee (per pet) and shall be used to help cover cost of damages to the unit caused by the pet.
  7. Pets shall be quartered in the Residents unit.
  8. Dogs and cats shall be kept on a leash and controlled by a responsible individual when taken outside.
  9. No dog houses will be allowed on the premises.

10. Pets (dogs and cats), shall be allowed to run only on the owners lawn and owners shall clean up after pets EACH day.
11. The City Ordinance concerning pets will be complied with.
12. Pets shall be removed from the premises when their conduct or condition is duly determined to constitute a nuisance or a threat to the health and safety of the pet owner and occupants of the Authority in accordance with paragraph B3 below.
13. Birds must be kept in regular bird cages and not allowed to fly throughout the unit.
14. Each resident family will be allowed to house only one (1) animal at any time. Visiting guests with pets will not be allowed.
15. Dishes or containers for food and water will be located within the owners apartment. Food and/or table scraps, will not be deposited on the owners porches or yards.
16. Residents will not feed or water stray animals or wild animals.
17. Pets will not be allowed on specified common areas (under clotheslines, social rooms, office, maintenance space, etc.).
18. Each resident family will be responsible for the noise or odor caused by their pet. Obnoxious odors can cause health problems and will not be tolerated.

**B. Pet Violation Procedure**

1. **NOTICE OF PET RULE VIOLATION (Appendix 3):** When the Authority determines on the basis of objective facts supported by written statements, that a pet owner has violated one or more of these rules governing the owning or keeping of pets, the Authority will:
  - a. Serve a notice of the pet rule violation on the owner by sending a letter by first class mail, properly stamped and addressed to the Resident at the leased dwelling unit, with a proper return address, or serve a copy of the notice on any adult answering the door at the Residents' leased dwelling unit, or if no adult responds, by placing the notice under or through the door, if possible, or else by attaching the notice to the door;
  - b. The notice of pet rule violation must contain a brief statement of the factual basis for the determination and the pet rule or rules alleged

to be violated;

- c. The notice must state that the pet owner has ten (10) days from the effective date of service of notice to correct the violation (including, in appropriate circumstances, removal of the pet) or to make a written request for a meeting to discuss the violation, (the effective date of service is that day that the notice is delivered or mailed, or in the case of service by posting, on the day that the notice was initially posted);
- d. The notice must state that the pet owner is entitled to be accompanied by another person on his or her choice at the meeting;
- e. The notice must state that the pet owners' failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in initiation of procedures to terminate the pet owners' residency.

2. **PET RULE VIOLATION MEETING:** If the pet owner makes a timely request for a meeting to discuss an alleged pet rule violation, the Authority shall establish a mutually agreeable time and place for the meeting to be held within fifteen (15) days from the effective date of service of the notice of pet rule violation (unless the Authority agrees to a later date).

- a. The Authority and the pet owner shall discuss any alleged pet rule violation and attempt to correct it and reach an agreeable understanding.
- a. The Authority may, as a result of the meeting, give the pet owner additional time to correct the violation.
- a. Whatever decision or agreements, if any, are made will be reduced to writing, signed by both parties, with one copy for the pet owner and one copy placed in the Authority's Resident file.

3. **NOTICE OF PET REMOVAL:** If the pet owner and the Authority are unable to resolve the pet rule violation at the pet rule violation meeting, or if the Authority determines that the pet owner has failed to correct the pet rule violation within any additional time provided for this purpose under paragraph B1 above (or at the meeting, if appropriate), requiring the pet owner to remove the pet. This notice must:

- a. Contain a brief statement of the factual basis for the determination and the pet rule or rules that have been violated;

- b. State that the pet owner must remove the pet within ten (10) days of the effective date of service of notice or pet removal (or the meeting, if the notice is served at the meeting);
  - c. State the failure to remove the pet may result in initiation of procedures to terminate the pet owners' residency.
4. **INITIATION OF PROCEDURE TO TERMINATE PET OWNERS RESIDENCY:** The Authority will not initiate procedure to terminate a pet owners' residency based on a pet rule violation unless:
- a. The pet owner has failed to remove the pet or correct the pet rule violation within the applicable time period specified in paragraph 3b above;
  - b. The pet rule violation is sufficient to begin procedures to terminate the pet owners' residency under the terms of the lease and application regulations;
  - c. Provisions of Resident's Lease, Section XV: „Termination of Lease“ will apply in all cases.

**C. Protection of the Pet**

- 1. If the health or safety of a pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet, the Authority may:
  - a. Contact the responsible party or parties listed in the registration form and ask that they assume responsibility for the pet;
  - b. If the responsible party or parties are unwilling or unable to care for the pet, the Authority may contact the appropriate State or Local Authority (or designated agent of such Authority) and request the removal of the pet;
  - c. If the Authority is unable to contact the responsible parties despite reasonable efforts, action as outlined in 1b above will be followed; and
  - d. If none of the above actions reap results, the Authority may enter the pet owners' unit, remove the pet, and place the pet in a facility that will provide care and shelter until the pet owner or a representative of the pet owner is able to assume responsibility for the pet, but no longer than thirty (30) days. The cost of the animal

care facility provided under this section shall be borne by the pet owner.

