

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

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

PHA Plan Agency Identification

PHAName: Newark Housing Authority

PHANumber: AR089

PHAFiscalYearBeginning: 01/2003

PHA Plan Contact Information:

Name: Odus L. Fulmer

Phone: 870-799-3339

TDD:

Email (if available): odus@ipa.net

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered :

Public Housing and Section 8 Section 8 Only Public Housing Only

Annual PHA Plan
Fiscal Year 20 03
 [24CFR Part 903.7]

i. Table of Contents

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

Contents

Annual Plan

- i. Executive Summary (optional)
- ii. Annual Plan Information
- iii. Table of Contents
 1. Description of Policy and Program Changes for the Upcoming Fiscal Year
 2. Capital Improvement Needs
 3. Demolition and Disposition
 4. Homeownership: Voucher Homeownership Program
 5. Crime and Safety: PHDEP Plan
 6. Other Information:
 - 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 F: 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)

Attachment G: Voluntary Conversion of Developments from Public Housing Stock;
 Required Initial Assessment

ii. Executive Summary

[24CFR Part 903.79(r)]

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

The Newark Housing Authority is working on modernizing units in order to fill vacancies. Also, the NHA office and storage facilities are being improved. All reports are recurrent.

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.

Continue to replace kitchen cabinets and floor tile as units become available until all are complete. Replace interior doors. Enlarge the office area by removing the storage area. Construct large storage building for storage of large items, appliances, etc. Have new window blinds installed in all units beginning in 2003. Have fencing installed in the backyard area of 4 regular family units. Construct a pavillion for resident use. Install additional insulation in all units.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$44,196

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

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

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24CFR Part 903.79(h)]

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

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

2. Activity Description

Demolition/Disposition Activity Description (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

[24CFR Part 903.79(k)]

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

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

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

- Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 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

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan 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? \$44,000
- C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24CFR Part 903.79(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 (Filename) E
3. In what manner did the PHA address those comments? (select all that apply)
- The PHA changed portions of the PHA Plan in response to comments
- A list of these changes is included
- Yes No: below or
- Yes No: at the end of the RAB Comments in Attachment _____.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment E.
- Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

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

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated

Plan agency in the development of the Consolidated Plan.
The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

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

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

C. Criteria for Substantial Deviation and Significant Amendments

2. Amendment and Deviation Definitions

24CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

B. Significant Amendment or Modification to the Annual Plan:

Definition of “Substantial Deviation” and “Significant Amendment or Modification”

(903.7®)

The Newark Housing authority will consider the following to be changes in its Agency Plan necessary and sufficient to require a full review by the Resident Advisory Board before a corresponding change in the Agency Plan can be adopted:

1. Any alteration of the PHA’s Mission Statement.
2. Any change or amendment to a stated Strategic Goal.
3. Any change or amendment to a stated Strategic Objective except in a case where the change results from the objective having been met.
4. Any introduction of a new Strategic Goal or a new Strategic Objective.
5. Any alteration in the Capital Fund Program (CFP) that affects an expenditure greater than twenty percent (20%) of the CFP Annual Budget for that year.

In defining the above, the Newark Housing Authority intends by “Strategic Goal” and “Strategic Objective” specifically those items in its Five Year Plan and any change in the above items will be considered a “substantial deviation” from the plan.

Furthermore, the PHA considers the following changes to require a public process before amending said changes and that these items are “significant amendments or modifications” to the Agency Plan:

6. Changes to rent or admissions policies or organization of the waiting list.
7. Addition of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund.
8. Addition of new activities not included in any PHDEP Plan.
9. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

An exception to the definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD.

