

SmallPHAPlanUpdate
AnnualPlanforFiscalYear:July1,200 3
Ma099v03

SAUGUSHOUSING AUTHORITY

**NOTE:THISPHAPLANSTEMPLATE(HUD50 075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHAPlan
AgencyIdentification**

PHAName: SAUGUSHOUSINGAUTHORITY
PHANumber: MA099

PHAFiscalYearBeginning:07/200 3

PHAPlanContactInformation:

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PublicAccessstoInformation

Informationregardinganyactivitiesoutlinedinthisplancanbeobtainedby contacting:(selectallthatapply)

- MainadministrativeofficeofthePHA
- PHAdevelopmentmanagementoffices

DisplayLocationsForPHAPlansandSupportingDocuments

SaugusHousingAuthority
MainAdministrativeOffice
19TalbotStreet
Saugus,Ma.01906

ThePHAPlans(includingattachments)areavailableforpublicinspectionat:(selectall thatapply)

- MainadministrativeofficeofthePHA
- PHAdevelopmentmanagementoffices
- Mainadministrativeofficeof thelocal,countyorstategovernment
- Publiclibrary
- PHAwebsite
- Other(listbelow)

PHAPlanSupportingDocumentsareavailableforinspectionat:(selectallthatapply)

- MainbusinessofficeofthePHA
- PHAdevelopmentmanagementoffices
- Other(listbelow)

PHAProgramsAdministered :

- PublicHousingandSection8 Section8Only PublicHousingOnly

**AnnualPHAPlan
FiscalYear200 3
[24CFRPart903.7]**

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ii. Executive Summary

[24 CFR Part 903.79(r)]

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

1.SummaryofPolicyorProgramChangesfortheUpcomingYear

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlastyear'sPHAPlan thatarenotcovered inothersectionsofthisUpdate.

2.CapitalImprovementNeeds

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredto completethiscomponent.

A. Yes No: IsthePHA eligibletoparticipateintheCFPinthefiscalyear coveredbythisPHAPlan?

B. WhatistheamountofthePHA'sestimatedoractual(ifknown)CapitalFund Programgrantfortheupcomingyear?\$14 0,660

C. Yes No DoesthePHAplantoparticipateintheCapitalFundProgramin theupcomingyear?Ifyes,completetherestofComponent7.Ifno,skiptonext component.

D. CapitalFundProgramGrantSubmissions

(1)CapitalFundProgram5 -YearActionPlan

TheCapitalFundProgram5 -YearActionPlanisprovidedasAttachmentB

(2)CapitalFundProgramAnnualStatement

TheCapitalFundProgramAnnualStatementisprovidedasAttachmentC

3.D emolitionandDisposition

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredto completethissection.

1. Yes No: DoesthePHAplantconductanydemolitionordisposition activities(pursuanttosection18oftheU.S.HousingActof1937 (42U.S.C. 1437p))intheplanFiscalYear?(If'No',skiptonext component;if'yes',completeoneactivitydescriptionforeach development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPEV For 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: <u> (DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

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

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

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

- Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal

requirements; or comply with generally accepted private security underwriting standards

- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

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

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

- C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

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

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached at Attachment (Filename) _____

3. In what manner did the PHA address those comments? (select all that apply)

- The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included
 Yes No: below or
 Yes No: at the end of the RAB Comments in Attachment _____.

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

- Other: (list below)

B. Statement of Consistency with the Consolidated Plan

1. Consolidated Plan jurisdiction: (Commonwealth of Massachusetts)

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 need 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:

The Saugus Housing Authority is investigating the possibility of using Capital Funds for future development of new affordable housing units. Add the installation of a new rubbish compactor and 3 wheel-in showers as reasonable accommodations

B. Significant Amendment or Modification to the Annual Plan:

A change that would significantly affect the funding or subsidy of the program.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identify any impediments to fair housing choice in those programs, address or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
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 checked="" 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
X	Section 8 informal review and hearing procedures <input checked="" 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 HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -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 home ownership 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
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency

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

X	The result 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 result of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHAName: SaugusHousingAuthority	GrantTypeandNumber CapitalFundProgramGrantNo: MA06 -P099-501-03 ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2003
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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	\$140,660			
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				
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	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$140,660			
22	Amount of line 21 Related to LBP Activities				

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

PHAName: Saugus Housing Authority	Grant Type and Number Capital Fund Program Grant No: MA06 -P099-501-03 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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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
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: SAUGUSHOUSINGAUTHORITY			Grant Type and Number Capital Fund Program: MA06 -PO99-501-02 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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02 <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	\$140,660			
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				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling 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)	\$140,660			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

23	Amountofline20RelatedtoSecurity				
24	Amountofline20RelatedtoEnergyConservationMeasures				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: SAUGUSHOUSINGAUTHORITY			Grant Type and Number Capital Fund Program: MA06 -PO99-501-01 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02 <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		15,164	15,164	15,164
3	1408 Management Improvements				
4	1410 Administration	6,677	6,677	5,300.00	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,679.00	10,679.00	8,385.00	
8	1440 Site Acquisition				
9	1450 Site Improvement	15,000			
10	1460 Dwelling Structures	51,000	51,125.00	51,125.00	51,125.00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures	40,372	40,372	4,094.67	3,175.00
13	1475 Non Dwelling Equipment	24,500.00	24,500.00	24,500.00	
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)	\$148,228.00	148,228.00	\$108,569.24	\$69,464.57
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