**D. NUISANCE OR THREAT TO HEALTH OR SAFETY**

Nothing in this policy prohibits the Authority or the Appropriate City Authority from requiring the removal of any pet from the Authority property. If the pet's conduct or condition is duly determined to constitute, under the provisions of State or Local Law, a nuisance or a threat to the health or safety or other occupants of the Authority property or of other persons in the community where the project is located.

**E. APPLICATION OF RULES**

1. Pet owners will be responsible and liable for any and all bodily harm to other residents or individuals and destruction of personal property belonging to others caused by owner's pet will be the moral and financial obligation of the pet owner.
2. All pet rules apply to resident and/or resident's guests.



Housing Authority of the City of Roma  
PHA Plan Update for FYB 2002

Statement of Progress  
Attachment: TX449i02

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 the City of Roma**

Attachment: TX449j01

**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 below 85% or higher than 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

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

## Housing Authority of the City of Roma

Attachment: TX449k01

### Agency Plan Component 10 (B) Voluntary Conversion Initial Assessments

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

- Two public housing developments are subject to the required initial assessment.

TX 449-001	30 units
TX 59P 449-002	26 units

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

- None

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

- Two assessments. One for each of the Developments in A. above.

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

**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: <b>Housing Authority of the City of Roma</b>	Grant Type and Number: Capital Fund Program No: <b>TX59P44990699</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>1999</b>
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Original Annual Statement   
  Reserved for Disasters/Emergencies   
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending **6/30/01**   
  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	27,000.00		27,000.00	22,388.10
3	1408 Management Improvements	19,000.00		19,000.00	6,387.46
4	1410 Administration	12,000.00		12,000.00	9,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13,500.00		13,500.00	14,415.38
8	1440 Site Acquisition				
9	1450 Site Improvement	1,000.00		1,000.00	1,028.24
10	1460 Dwelling Structures	30,517.00		30,517.00	24,731.12
11	1465.1 Dwelling Equipment-Nonexpendable	4,200.00		4,200.00	4,200.00
12	1470 Nondwelling Structures	6,559.00		6,559.00	320.00
13	1475 Nondwelling Equipment	2,300.00		2,300.00	2,039.60
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (sums of lines 2-20)	<b>116,076.00</b>		<b>116,076.00</b>	<b>84,509.90</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 Compliance				
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				

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

PHA Name: <b>Housing Authority of the City of Roma</b>		Grant Type and Number: Capital Fund Program No: <b>TX59P44990699</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>1999</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>HA-Wide</b>	Operations	1406		27,000.00		27,000.00	22,388.10	
<b>TX443-001/002</b>	Management Improvements:					19,000.00	6,387.46	
	Provide training & workshops	1408		2,500.00				
	Staff training	1408		1,500.00				
	Update PHA policies	1408		15,000.00				
	Administration: Oversee work	1410		12,000.00		12,000.00	9,000.00	
	Fees & Costs:					13,500.00	14,415.38	
	Architectural firm	1430		10,000.00				
	A/E Reimbursable service	1430		3,000.00				
	Advertisement of bids	1430		500.00				
	Site Improvement: Topsoil, grass, trees	1450		1,000.00		1,000.00	1,028.24	
	Dwelling Structures:					30,517.00	24,731.12	
	504 Compliance	1460		3,000.00				
	Door stops	1460		196.00				
	Re-texture ceiling	1460		5,000.00				
	Pull chain ceiling socket	1460		155.00				
	Entry and exterior doors	1460		13,640.00				
	Hose bibb	1460		352.00				
	Repainting brick	1460		5,000.00				
	Infestation treatment	1460		600.00				
	Louver doors	1460		2,574.00				
	Dwelling Equipment:					4,200.00	4,200.00	
	Stoves	1465		1,800.00				
	Refrigerators	1465		2,400.00				
	Non-Dwelling Structures:					6,559.00	320.00	
	Wall to rear office	1470		6,000.00				
	Garage door	1470		559.00				
	Non-Dwelling Equipment:					2,300.00	2,039.60	
	Tables	1475		550.00				
	Chairs	1475		1,750.00				
	<b>TOTAL</b>			<b>116,076.00</b>		<b>116,076.00</b>	<b>84,509.90</b>	



**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: <b>Housing Authority of the City of Roma</b>	Grant Type and Number: Capital Fund Program No: <b>TX59P44950100</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2000</b>
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Original Annual Statement   
  Reserved for Disasters/Emergencies   
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending **6/30/01**   
  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	15,000.00		0.00	0.00
3	1408 Management Improvements				
4	1410 Administration	12,000.00		12,000.00	3,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13,500.00		13,500.00	228.00
8	1440 Site Acquisition				
9	1450 Site Improvement	2,000.00		0.00	0.00
10	1460 Dwelling Structures	63,706.00		0.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable	8,400.00		0.00	0.00
12	1470 Nondwelling Structures	8,000.00		0.00	0.00
13	1475 Nondwelling Equipment	1,500.00		0.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (sums of lines 2-20)	<b>124,106.00</b>		<b>25,500.00</b>	<b>3,228.00</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 Compliance				
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				