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
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
	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
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	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
	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	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
	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
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency

	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing 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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Others 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: Newark Housing Authority		Grant Type and Number Capital Fund Program: AR37P08950100 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
Original Annual Statement Performance and Evaluation Report for Period Ending: 9/30/02		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	4,600	0		
3	1408 Management Improvements				
4	1410 Administration	0	4,600	4,600	4,600
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0	4,600	4,600	4,200
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	33,900	36,800	36,800	36,800
11	1465.1 Dwelling Equipment—Nonexpendable	7,500	0	0	0
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)	46,000	46,000	46,000.00	45,600.00
21	Amount of line 20 Related to LBP Activities				

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

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHAName: Newark Housing Authority		Grant Type and Number Capital Fund Program#: AR37P08950100 Capital Fund Program Replacement Housing Factor#:				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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
AR089	Administration - CFP	1410	1	0	4,600.00	4,600.00	4,600.00	Complete
	Coordinator & Inspector	1430	1	0	4,600.00	4,600.00	4,200.00	On-going
	Floor Tile	1460	6	7,200	6,388.07	6,388.07	6,388.07	Complete
	HVAC (11 Furnaces, 1A/C)	1460	11	18,600	14,920.00	14,920.00	14,920.00	Complete
	Cabinets	1460	6	11,000	11,636.00	11,636.00	11,636.00	Complete
	Kitchen Stoves	1460	12	0	2,636.00	2,636.00	2,636.00	Complete
	Interior Doors	1460	6	0	339.93	339.93	339.93	Complete
	Painting	1460	2	0	880.00	880.00	880.00	Complete

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule						
PHA Name: Newark Housing Authority		Grant Type and Number Capital Fund Program#: AR37P08950100 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	
AR089	9/30/02			3/30/04		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Newark Housing Authority		Grant Type and Number Capital Fund Program: AR37P08950101 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
Original Annual Statement		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
Performance and Evaluation Report for Period Ending: 9/30/02 Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				

2	1406Operations				
3	1408ManagementImprovements	2,500	2,500	0	0
4	1410Administration	4,693	4,693	4,693	3,140
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	4,693	4,693	4,693	1,800
8	1440SiteAcquisition				
9	1450SiteImprovement	4,000	5,500	5,500	5,500
10	1460DwellingStructures	31,047	26,851	19,651	17,848.50
11	1465.1DwellingEquipment—Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment	0	2,696	2,696	2,696
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2-19)	46,933	46,933	37,233	30,984.50
21	Amountofline20RelatedtoLBPActivities				
22	Amountofline20RelatedtoSection504Compliance				
23	Amountofline20RelatedtoSecurity				
24	Amountofline20RelatedtoEnergyConservationMeasures				

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHAName: Newark Housing Authority			Grant Type and Number Capital Fund Program#: AR37P08950101 Capital Fund Program Replacement Housing Factor#:			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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
AR089	Training & Software	1408	n/a	2,500	2,500	0	0	
	Administration - CFP	1410	1	4,693	4,693	4,693	3,140	On-going
	Coordinator & Inspector	1430	1	4,693	4,693	4,693	1,800	On-going
	Sidewalk Repair	1450	n/a	4,000	5,500	5,500	5,500	Complete
	HVAC (Furnaces and A/C)	1460	18	15,500	14,000	11,500	10,970	Complete
	Cabinets	1460	6	10,944	8,248	3,548	3,010.50	On-going
	Dryer Enclosures	1460	26	4,603	4,603	4,603	3,868	Complete
	Computer	1475	1	0	2,696	2,696	2,696	Complete
TOTAL				46,933	46,933	37,233	30,984.50	

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Newark Housing Authority		Grant Type and Number Capital Fund Program: AR37P08950102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002	
Original Annual Statement		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)		
Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations					
3	1408 Management Improvements	2,500	0	0	0	
4	1410 Administration	7,430	4,420	0	0	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	0	4,420	0	0	
8	1440 Site Acquisition					
9	1450 Site Improvement	0	3,000	0	0	
10	1460 Dwelling Structures	33,266	15,356	0	0	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures	0	17,000	0	0	
13	1475 Nondwelling Equipment	1,000	0	0	0	
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)	44,196	44,196	0	0	