23	Amountofline20RelatedtoSecurity				
24	Amountofline20RelatedtoEnergyConservationMeasures				

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

PHAN Name: SAUGUS HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: MA06 -PO99-501-01 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	
MA099	Operations	1406			15,164.57	15,164.57	15,164.57	Complete
MA099	Administrative Salaries / Advertise.	1410		6,677	6,387.43	5300.00	0	Pending
MA099	A&E fees -Lobby, Parking lot HVAC	1430		10,679	10,679	8385.00	0	Pending
MA099	Parking, Gazebo Lites, Handrail	1450		15,000			0	Pending
MA099	Apartment Carpet	1460		51,000	51,125.00	51,125.00	51,125.00	Complete
MA099	Exit doors, drapes	1470		40,372	40,372.00	4,094.67	3175.00	Pending
MA099	New Trash Compactor	1475		24,500	24,500.00	24,500.00	0	Complete
	Total			148228	148228	108,569.24	69,464.57	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: SAUGUS HOUSING AUTHORITY			Grant Type and Number Capital Fund Program: MA06 -PO99-501-00 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02		<input checked="" 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				
3	1408 Management Improvements				
4	1410 Administration	5,745.00	5,745.00	5,745.00	5,745.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2,368.00	2,368.00	2,368.00	2,368.00
8	1440 Site Acquisition				
9	1450 Site Improvement	9,724.00	9,724.00	9,724.00	9,724.00
10	1460 Dwelling Structures	103,415.00	103,415.00	103,415.00	103,415.00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures	24,143.00	24,143.00	24,143.00	24,143.00
13	1475 Non Dwelling 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)	145,395.00	145,395.00	145,395.00	145,395.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

23	Amountofline20RelatedtoSecurity				
24	Amountofline20RelatedtoEnergyConservationMeasures				

.....								
PHAName:SAUGUSHOUSINGAUTHORITY			GrantTypeandNumber CapitalFundProgram#:MA06 -PO99-501-00 CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant:2000		
Development Number Name/HA-Wide Activities	GeneralDesc riptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MA099	Administrativesalaries/ Advertisingcosts	1410		5745.00	5,745.00	5,745.00	5,745.00	Complete
MA099	A/EFees&Reimbursable ExpensesforBoilerWork	1430		2,368.00	2,368.00	2,368.00	2,368.00	Complete
MA099	GazeboLighting/Restoration CurbWork&OfficeSign	1450		9724.00	9,724.00	9,724.00	9,724.00	Complete
MA099	CommonAreaCarpeting, BoilerReplacementbalance	1460		103,415.00	103,415.00	103,415.00	103,415.00	Complete
MA099	InstallationofAdditionalBaseboard HeatinCommunityRoom	1470		24,143.00	24, 143.00	24,143.00	24,143.00	Complete
	Total			145,395.00	145,395.00	145,395.00	145,395.00	

CapitalFundProgramFive -YearActionPlan

PartI:Summar y

PHAName SAUGUSHOUSING		<input type="checkbox"/> Original5 -YearPlan <input checked="" type="checkbox"/> RevisionNo: 1			
Development Number/Name/HA-Wide	Year1	WorkStatementforYear2 FFYGrant: 2001 PHAFY : 2001	WorkStatementforYear3 FFYGrant: 2002 PHAFY: 2002	WorkStatementforYear4 FFYGrant: 2003 PHAFY: 2003	WorkStatementforYear5 FFYGrant: 2004 PHAFY: 2004
<i>MA099</i>	Annual Statement	\$148,228	\$140,660	\$140,660	
CFPFundsListedfor 5-yearplanning		\$148,228	\$140,660	\$140,660	
ReplacementHousing FactorFunds					

CapitalFundProgramFive -YearActionPlan

PartII:SupportingPages —WorkActivities

Activitiesfor Year1	ActivitiesforYear: __ 2__ FFYGrant: 2001 PHAFY: 2002			ActivitiesforYear: _ 3_ FFYGrant: 2002 PHAFY: 2003		
	Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWork Categories	EstimatedCost
See	MA099	<i>ApartmentCarpeting</i>	\$51,125	<i>MA099</i>	<i>BalanceofLobby Renovations</i>	(seeestimatedcostfrom FY'02)
Annual	MA099	<i>ReplacementofTrash Compactor</i>	\$24,500	MA099	<i>RoofReplacement forapartmentunits</i>	\$200,000
Statement	MA099	Misc.Site Improvements	\$12,595	MA099	<i>Handicap bathroomwheel -in- showers</i>	\$30,000
	MA099	MainLobby Renovations	\$81,000			
	MA099	A&EfeesforLobby Renovations	\$8,135			
	MA099	AdministrativeSalaries	\$5,300			
	MA099	CommunityRoom Drapes	\$920			
	MA099	Re-alarmexitdoors	\$3,175			

	TotalCFPEstimatedCost	\$186,750			\$230,000



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 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 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback/TAMatch	
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 -SpecialInitiative						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel						TotalP HDEPFunding:\$	
Goal(s)							
Objectives							
Proposed Activities	#ofPersons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount /Source)	Performance Indicators

1.							
2.							
3.							

9130 –Employment ofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9140 – VoluntaryTenantPatrol					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceI ndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
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Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount /Source)	PerformanceIndicators
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: Claire Gamble

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 1 year, June 30, 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: 11/2003 at the next Townwide election.

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

The Governor's Appointee term ends in May of 2006.

Governor Mitt Romney

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.)

Ellie Duca
Ann Gerace
Marie Santo Suosso
Lorraine Christopher
John King
Claire Gamble
Faith Barrow

Required Attachment ___ F ___ : Deconcentration and Income Mixing

Component 3, (6) Deconcentration and Income Mixing

- a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. Yes No: Do any of these covered developments have average incomes 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) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

Required Attachment ___ G ___: Voluntary Conversion of Developments

Component 10(B) Voluntary Conversion Initial Assessments

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

None.

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)?

One

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

None.

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name Number of Units

d. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: