

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: 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:** GilchristCountyHousingAuthority

**PHANumber:** FL051

**PHAFiscalYearBeginning:(mm/yyyy)** 01/2003

### PHA Plan Contact Information:

Name: R.L.Williams

Phone: 1-352-486-5420

TDD: WeworkwithinterpretersfromLocalTelephoneCompany

Email(ifavailable): levycyhs@aol.com

### Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:

(select all that apply)

- Main administrative office of the PHA  
PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

### PHA Programs Administered :

Public Housing and Section 8      Section 8 Only       Public Housing Only

## Annual PHA Plan

### Fiscal Year 20 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.

	<u>Contents Page#</u>
<b>Annual Plan</b>	
i. Executive Summary (optional)	2
ii. Annual Plan Information	1
iii. Table of Contents	1
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
iii. Capital Improvement Needs	2
iii. Demolition and Disposition	3
4. Homeownership: Voucher Homeownership Program	4
4. Crime and Safety: PHDEP Plan	4
4. Other Information:	5
A. Resident Advisory Board Consultation Process	5
4. Statement of Consistency with Consolidated Plan	5
B. Criteria for Substantial Deviations and Significant Amendments	7
<b>Attachments</b>	
X Attachment <b>A</b> : Supporting Documents Available for Review	
X Attachment <b>B</b> : Capital Fund Program Annual Statement	
X Attachment <b>C</b> : Capital Fund Program 5 Year Action Plan	
Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement	
Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
X Attachment <b>D</b> : Resident Membership on PHA Board or Governing Body	
X Attachment <b>E</b> : Membership of Resident Advisory Board or Boards	
Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
Other (List below, providing each attachment name)	

### ii. Executive Summary

[24CFR Part 903.79(r)]

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

## 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.

**There have been no changes other than those required.**

## 2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

A. X 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? \$ **20,000.00**

C. X 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 X 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</b> <b>(Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
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 X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

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

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

Establishing a minimum homeowner 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**

[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 X No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$

\_\_\_\_\_

C. Yes X 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 X 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)

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

Yes No: at the end of the RAB Comments in Attachment \_\_\_\_\_.

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_\_.

Other: (list below)

### **B. Statement of Consistency with the Consolidated Plan**

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

1. Consolidated Plan jurisdiction: ( **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)

- X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- X Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (lists such initiatives below)

**To provide safe, sanitary and decent housing to eligible residents. To assist the residents with the economic opportunities and work with other local housing agencies within the jurisdiction.**

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency  
 Yes X 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 the PHA by assisting the PHA with local Housing Options to provide safe, sanitary and decent housing to residents. To assist with the economic opportunities to provide self-sufficiency and other effort within the jurisdiction.**

## 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.

## **Gilchrist County Housing Authority Definition of “Substantial Deviation” and “Significant Amendment or Modification”**

The Gilchrist County Housing Authority, to meet the requirement of Final Rule 903.7(r) and PIH99-51, pertaining to "Substantial Deviation" and "Significant Amendment or Modification," offer the following:

- A. A substantial deviation from its Five-Year Plan; and a significant amendment or modification to its Five-Year Plan and Annual Plan.
- B. Changes to rent or admissions policies or organization of the waiting list.
- C. 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.
- D. Addition of new activities not included in the current PHDEP Plan.
- E. Any change with regard to demolition or disposition, designation, home ownership programs or conversion activities.

Any substantial deviation from the Mission Statement and/or Goals and Objectives presented in the Five-Year Plan that cause changes in the services provided to residents or significant changes to the Agency's financial situation will be documented in subsequent Agency Plans.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements offered by HUD.

#### **A. Substantial Deviation from the 5-year Plan:**

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#### **B. Significant Amendment or Modification to the Annual Plan:**

Small PHA Plan Update Page 8

## 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>
✓	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
✓	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
✓	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
✓	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
✓	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
✓	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 X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
✓	Schedule of flat rents offered at each public housing development X 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

✓	Publichousingmanagementandmaintenancepolicydocuments, includingpoliciesforthe preventionoreradicationofpest infestation(includingcockroachinfestation)	AnnualPlan: Operationsand Maintenance
✓	ResultsoflatestbindingPublicHousingAssessmentSystem (PHAS)Assessment	AnnualPlan: Managementand Operations
✓	Follow-upPlantoResultsofthePHASResidentSatisfaction Survey(ifnecessary)	AnnualPlan: Operationsand Maintenanceand CommunityService& Self-Sufficiency
	ResultsoflatestSection8ManagementAssessmentSystem (SEMAP)	AnnualPlan: Managementand Operations
	AnyrequiredpoliciesgoverninganySection8specialhousing types checkhereifincludedinSection8AdministrativePlan	AnnualPlan: Operationsand Maintenance
✓	Publichousinggrievanceprocedures checkhereifincludedinthepublichousing A&OPolicy	AnnualPlan:Grievance Procedures
	Section8informalreviewandhearingprocedures checkhereifincludedinSection8AdministrativePlan	AnnualPlan: GrievanceProcedures
✓	TheHUD-approvedCapitalFund/ComprehensiveGrantProgram AnnualStatement(HUD52837)foranyactivegrantyear	AnnualPlan:Capital Needs
✓	MostrecentCIAPBudget/ProgressReport(HUD52825)forany activeCIAPgrants	AnnualPlan:Capital Needs
	ApprovedHOPEVIapplicationsor,ifmore recent,approvedor submittedHOPEVIREvitalizationPlans,oranyotherapproved proposalfordevelopmentofpublichousing	AnnualPlan:Capital Needs
	Self-evaluation,NeedsAssessmentandTransitionPlanrequired byregulationsimplementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approvedorsubmittedapplicationsfordemolitionand/or dispositionofpublichousing	AnnualPlan: Demolitionand Disposition
	Approvedorsubmittedapplicationsfordesignationofpublic housing(DesignatedHousingPlans)	AnnualPlan: DesignationofPublic Housing
	Approvedorsubmittedassessmentsofreasonable revitalizationof publichousingandapprovedorsubmittedconversionplans preparedpursuantto section202ofthe1996HUDAppropriations Act,Section22oftheUSHousingActof1937,orSection33of theUSHousingActof1937	AnnualPlan: ConversionofPublic Housing
	Approvedorsubmittedpublichousinghomeownership programs/plans	AnnualPlan: Homeownership
	PoliciesgoverninganySection8Homeownershipprogram (section_____oftheSection8AdministrativePlan)	AnnualPlan: Homeownership
	CooperationagreementbetweenthePHAandtheTANFagency andbetweenthePHAandlocalemploymentandtrainingservice agencies	AnnualPlan: CommunityService& Self-Sufficiency
	FSSActionPlan/sforpublichousingand/orSection8	AnnualPlan: CommunityService& 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"> <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
✓	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
✓	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) <ul style="list-style-type: none"> <li>X Membership of Resident Advisory Board</li> <li>X Membership of Board of Commissioners</li> <li>X Statement on Mission and Goals</li> <li>X Community Service Statement</li> <li>X Certification Procedures for Voluntary Conversion of Developments from Public Housing Stock.</li> <li>X Pet Policy Statement</li> </ul>	(specify as needed)  Annual Plan

**Annual Statement/Performance and Evaluation Report**

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

PHAName: **Gilchrist County Housing Authority**

Grant Type and Number

Capital Fund Program: FL29P051501-02

Capital Fund Program

Replacement Housing Factor Grant No:

Original Annual Statement

Reserve for Disasters/Emergencies

Revised Annual Statement (revised)

Performance and Evaluation Report for Period Ending: 6/30/02 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	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	19,482.00		19,482.00	
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	<b>19,482.00</b>		<b>19,482.00</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				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: GilchristCountyHousingAuthority		GrantTypeandNumber CapitalFundProgram#: <b>FL29P051501-02</b> CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant: <b>2002</b>			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>FL051-PHA-WI DE</b>	<b>SITEIMPROVEMENTS: a.landscapingandsitework</b>	<b>1450</b>		19,482.00		19,482.00		
<b>TOTAL</b>				<b>19,482.00</b>		<b>19,482.00</b>		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHAName: <b>Gilchrist County Housing Authority</b>		Grant Type and Number Capital Fund Program#: <b>FL29P051501-02</b> Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: <b>2002</b>	
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	Actual	
<b>FL051-PHA-WIDE</b>	<b>6/30/03</b>			<b>12/31/04</b>			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: <b>Gilchrist County Housing Authority</b>		Grant Type and Number Capital Fund Program: <b>FL29P051501-03</b> Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2003</b>
<input checked="" type="checkbox"/> 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	2,000.00			

