

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: July 1, 2003 to June 30, 2004

**HOUSING AUTHORITY OF: DEFUNIAK SPRINGS, FLORIDA**

**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 DEFUNIAK SPRINGS, FLORIDA**

**PHA Number: FL039**

**PHA Fiscal Year Beginning: (mm/yyyy) JULY 1, 2003**

### PHA Plan Contact Information:

Name Pamela Brewster, Executive Director

Phone: 850-892-2823

TDD:

Email: huddspam@earthlink.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 2003

[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 type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment D: Resident Membership on PHA Board or Governing Body	
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<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)	
Attachment F: Results of First Year Activities and Progress Report	
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### **iii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

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

This Annual Plan is an update of the Five-Year Plan as adopted in 1999. All major components are covered in this Annual Plan commencing July 1, 2003. Planned modernization work throughout all of the sites is disclosed and the attachments disclose results of the first year activities, major policies that have been adopted in accordance with HUD final rules, and resident board member status has been complied with or disclosed.

#### **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.

The changes to policies discussed in last year's PHA Plan are covered in this Update. The Housing Authority suspended its enforcement of the 8-hour community service requirement after a 30-day notice on 5/30/02. We will not enforce this provision of our Admissions and Continued Occupancy Policy as long as Congress provides for the option to not enforce it.

#### **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? \$ \_\_92,161.00\_\_

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 C

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

The Capital Fund Program Annual Statement is provided as Attachment B

**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: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

A.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”,

skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment 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? \$ \_\_\_\_\_ n/a \_\_\_\_\_
- C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

**6. Other Information**

[24 CFR Part 903.7 9 (r)]

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

- 1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
- 2. If yes, the comments are Attached at Attachment (File name)
- 3. In what manner did the PHA address those comments? (select all that apply)
  - The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included

- Yes  No: below or  
 Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the 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) **STATE OF FLORIDA**
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) **1990 CHAS**

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: The Consolidated Plan supports the PHA Plan in that the PHA provides low-income housing, and makes it available, for low income applicants.

**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:**

The Housing Authority defines a “substantial deviation” as any deletion or addition of any modernization work item that is greater than \$25,000; the addition or deletion of any new or old program or activity; any changes with regard to demolition, disposition, or designation of housing units; any homeownership programs or conversion activities; and any changes to rent or admission policies (except changes made to reflect changes in HUD regulatory requirements).

**B. Significant Amendment or Modification to the Annual Plan:** occurs when the Housing Authority changes the use of replacement reserves under the Capital Funds program or the addition of non-emergency work items not included in the current Annual Plan, and the amount exceeds \$25,000.

**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

<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	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment <b>06/30/2002</b>	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures

<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	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



**ATTACHMENT B**

**Annual Statement/Performance and Evaluation Report**

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

<b>PHA Name: DEFUNIAK SPRINGS HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program: <b>FL29PO3950103</b> Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> <b>09/2003</b>	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				





**ATTACHMENT C**

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

PHA Name <b>DEFUNIAK SPRINGS HOUSING AUTHORITY</b>		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 9/2004 PHA FY: 06/30/05	Work Statement for Year 3 FFY Grant: 9/2005 PHA FY: 06/30/06	Work Statement for Year 4 FFY Grant: 9/2006 PHA FY:06/30/07	Work Statement for Year 5 FFY Grant: 9/2007 PHA FY:06/30/2008
Operations	Annual Statement	9,000.00	9,000.00	9,000.00	9,000.00
Administration			1,000.00		
Mgmt Improvement		1,000.00	1,000.00		
Fees & Costs			8,000.00	8,000.00	8,000.00
Site Improvement		15,000.00			
Dwelling Units		60,000.00	68,000.00	50,161.00	75,000.00
Dwelling Equipment Nonexpendable		3,161.00		25,000.00	
Non-Dwelling Equipment		4,000.00	5,161.00		
Total CFP Funds		92,161.00	92,161.00	92,161.00	92,161.00
Total Replacement Housing Factor Funds					

**Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year: 2 FFY Grant: 9/2004 PHA FY: 06/30/05			Activities for Year: 3 FFY Grant: 9/2005 PHA FY: 06/30/06		
HA Wide	Operations		9,000.00	Operations		9,000.00
HA Wide	Admin			Admin	Accountant cost	1,000.00
HA Wide	Mgmt Improvement	Staff training	1,000.00	Mgmt Improvement	Staff training	1,000.00
HA Wide	Fees & Costs	Architect/consultant		Fees & Costs	Architect/consultant	8,000.00
	Site Improvement	Landscaping, tree trimming, stump removal	15,000.00	Site Improvement	Continue landscaping, Repair handrails, sidewalks	5,000.00
	Dwelling Equipment – Non Expendable	replace refrigerators 5 refrigerators	3,161.00	Dwelling Equipment – Non Expendable		
HA Wide	Non-Dwelling Equipment	Office equipment, Resource center computer	4,000.00	Non-Dwelling Equipment	Office upgrade, Furniture, maintenance upgrade	5,161.00
	Dwelling Units	Continue window replacement	60,000.00	Dwelling Units	Completion of window replacement	68,000.00
		TOTAL	92,161.00			92,161.00

**Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : 4 FFY Grant: 9/2006 PHA FY: 6/30/07			Activities for Year: 5 FFY Grant: 9/2007 PHA FY: 06/30/08		
HA Wide	Operations		9,000.00	Operations		9,000.00
HA Wide	Admin			Admin		
HA Wide	Mgmt Improvement			Mgmt Improvement		
HA Wide	Fees & Costs	Architect	8,000.00	Fees & Costs	Architect	8,000.00
	Site Improvement			Site Improvement		
	Dwelling Equipment – Non Expendable	50 new electric stoves and installation	25,000.00	Dwelling Equipment – Non Expendable		
HA Wide	Non-Dwelling Equipment			Non-Dwelling Equipment		
	Dwelling Units	Convert gas stoves to electric 50 units for safety with elderly and children	18,000.00	Dwelling Units	Completion of renovations of bathrooms 50 units	75,000.00
		Begin renovations of bathrooms 50 units total	32,161.00			
		TOTAL	92,161.00			92,161.00

**PHA Public Housing Drug Elimination Program Plan – N/A**

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

**Section 1: General Information/History**

**A. Amount of PHDEP Grant \$** \_\_\_\_\_

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

**C. FFY in which funding is requested** \_\_\_\_\_

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

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

**E. Target Areas**

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

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

**F. Duration of Program**

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

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

**G. PHDEP Program History**

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

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

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

**A. PHDEP Plan Summary**

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

**B. PHDEP Budget Summary**

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

<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.							

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.							

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

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

<b>9170 - Drug Intervention</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							

Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

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

**Required Attachment \_D\_: Resident Member on the PHA Governing Board**

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

A. Name of resident member(s) on the governing board: Julia Walker

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 06/2003

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:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):  
Mayor and City Council, City of DeFuniak Springs

### **Required Attachment \_E\_: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Gene Davis

Shirley McRae

Tamara Smith

Venice Graham

Frances Kirkland

## **ATTACHMENT F: RESULTS OF FIRST YEAR ACTIVITIES**

PHA GOAL 1: We continue to inspect all housing units annually. We have prioritized our needs for CIAP and CFP monies. We have tested apartments for LBP and asbestos.

PHA GOAL 2: We have counseled various residents on homeownership and pledged our support if they choose to pursue homeownership. We do not believe it is feasible at this time to convert any of our rental units to homeownership.

PHA GOAL 3: We have implemented flat and ceiling rents and our policy will allow a choice in rent selection. In our new lease and ACOP, preferences in housing will favor working families, homeless, elderly/handicapped and families with hardships.

PHA GOAL 4: We continue to ensure Equal Opportunity in housing for all applicants regardless of their needs.

PHA GOAL 5: Improving the physical condition of the units and grounds is a constant process. We will upgrade major systems and in the future install air conditioning in units.

PHA GOAL 6: The PHA works closely with the city and county law enforcement agencies and obtains arrest information on any tenant for necessary appropriate action. Management and maintenance attend training seminars to improve related skills. PHA assesses and changes/updates policies as needed.

## **ATTACHMENT G: SUBSTANTIAL DEVIATION POLICY**

### Policy Defining A Substantial Deviation and Change in the Agency Plan

The Housing Quality and Work Responsibility Act of 1998 requires the Housing Authority to notify the Resident Advisory Board, the Board of Commissioners and the U S Department of Housing and Urban Development of any “substantial deviation” or “significant amendment” in the Agency’s Annual Plan and in the 5-Year Plan proposed modernization and capital improvement activities that have been previously approved and reported to HUD.

The Housing Authority recognizes that it has a duty and responsibility to the residents, to the Resident Advisory Board, to the Commissioners and to the public to advise them of any substantial deviation or substantial change in the overall Plan and any preplanned modernization work items.

Therefore, the Housing Authority hereby defines a “substantial deviation” as any deletion or addition of any modernization work item that is greater than \$25,000; the addition or deletion of any new or old program or activity; any changes with regard to demolition, disposition, or designation of housing units; any homeownership programs or conversion activities; and any changes to rent or admission policies (except changes made to reflect changes in HUD regulatory requirements). A “significant amendment” would be changes in the use of replacement reserves under the Capital Funds program or the addition of non-emergency work items not included in the current Annual Plan that is greater than \$25,000.

The Executive Director is assigned the responsibility of making the required notifications to all interested and affected parties as described above of any “substantial deviation” or “significant amendment” to the Annual and Five-Year Plans as well as notification to the public of any material change, that is not defined above, that, in his or her opinion, should be made known to the public as good business practice.

Adopted this \_\_\_9th\_\_\_ day of \_\_\_October\_\_\_, 2000

## **ATTACHMENT H: PET POLICY**

The Housing Authority, after reviewing the changes that were needed to comply with the final rule of July 10, 2000, adopted the appropriate policy in the year 2000 to comply.

The Pet Policy is currently an addendum to the dwelling lease, and the PHA will be soon incorporating its provisions into the Admissions and Continued Occupancy Policy when it is updated.

The reasonable requirements include:

- Limitation on the number of pets,
- Evidence that the pet is neutered or spayed,
- Evidence of inoculation
- Under the control of an adult member of the household when outside the dwelling unit,
- Prohibits animals considered 'dangerous' by the housing authority,
- Requires a reasonable pet security deposit, and
- Prohibits breeding of pets for commercial purposes.

**ATTACHMENT I**

**Annual Statement/Performance and Evaluation Report**

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

<b>PHA Name: DEFUNIAK SPRINGS HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program: <b>FL29P03950102</b> Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>09/2002</b>
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Original Annual Statement     
  Reserve for Disasters/ Emergencies     
  Revised Annual Statement (revision no:    )

Performance and Evaluation Report for Period Ending: 12/31/02     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	2,000.00		0	0
3	1408 Management Improvements	3,161.00		0	0
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	5,000.00		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	73,000.00		24,700.91	24,700.91
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	9,000.00		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)	92,161.00			

**ATTACHMENT I**

**Annual Statement/Performance and Evaluation Report**

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

<b>PHA Name: DEFUNIAK SPRINGS HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program: <b>FL29P03950102</b> Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> <b>09/2002</b>	
<input type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>	
<input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/02</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				





**ATTACHMENT I**

**Annual Statement/Performance and Evaluation Report**

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

<b>PHA Name: DEFUNIAK SPRINGS HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program: <b>FL29P03950100</b> Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>09/2000</b>
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Original Annual Statement     
  Reserve for Disasters/ Emergencies     
  Revised Annual Statement (revision no:    )

Performance and Evaluation Report for Period Ending: 12/31/02     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	12,000.00		12,000.00	12,000.00
3	1408 Management Improvements	10,076.00		10,076.00	10,076.00
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	1,211.00		1,211.00	1,211.00
8	1440 Site Acquisition				
9	1450 Site Improvement	3,636.00		3,636.00	3,636.00
10	1460 Dwelling Structures	17,161.00		17,161.00	17,161.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	50,992.00		50,992.00	50,992.00
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)	95,076.00		95,076.00	95,076.00

**ATTACHMENT I**

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

**Part II: Supporting Pages**

PHA Name: <b>DEFUNIAK SPRINGS HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program FL29P03950100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: <b>09/2000</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
FL039	Re-roofing	1460	6 roofs	17,161.00		17,161.00	17,161.00	Complete
	Renovate maintenance office and community room, build garage for storage and maintenance	1470		50,992.00		50,992.00	50,992.00	Complete
	New computer, copier, upgrade software Office equipment	1408		10,076.00		10,076.00	10,076.00	complete
	Landscaping, trimming trees, planting shrubbery	1450		3,636.00		3,636.00	3,636.00	complete
	A & E Fees	1430		1,211.00		1,211.00	1,211.00	complete
	Operations	1406		12,000.00		12,000.00	12,000.00	complete
			TOTAL	95,076.00		95,076.00	95,076.00	

**ATTACHMENT I**

**Annual Statement/Performance and Evaluation Report**

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

**Part II: Supporting Pages**

PHA Name: <b>DEFUNIAK SPRINGS HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program FL29P03950100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: <b>09/2000</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	



### ATTACHMENT I

## Annual Statement/Performance and Evaluation Report

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

<b>PHA Name: DEFUNIAK SPRINGS HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program: <b>FL29P03950101</b> Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>09/2001</b>
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<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/ Emergencies
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02	<input checked="" type="checkbox"/> Final Performance and Evaluation Report
<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)	

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	4,000.00	0		
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000.00	24,235.00	24,235.00	24,235.00
10	1460 Dwelling Structures	63,003.00	65,856.02	65,856.02	65,856.02
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	15,000.00	0		
13	1475 Nondwelling Equipment	10,000.00	6,911.98	6,911.98	6,911.98
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)	97,003.00	97,003.00	97,003.00	97,003.00
21	Amount of line 20 Related to LBP Activities				

**ATTACHMENT I**

**Annual Statement/Performance and Evaluation Report**

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

<b>PHA Name: DEFUNIAK SPRINGS HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program: <b>FL29P03950101</b> Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> <b>09/2001</b>	
<input type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b>		<input checked="" type="checkbox"/> <b>Revised Annual Statement (revision no: 1)</b>	
<input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/02</b>		<input checked="" type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				





## ATTACHMENT J

### DECONCENTRATION

**Component 3, (6) Deconcentration and Income Mixing**

- a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the de-concentration rule? If no, this section is complete. If yes, continue to the next question.
- b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

<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>

## ATTACHMENT K – VOLUNTARY CONVERSION INITIAL ASSESSMENTS

- a. How many of the PHA’s developments are subject to the Required Initial Assessments? **2**
- 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?  
**2**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

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

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: **Not Applicable**