

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

PHA Plan Agency Identification

PHA Name: Charles City Housing & Redevelopment Authority

PHA Number: IA002

PHA Fiscal Year Beginning: (mm/yyyy) 07/2003

PHA Plan Contact Information:

Name: Debra Bullerman

Phone: 641/228-6661

TDD:

Email (if available): cchra@willowtree.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 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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ii. Executive Summary

[24 CFR Part 903.7 9 (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.

Following meetings with the Resident Advisory Board, several policies were revised to improve understanding and enforcement. These changes are noted in the attachments later in the Plan. In efforts to improve the RASS score under the SAFETY section, this agency will be working closely with the local law enforcement agencies to try to make residents feel more comfortable with their surroundings. By utilizing the Capital Fund Program, additional lights have been installed in the parking lots and yard areas. We hope to be able to create a Neighborhood Watch program to get residents involved and reduce their concerns. Even though the Call for Service reports from the Police Department do not support a concern of high crime, vandalism, etc., it is important to us to try to calm the fears residents apparently feel.

Everyone was still in agreement that it was in the best interest of program participants not to complete interim rent calculations when they experience an increase in any income until their next annual recertification. This will provide them with additional time to pay off other debts before the increase is implemented. Exceptions to this policy are families who report zero income or have URPs being paid to them.

Also, we continue to have payment standards at 110% over the FMRs to provide a greater opportunity for program participants decent affordable housing. It does not permit them to lease elite housing units, however, units that may be in a better location or more suitable.

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? \$ _____

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

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 <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? \$ _____

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 as Attachment (File name) F

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 F.

- 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) Made changes to the Administrative Plan and Admissions and Continued Occupancy Plan as noted in attachment F.

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)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
 - Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
 Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

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: A substantial change is any fundamental alteration of the agency's Mission or Goals and Objectives as determined by the Board of

Commissioners. Any such change will be subject to review and approval requirements of the original Agency Plan as per HUD regulations.

B. Significant Amendment or Modification to the Annual Plan: A significant amendment or modification to the plan is any fundamental alteration of the agency's Mission or Goals and Objectives as determined by the Board of Commissioners. Any such change will be subject to review and approval requirements of the original Agency Plan as per HUD regulations.

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
◊	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
NA	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
NA	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
NA	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
◊	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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
◊	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
◊	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
◊	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
NA	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
NA	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
◊	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
◊	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
◊	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
◊	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	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
NA	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
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	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
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
NA	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
NA	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
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
NA	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	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
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	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
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
NA	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report		ATTACHMENT B			
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				Federal FY of Grant: 2001	
PHA Name: Charles City Housing & Redevelopment Authority					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	10,800	10,800		
3	1408 Management Improvements				
4	1410 Administration	15,000	8,000		
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	692	6,181		
8	1440 Site Acquisition				
9	1450 Site Improvement	83,156	83,156		
10	1460 Dwelling Structures	85,044	80,044		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	14,500	14,500		
13	1475 Nondwelling Equipment	7,739	14,250		
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)	216,931	216,931		
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	0	3,000		
24	Amount of line 20 Related to Energy Conservation Measures	25,421	25,421		

Annual Statement/Performance and Evaluation Report					ATTACHMENT B			
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Charles City Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program #: IA05-Poo2501001 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	
Misc	Administration	1410		15,000	8,000	8,000	5,000	Initiated
	Contracted maintenance	1406		10,800	10,800		10,800	Completed
	Architectural services	1430		692	6,181	2,500	692	Initiated
	Lawn edger	1450		350	350		350	Completed
	Fire proof file cabinets + standard	1475		3,198	3,198		3,198	Completed
	Hand held computer (inspections)	1475		-0-	3,448		3,448	Completed
	Office improvements	1475		-0-	6,511		6,511	Completed
	Phone system	1475		1,093	1,093		1,093	Completed
IA-001	Hwy 218 Beautification	1450		11,100	11,100		11,100	Completed
	Riverbank improvements	1450		15,800	15,800		15,800	Completed
	New parking lot, sidewalks, lights	1450		30,000	26,552			Initiated
	Replace kitchen water faucets	1460		7,366	7,366		7,366	Completed
	Purchase & install ceiling fans	1460		16,344	16,344		16,344	Completed
IA-002	Install electrical outlets on exterior	1450		2,254	2,254		2,254	Completed
	Property improvements	1450		1,400	1,400		1,400	Completed
	Replace thermostats	1460		1,711	1,711		1,711	Completed
	Purchase and install ceiling fans	1460		10,623	10,623		10,623	Completed
	Window replacements	1460		28,000	23,000			
	Repair roof on community building	1470		14,500	14,500		14,500	Completed
IA-005	Playground equipment	1450		25,000	25,000		25,000	Completed
	Purchase and install signs	1450		700	700		700	Completed
IA-005	Repair exterior of buildings	1460		19,000	19,000			Initiated