3	1408ManagementImprovements	1,000.00			
4	1410Administration	1,000.00			
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	2,000.00			
8	1440SiteAcquisition				
9	1450SiteImprovement	14,000.00			
10	1460DwellingStructures				
11	1465.1DwellingEquipment—Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2-19)	<b>20,000.00</b>			
21	Amountofline20RelatedtoLBPActivities				
22	Amountofline20RelatedtoSection504Compliance				
23	Amountofline20RelatedtoSecurity				
24	Amountofline20RelatedtoEnergyConservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHAName: Gilchrist County Housing Authority		Grant Type and Number Capital Fund Program#: <b>FL29P051501-03</b> Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: <b>2003</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	
FL051-PHAwide	<b>OPERATIONS:</b>	1406		2,000.00				
FL051-PHAwide	<b>MANAGEMENT IMPR:</b> Office Equipment & Computer Software	1408		1,000.00				
FL051-PHAwide	<b>ADMINISTRATION:</b>	1410		1,000.00				
FL051-PHAwide	<b>FEES &amp; COST:</b> Hire Technical Help	1430		2,000.00				
FL051-PHAwide	<b>SITE IMPROVEMENTS:</b> Continue Landscaping and Sitework	1450		14,000.00				
	<b>TOTAL</b>			<b>20,000.00</b>				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHAName: <b>Gilchrist County Housing Authority</b>		Grant Type and Number Capital Fund Program#: <b>FL29P051501-03</b> Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: <b>2003</b>	
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	Actual	
<b>FL051-PHA-WIDE</b>	<b>12/05</b>			<b>12/07</b>			

**REQUIRED ATTACHMENT C:  
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	
<input checked="" type="checkbox"/> Original statement	Revised statement
Development Number	Development Name (or indicate PHA wide)
<b>FL051</b>	<b>Gilchrist County Housing Authority</b> PHA-wide

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HAFiscal Year)
<b>Management Improvements</b> 1. Office & Computer supplies <b>Administrative</b> 1. Pro-Rata Salary & Benefits <b>Fees &amp; Cost</b> <b>Site Improvements</b> 1. Replace Crubs & Driveways <b>Non-Dwelling Equipment</b> 1. Replace Maintenance Vehicle	<b>21,900.00</b>	<b>2003</b>
<b>Management Improvements</b> 1. Office & Computer supplies <b>Administrative</b> 1. Pro-rata Salary & Benefits <b>Fees &amp; Cost</b> <b>Site Improvements</b> 1. Continuation of Sidewalks & Driveways	<b>21,900.00</b>	<b>2004</b>
<b>Management Improvements</b> 1. Office & Computer supplies <b>Administrative</b> 1. Pro-rata Salaries & Benefits <b>Fees &amp; Cost</b> <b>Site Improvements</b> 1. Security Lighting <b>Dwelling Structures</b> 1. Replace interior Doors & Hardware 2. Paint interior of units	<b>21,900.00</b>	<b>2005</b>
<b>Management Improvements</b> 1. Office & Computer supplies <b>Administrative</b> 1. Pro-rata Salaries & Benefits <b>Fees &amp; Cost</b> <b>Dwelling Structures</b> 1. Install Dryer Electrical Outlets & Vents	<b>21,900.00</b>	<b>2006</b>

**Dwelling Equipment Non-Expendable**

1. Purchaser ranges & ref.

**Non Dwelling Equipment**

1. Replace Lawnmower Commercial

<b>Totalestimatedcostovernext5years</b>	<b>\$109,500.00</b>	
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## 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).

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

**G. PHDEP Program History**

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

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

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

**A. PHDEP Plan Summary**

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

**B. PHDEP Budget Summary**

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

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding

9110-ReimbursementofLawEnforcement	
9115-SpecialInitiative	
9116-GunBuybackTAMatch	
9120-SecurityPersonnel	
9130-EmploymentofInvestigators	
9140-VoluntaryTenantPatrol	
9150-PhysicalImprovements	
9160-DrugPrevention	
9170-DrugIntervention	
9180-DrugTreatment	
9190-OtherProgramCosts	
<b>TOTALPHDEPFUNDING</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	PHEDEP 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-GunBuybackTAMatch</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

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

<b>9130-EmploymentofInvestigators</b>						<b>TotalPHDEPFunding:\$</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 PHEDEP 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 PHEDEP 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 PHEDEP 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 PHEDEP 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.							
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<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.							

## 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:

**Ms. Juanita Faunce**

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

Elected

X Appointed

C. The term of appointment is (include the date term expires):                      3/10/02

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:                      3/10/01

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

Jeb Bush, Governor State of Florida

**Required Attachment D: 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.)

**Resident Advisory Board**

**Shirley Johnson  
Clenelle Williams  
Ronald Shope**

**BOARD OF COMMISSIONERS**

**Juanita Faunce  
Eva Fomtenot  
Doug Crawford  
Betty Baker                      Chairman**

## **Gilchrist County Housing Authority Policy for the Implementation of Community Service and Self-Sufficiency Requirements**

The Gilchrist County Housing Authority, to meet the Community Service requirements, offers the Public Housing Resident an opportunity to contribute to the community that supports them.

The community service opportunities, or locations, will include but are not limited to: within the jurisdiction; activities to improve the physical environment of the resident's development; volunteer work in local schools, hospitals, child care centers or approved non-profit social service agencies. No resident will perform community service with any political affiliation or activities.

The PHA can administer its own community service program, form cooperative relationship with other entities in order to make opportunities available for residents, or contract the entire community service program to a third party. The PHA retains full authority and responsibility to assure contract compliance, should the program be contracted to a third party. Should a for-profit, third party be utilized, the PHA should ensure that the administration that oversees the program does not have a financial interest in the entity, where community service participants are assigned.

The PHA will, to the extent possible, attempt to ensure that the conditions under which the work is to be performed are not otherwise hazardous, that the work is not labor that would be performed by the PHA's employees responsible for essential maintenance and property service, or that the work is otherwise unacceptable.

Should the PHA have a self-sufficiency program, the self-sufficiency program activities may, if acceptable, be substituted for the community service requirements.

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

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

If yes, list these developments as follows:

#### Deconcentration Policy for covered Developments

Development Name	Number of Units	Explanation (if any)	Deconcentration Policy (if no explanation)

**Voluntary Conversion Initial Assessment**

- a. How many of the PHA's developments are subject to the Required Initial Assessment.

*All*

- b. How many of the PHA's developments are not subject to the Required Initial Assessment.

*None*

- a. How many Assessments were conducted

*All Developments*

- b. Identify PHA developments that may be appropriate for conversion.

*None*

- e. PHA complete all assessments.

***Certification Procedures for Voluntary Conversion of Developments from Public Housing Stock***

**The certifier certifies that it has reviewed the development's operation as Public Housing, considered the implications of converting the public housing to tenant-based assistance; and concluded that conversion of the developments are inappropriate because removal of the developments would not meet the necessary conditions for voluntary conversion as described in 24 CFR 972.200(c).**

*Robert L. Williams*

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Executive Director

**MISSION & GOAL STATEMENT**

The Gilchrist County Housing Authority is meeting the Mission and goals of the annual plan.

## **STATEMENT OF CONSISTENCY WITH THE CONSOLIDATED PLAN**

The Gilchrist County Housing Authority is consistent with the Consolidated Plan of the Jurisdiction as evidenced by the execution of HUD form 50075 CFR Part 91.

## **PET POLICY STATEMENT**

The Gilchrist County Housing Authority has a Pet Policy according to the CFR regulations.