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

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHAName: Newark Housing Authority		Grant Type and Number Capital Fund Program#: AR37P08950102 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
AR089	Training	1408	n/a	2,500	0	0	0	
	Administration	1410	1	7,430	4,420	0	0	
	HVAC	1460	2	17,018	0	0	0	
	Cabinets	1460	26	3,648	0	0	0	
	Dryer Enclosures	1460	26	7,800	0	0	0	
	Floor Tile	1460	2	4,800	0	0	0	
	Computer Printer	1475	1	1,000	0	0	0	
	Coordinator & Inspector	1430	1	0	4,420	0	0	
	Window Blinds	1460	26	0	8,700	0	0	
	Closet Doors	1460	26	0	6,656	0	0	
	Storage Building	1470	1	0	17,000	0	0	
	Fencing	1450	4	0	3,000	0	0	
				44,196	44,196			

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Newark Housing Authority		Grant Type and Number Capital Fund Program: AR37P08950103 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2003	
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	4,420				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	4,420				
8	1440 Site Acquisition					
9	1450 Site Improvement	7,500				
10	1460 Dwelling Structures	18,000				
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures	9,856				
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)	44,196				

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

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 years. 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)	
AR089	Newark Housing Authority	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Floor Tile	8,000	2003-2007
Clerk	4,420	2003
Computer Hardware and Software	5,000	2003-2007
Storage Buildings	20,800	2004-2007
Closet Door Replacement	6,500	2003-2007
Equipment	5,500	2004
Training	5,000	2003-2007
Window Replacement	36,500	2006
Insulation	8,000	2004-2005
Storage/Utility Building	18,000	2003
Pavillion	6,000	2004
Window Blinds	8,700	2003-4
Fencing	3,000	2003
Total estimated cost over next 5 years		

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section I: 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).

12Months _____ **18Months** _____ **24Months** _____

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 Dates should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

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

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

FFY ____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110-Reimbursement of Law Enforcement	
9115-Special Initiative	
9116-Gun Buyback 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—no 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.							

Required Attachment D: Resident Member on the PHA Governing Board

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

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

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

- Elected
- Appointed

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

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

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

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

Other (explain):

B. Date of next term expiration of a governing board member: 12/31/2002

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

Phillip Morrison - Chairman

Required Attachment E: Comments of Resident Advisory Board & Explanation of PHA response.

The Resident Advisory Board advised that it would be helpful to have fencing around the regular family units, and interior doors as well as interior closet doors replaced. Also, they want the floor tile, and kitchen cabinet replacement to continue until all are completed. Also, a pavillion for family gatherings would be a nice addition.

PHA Explanation of Comments:

Improvements requested by the RAB will be completed as funds are available.

Required Attachment F: Membership of the Resident Advisory Board

orBoards

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.)

Kathy Smedly
Janet Sisk
Louise Thompson

Attachment G: Conversion of Public Housing to Tenant-Based Assistance

[24CFR Part 903.79(j)]

A. Assessment of Reasonable Revitalization Pursuant to Section 202 of the HUD FY 1996 HUD Appropriations Act

1. Yes/No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act?

Conversion of Public Housing Activity Description
1a. Development name: Newark Housing Authority 1b. Development (project) number: AR089
2. What is the status of the required assessment? Assessment underway Assessment results submitted to HUD Assessment results approved by HUD (if marked, proceed to next question) Other (explain below)
3. Yes/No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) Conversion Plan in development Conversion Plan submitted to HUD on: (DD/MM/YYYY) Conversion Plan approved by HUD on: (DD/MM/YYYY) Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) Units addressed in a pending or approved demolition application (date submitted or approved:) Units addressed in a pending or approved HOPEVI demolition application (date submitted or approved:) Units addressed in a pending or approved HOPEVI Revitalization Plan (date submitted or approved:) Requirements no longer applicable: vacancy rates are less than 10 percent Requirements no longer applicable: site now has less than 300 units Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

Component 10(B) Voluntary Conversion Initial Assessments

a) How many of the PHA's developments are subject to the Required Initial Assessments?

1

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)?

0

c) How many Assessments were conducted for the PHA's covered developments?

1

- d) Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:
- e) The Newark Housing Authority is not a general occupancy housing project. It is principally elderly and/or disabled. Available housing for tenant-based assistance by voucher is basically non-existent in our small community.

Upon completion of the required initial assessment, and the facts above, voluntary conversion of this development is inappropriate.