Annual Statement/Performance and Evaluation Report				ATTACHMENT B				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Charles City Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program #: IA05-Poo2501001 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	
	Replace linoleum & tiles	1460		2,000	2,000	1,000	800	Initiated

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

PHA Name: Charles City Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program #: IA005-P00250101 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
Misc				12-30-02	4-30-03		
IA-001				12-30-02	4-30-03		
IA-002				12-30-02	4-30-03		
IA-005							

Annual Statement/Performance and Evaluation Report ATTACHMENT B Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Charles City Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program: IA05-P00250102 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> 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			
3	1408 Management Improvements				
4	1410 Administration	15,000			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	145,040			
11	1465.1 Dwelling Equipment—Nonexpendable	16,000			
12	1470 Nondwelling Structures	7,000			
13	1475 Nondwelling Equipment	11,000			
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)	206,040			
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	27,000			

Annual Statement/Performance and Evaluation Report		ATTACHMENT B		
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: Charles City Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program: IA05-P00250102 Capital Fund Program Replacement Housing Factor Grant No:		
		Federal FY of Grant: 2002		
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report					ATTACHMENT B			
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Charles City Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program #: IA05P00250102 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	
Misc	Administration	1410		15,000		15,000		Initiated
	Contracted maintenance	1406		12,000		10,800	1,200	Initiated
	Remodel office	1470		7,000				
IA-001	Replace floor tile	1460		2,000				
	Replace kitchen cabinets/countertops	1460		61,040				
	Install exterior apt. nos. with lights	1460		16,000				
	Install permanent a/c sleeves	1460		16,000				
	Replace antenna system	1475		3,700				
IA-002	Replace floor tile	1475		2,000				
	Install exterior apt. nos. with lights	1460		11,000				
	Replace stoves	1465.1		16,000				
	Replace antenna system	1475		3,700				
IA-005	Replace carpeting	1460		23,000				
	Replace floor tile	1460		2,000				
	Replace kitchen cabinets/countertops	1460		12,000				
	Replace antenna system	1475		3,600				

Capital Fund Program 5-Year Action Plan ATTACHMENT C

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

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IA-001	Cedar Terrace South	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Repair and/or replace sidewalks (FEOH)	60,000	2003
New light fixtures	1,200	2003
Replace riding lawn mower/snowblower	14,000	2003
Reseal exterior brick walls	23,000	2003
Replace flooring in 20 units	24,000	2004
Insert sliders into cupboard drawers (accessibility)	4,000	2004
Replace kitchen cabinets and countertops	52,000	2004
Replace coin-op washer and dryers	12,000	2004
Replace flooring in 20 units	24,000	2005
Replace stoves	23,000	2005
Replace refrigerators	40,000	2005
Expand and furnish community room for resident activities	50,000	2005
Reseal parking lots	8,000	2005
Replace flooring in 20 units	24,000	2006
Replace flooring in 20 units	28,000	2007
Total estimated cost over next 5 years	387,200	

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IA-002	Cedar Terrace North	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Repair and/or replace sidewalks (FEOH)	15,000	2003
New light fixtures	1,000	2003
Replace riding lawn mower/snowblower	14,000	2003
Reseal exterior brick walls	12,000	2003
Replace garage door	1,000	2003
New kitchen sinks (handicap units)	1,000	2003
Replace flooring in 10 units	12,000	2004
Replace kitchen cabinets and countertops	31,000	2004
Replace coin-op washer and dryers	10,000	2004
Replace baseboard heating system	60,000	2004
Replace flooring in 10 units	12,000	2005
Replace stoves	12,000	2005
Replace refrigerators	17,000	2005
Expand and furnish community room for resident activities	30,000	2005
Replace flooring in 10 units	12,000	2006
Replace flooring in 10 units	14,000	2007
Total estimated cost over next 5 years	253,000	