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

PHA Name: <b>Housing Authority of the City of Roma</b>		Grant Type and Number: Capital Fund Program No: <b>TX59P44950100</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2000</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA - Wide	Operations:	1406		15,000.00		0.00	0.00	
	Administration:	1410		12,000.00		12,000.00	3,000.00	
	Hire a peson to oversee							
	Fees & Costs:					13,500.00	228.00	
	Hire an architectural firm	1430		10,000.00				
	A/E Service Reimbursable	1430		2,000.00				
	Provide for advertisements	1430		1,500.00				
	Site Improvement:					0.00	0.00	
	Provide topsoil & plants	1450		2,000.00				
	Dwelling Structures:					0.00	0.00	
	Replace closet doors	1460		35,106.00				
	Treatment for infestation	1460		600.00				
	Electrical outlet	1460		18,000.00				
	Replace clotheslines with bigger ones	1460		10,000.00				
	Dwelling Equipment:					0.00	0.00	
	Stoves	1465		2,100.00				
	Refrigerators	1465		2,700.00				
	Water heaters	1465		3,600.00				
	Non-Dwelling Structures:					0.00	0.00	
	Enclose carport to garage	1470		8,000.00				
	Non-Dwelling Equipment:					0.00	0.00	
	New desk for office	1475		1,500.00				
	<b>TOTAL</b>			<b>124,106.00</b>		<b>25,500.00</b>	<b>3,228.00</b>	

Capital Fund Program Tables



**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: <b>Housing Authority of the City of Roma</b>	Grant Type and Number: Capital Fund Program No: <b>TX59P44950101</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2001</b>
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Original Annual Statement   
  Reserved for Disasters/Emergencies   
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending **6/30/01**   
  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		0.00	0.00
3	1408 Management Improvements	3,000.00		0.00	0.00
4	1410 Administration	12,000.00		0.00	0.00
5	1411 Audit	1,000.00		0.00	0.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000.00		0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	500.00		0.00	0.00
10	1460 Dwelling Structures	2,200.00		0.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable	79,911.00		0.00	0.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	3,000.00		0.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (sums of lines 2-20)	<b>126,611.00</b>		<b>0.00</b>	<b>0.00</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 Compliance				
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				

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

PHA Name: <b>Housing Authority of the City of Roma</b>		Grant Type and Number: Capital Fund Program No: <b>TX59P44950101</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2001</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>PHA-Wide</b>	<b>Operations: Total 1406</b>	1406		<b>10,000.00</b>		<b>0.00</b>	<b>0.00</b>	
<b>TX449-001</b>								
<b>TX449-002</b>	<b>Management Improvements: Total 1408</b>	1408		<b>3,000.00</b>		<b>0.00</b>	<b>0.00</b>	
	Training and workshop for staff							
	<b>Administration: Total 1410</b>	1410		<b>12,000.00</b>		<b>0.00</b>	<b>0.00</b>	
	Hire a person to oversee							
	<b>Audit: Total 1411</b>	1411		<b>1,000.00</b>		<b>0.00</b>	<b>0.00</b>	
	<b>Fees &amp; Costs:</b>							
	Hire an architectural firm	1430		12,000.00		0.00	0.00	
	A/E Service Reimbursable	1430		2,000.00		0.00	0.00	
	Provide for Advertisements	1430		1,000.00		0.00	0.00	
	<b>Total 1430</b>			<b>15,000.00</b>		<b>0.00</b>	<b>0.00</b>	
	<b>Site Improvement: Total 1450</b>	1450		<b>500.00</b>		<b>0.00</b>	<b>0.00</b>	
	Provide topsoil and plants							
	<b>Dwelling Structures:</b>							
	Treatment for Infestation	1460		600.00		0.00	0.00	
	Interior and exterior paint	1460		300.00		0.00	0.00	
	Provide new address numbers/letters	1460		300.00		0.00	0.00	
	Water heaters, nipples connector	1460		700.00		0.00	0.00	
	Wall switch	1460		50.00		0.00	0.00	
	Switch wall plate single, double	1460		50.00		0.00	0.00	
	Toilet accessories	1460		100.00		0.00	0.00	
	Smoke detectors	1460		100.00		0.00	0.00	
	<b>Total 1460</b>			<b>2,200.00</b>		<b>0.00</b>	<b>0.00</b>	
	<b>Dwelling Equipment: Total 1465</b>	1465		<b>79,911.00</b>		<b>0.00</b>	<b>0.00</b>	
	Central Air Systems							
	<b>Non-Dwelling Equipment:</b>	1475						
	Maintenance tools			1,500.00		0.00	0.00	
	Lawnmower, edger, weed eater trimmer			1,500.00		0.00	0.00	
	<b>Total 1475</b>			<b>3,000.00</b>		<b>0.00</b>	<b>0.00</b>	
xls/Nelrod	<b>TOTAL</b>			<b>126,611.00</b>		<b>0.00</b>	<b>0.00</b>	