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IA002	Morningside and 4 hdcp units at Cedar Terrace North	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
New light fixtures	1,000	2003
Reseal exterior brick walls	9,000	2003
Reside garage	3,000	2003
Replace interior doors, bifolds, etc.	11,000	2003
Replace carpet	30,000	2003
Replace flooring in 10 units	12,000	2004
Replace and/or repair sheetrock walls	60,000	2004
Repair parking lot	30,000	2004
Replace flooring in 10 units	12,000	2005
Replace riding lawn mower/snowblower	14,000	2005
Expand playground area	20,000	2006
Total estimated cost over next 5 years	202,000	

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
	PHA Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Administration	15,000	2003
Contracted maintenance	12,000	2003
Administration	15,000	2004
Contracted maintenance	12,000	2004
Administration	15,000	2005
Contracted maintenance	12,000	2005
Relocate office	200,000	2005
Upgrade computer systems and printers	16,000	2005
Administration	15,000	2006
Contracted maintenance	12,000	2006
Administration	15,000	2007
Contracted maintenance	12,000	2007
Total estimated cost over next 5 years	351,000	

PHA Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") **N1** _____ **N2** _____ **R** _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

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

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

F. Duration of Program

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

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

G. PHDEP Program History

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

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

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

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

C. PHDEP Plan Goals and Activities

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

9110 – Reimbursement of Law Enforcement	Total PHDEP Funding: \$
Goal(s)	
Objectives	

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P 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	PHDEP 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	PHDEP 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	PHDEP 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)

A. Name of resident member(s) on the governing board: Darlene Ploeger

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): 2 yr terms 2-1-05

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):

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.)

Bullerman, Deb
Ceradksy, Garland
Frisbie, Joyce
Mehmen, Juanita
Naumann, Linda
Nelson, Joan
Nielsen, Heidi
Platte, Shirley
Ploeger, Darlene
Stewart, Diane
Tripp, Lorrie
Welton, Malinda

Required Attachment F: Comments of Resident Advisory Board or Boards and Explanation of Response

ADVISORY BOARD MEETING SUMMARY OF AGENCY PLAN MEETING FEBRUARY 10, 2003 - 9:30 A.M.-11:30 A.M.

PRESENT: Joyce Frisbie, Garland Ceradsky, NCT Residents; Juanita Mehmen, S-8 Participant; Darlene Ploeger, SCT Resident; Lorrie Tripp, Assistant Director FCHHCA; Malinda Welton, CHSP Case Manager; Linda Naumann, FCMH Case Manager; Deb Bullerman, Heidi Nielsen, Joan Nelson, and Shirley Platte, HRA Staff.

The meeting began with introductions and a short explanation of the purpose of the advisory board, what the ACOP and Admin Plan are, and what needs to be accomplished.

The following refers to Section 4.8, Grounds for denial. When approved, it will be implemented in both the ACOP and Admin Plan.

Comment: It was suggested that a definition be added to clarify what denial of assistance includes.

Decision: It was decided the definition be added under the heading.

Comment: The eligibility criteria were broken down into two different headings; those that the Housing Authority must deny if not met and those that the Housing Authority will deny if not met. The length of ineligibility of twelve months is to be added to the headings unless otherwise specified.

Decision: All agreed that the change should be made.

Comment: Under the section referring to those that the Housing Authority must deny assistance, the phrase “required by the application process” should be clarified.

Decision: The phrase was replaced with “deemed necessary by HUD or the PHA to administer the program”.

Comment: The existing procedures don’t address failure to submit signed consent forms by any family member.

Decision: A new item (B) is to be added to the “must deny assistance” section. It shall read, “Any adult family member refuses to sign or submit required consent forms (i.e. Authorization for Release of Information forms or the Declaration of Citizenship and Non-Citizenship Status).”

Comment: The Housing Authority must also deny, for three years, anyone evicted from federally assisted housing programs for drug-related criminal activity.

Decision: Was included as item (D) under the “must deny assistance” heading.

Comment: All other items under grounds for denial should be included under the “will

deny assistance heading”.

Decision: The items were added except for the limitations of participation. All agreed that since they are addressed earlier, they should be removed to help eliminate some of the confusion they created.

The following discussion on Section 18.0 Pet Policy only applies to the ACOP.

Comment: It was suggested that the size restriction of dogs be decreased from 24” to 18” and the pet deposit be increased from \$50 to \$100, to be paid in full at the time the pet is registered.

Decision: After discussion, it was suggested that fish not be subject to the deposit. All other changes were adopted.

Comment: A statement should be added to the policy not only to require the pet be removed within 10 days of written notice of any policy violation, but also the pet owner may be subject to termination of their lease.

Decision: The statement was added.

Comment: There is reference made in the existing policy to dogs left unattended for over 24 hours, but not to other pets.

Decision: An addition was made to cover all other pets that they not be left unattended for over 48 hours unless arrangements have been made for their care.

Comment: The policy should also cover removal of the pet due to illness or death of it’s owner, giving the Housing Authority the permission to either call the emergency caregiver designated by the resident or the local Pet Law Enforcement Agency to take the pet and provide care until friends or family can resume responsibility, and any expenses incurred would be the owners responsibility.

Decision: The change was made.

Comment: A statement should be added to allow the Housing Authority’s grievance procedures to apply to all individual grievances or disputes arising out of violations or alleged violations of the policy.

Decision: All agreed and statement was added.

Comment: In Section 15.6 Interim Reexaminations in the ACOP it was suggested that we add a policy to help determine who will stay in the assisted unit when there is a family break-up.

Decision: It was agreed to add in the event of family break-up that the CCHRA will make a determination based on who was established as head of household and based on the interest of minor children and/or ill, elderly, or disabled family members.

Comment: In Section 2.3 Obligations of Participant (H) Absence from the Unit in the Admin Plan and ACOP, the definition of absence and how long the participant has to notify the Housing Authority should be revised.

Decision: It was agreed that these should be changed to “the family must immediately notify of any absence of more than seven days and the family may not be absent for more than 180 consecutive calendar days for any reason”.

Comment: In Section 12.5 (D) Time Frames and Corrections of HQS Fail Items – Extensions should be replaced with the following paragraph, “Appropriate extensions will be granted if a severe weather condition exists for such items as exterior painting and outside concrete work for porches, steps and sidewalks. Extensions for exterior painting will be granted for inspections conducted during the period of October 15 – April 15. All units must then be completed and reinspected by May 15. Unusually high or low temperatures may warrant some additional consideration.”

Decision: Change was made.

Comment: Under Section 14.2.1 Special Reexaminations in the Admin Plan and ACOP, the conditions for special reexaminations should be expanded.

Decision: The conditions were expanded to include not only unstable income, but also families who receive an URP, families who have zero income, and families who temporarily (more than 30 days) have a decrease in income.

ADVISORY BOARD MEETING
SUMMARY OF AGENCY PLAN MEETING
FEBRUARY 18, 2003 – 2:00 P.M.-3:30 P.M.

PRESENT: Joyce Frisbie and Diane Stewart, NCT Residents; Juanita Mehmen, S-8 Participant; Lorrie Tripp, Assistant Director FCHHCA; Linda Naumann, FCMH Case Manager; Deb Bullerman, Heidi Nielsen, Joan Nelson, and Shirley Platte, HRA Staff.

The topic of the meeting was the Resident Assessment Satisfaction Subsystem (RASS). Each of the survey sections and CCHRA’s scores for each housing development were discussed to identify any problem areas and possible ways to increase overall scores.

Comment: In regard to the Maintenance and Repair section, our scores were well above the average.

Decision: Even though the scores were quite high, there might possibly be some areas for improvement. There were no suggestions as to what could be done to make improvements.

Comment: In regard to the Communication section, although the scores were lower than the previous section, they were still quite a bit higher than the average.

Decision: Staff explained that monthly newsletters were sent out to all residents to try to keep them informed of events and repair schedules, etc. All agreed that there was not much more that could be done to raise the scores in the future, but management will try to find ways to improve more open communication..

Comment: Under the Safety section, the scores ranged from low to high, so the average score was not much higher than the national average.

Decision: Although most felt that there was not much that could be done to make the resident's feel safer because of the diverse demographics of the residents, management will be attending training to try to start resident crime prevention programs.

Comment: All scores under the Services section exceeded 100%.

Decision: No changes will be made at this time.

Comment: In regard to the Neighborhood Appearance, all indicators scored high except the upkeep of the parking areas.

Decision: The problem was discussed and most of the discussion centered on the quantity of parking spaces and not the quality. Management will work on making sure the spaces are kept cleaner.

Comment: The last item discussed was the Capital Fund Program. Management asked for ideas on how to best utilize the funds.

Decision: Ideas discussed were to replace floor covering, light fixtures, new washer/dryers for community room, correct handicapped accessibility issues at South, additional parking at South, cupboard and countertops at Morningside, slide shelving at South, double sinks in the kitchen for the four handicapped units and new heating systems at North.

No additional meetings were scheduled.