

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate  
AnnualPlanforFiscalYear: 2003

**NOTE:THISPHAPLANSTEMPLATE(HUD -50075SmallPHA)ISTOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

## PHA Plan Agency Identification

**PHAName:** NorthAndoverHousingAuthority

**PHANumber:** MA107

**PHAFiscalYearBeginning:** 10/2003

### PHA Plan Contact Information:

Name: Hope R. Minicucci

Phone: (978) 682 - 3932

TDD: 800545 - 1833 Ext. 378

Email (if available): hopeminicu@naha.attbbs.net

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

- 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

[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.

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<input type="checkbox"/> 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.

The North Andover Housing Authority is committed to providing affordable housing to those in financial need, while at the same time, functioning as an effective and positive member of the larger community. The authority continually seeks to accomplish these goals by ensuring a high quality management of the Authority; maintain and improve the Authority's housing stock and resources; provide greater opportunity for the working poor, elderly and disabled to access affordable housing; and to evaluate and promote the financial independence of assisted households, through rent policies, the Authority's Family Self-Sufficiency Program and hopefully the home ownership program.

Throughout the next year, the North Andover Housing Authority, through its annual planning process will continue to reassess all of its policies and procedures in order to support and implement these initiatives.

- a. The Authority is taking a step backward in our goal of developing four additional three bedroom public housing units, two of which will be fully accessible. The state has determined the unit to be too expensive at their projected cost and are taking us back to look at other options, including modular. It is still a work in progress.
- b. The authority has reached High Performer status in the PHAS program and have received a score of 100% for our SEMAP program.
- c. The Authority is at this date at 100+% lease-up in the Housing Choice Voucher Program.
- d. The Authority has had another successful FSS year.

### 2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 136,632

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 ma107b01

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

The Capital Fund Program Annual Statement is provided as Attachment ma107c01

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

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

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

2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

#### **4. Voucher Homeownership Program**

[24CFRPart903.79(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 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 down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

#### **5. Safety and Crime Prevention: PHDEP Plan**

[24CFRPart903.7(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) ma107d01

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**

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

1. Consolidated Plan jurisdiction: NORTH SHORE CONSOLIDATED PLAN

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:**

Substantial deviations are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners .

The housing authority has voted to change the direction of its modernization program to install an elevator in its Morkeski Meadows complex. The development is 60 units on three stories with very long corridors. Persons living on the first or third floors are finding it very difficult. This plan was discussed in full at the Public Hearing for this plan. See attachment: ma107d01

**A. Significant Amendment or Modification to the Annual Plan:**

Significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners

**Attachment A**  
**Supporting Documents Available for Review**

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

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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
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
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
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
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
	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, PIH 99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing development assisted under the PHD EP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



# PHA Public Housing Drug Elimination Program Plan

**NOT APPLICABLE**

**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. This summary must not be more than five (5) sentences long.

**E. Target Areas**

Complete the following table by indicating each PHDEPT target Area (development or site where activities will be conducted), the total number of units in each PHDEPT 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.

PHDEPT Target Areas (Name of development(s) or site)	Total # of Units within the PHDEPT Target Area(s)	Total Population to be Served within the PHDEPT 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 havenot 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. PHDE P 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.PHDEPBudgetSummary**

EnterthetotalamountofPHDEPfundinallocatedtoeachlineitem.

<b>FFY _____ PHDEPBudgetSummary</b>	
<b>Originalstatement</b>	
<b>Revisedstatementdated:</b>	
<b>BudgetLineItem</b>	<b>TotalFunding</b>
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>	

Inthetablesbelow,provideinformationonthePHDEPstrategysummarizedabovebybudget lineitem.Eachgoalandobjectiveshouldbenumberedsequentiallyforeachbudget lineitem(whereapplicable).Useasmanyrowsasnecessarytolistproposedactivities(additionalrowsmaybeinsertedinthetables).PHAsarenotrequiredtoprovide informationinshadedboxes.Informationprovidedmustbeconcise —nottoexceedtwosentencesinanycolumn.TablesforlineitemsinwhichthePHAhasnoplannedgoalsor activitiesmaybedeleted.

<b>9110 –ReimbursementofLawEnforcement</b>		<b>TotalPHDEP Funding:\$</b>
Goal(s)		
Objectives		

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9115 -SpecialInitiati ve</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>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							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9140 – VoluntaryTenantPatrol</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFund ing (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9150 - PhysicalImprovements</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>9160 -DrugPrevention</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>9170 -DrugIntervention</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>9180 -DrugTreatment</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>9190 -OtherProgramCosts</b>					<b>TotalPHDEPFunds:\$</b>		
Goal(s)							
Objectives							

ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

## 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:

Louise Crawley

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

- Elected  
 Appointed

C. The term of appointment is (include the date term expires): 5 years, Term expires **2006**

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: 03/ 2004

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

Elected by the Town of North Andover

## **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.)

Louise Crawley, Resident Commissioner

Madeline Sutcliffe

Robert Ouellette

Aline Alvino

Rosemary Buccini

Catherine Tiffany

Melanie Francoise (Section 8)

# CapitalFundProgramFive -YearActionPlan

## PartI:Summary

PHAName		NORTHANDOVERHOUSINGAUTHORITY		<input type="checkbox"/> Original5 -YearPlan <input checked="" type="checkbox"/> RevisionNo: 1	
Development Number/Name/H A-Wide	Year1	WorkStatementforYear2 FFYGrant:2000 PHAFY:2001	WorkStatementforYear3 FFYGrant:2001 PHAFY:2002	WorkStatementforYear4 FFYGrant:2002 PHAFY:2003	WorkStatementforYear5 FFYGrant:2004 PHAFY:2005
McCabeCourt	Annual Statement	66,278.	0	0	47,000
MA06P107-001					
MorkeskiMeadows		61,676.	120,695.	125,000	85,000.
MA06P107-002					
Ma06P107-001/2		16,739	26,800	11,632.	4,632.
CFPFundsListed for5 -year planning		144,693	147,495.	136.632.	136,632.
Replacement HousingFactor Funds					



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

Activities for Year: <u>4</u> FFY Grant: 2002 PHAFY: 2003			Activities for Year: <u>5</u> FFY Grant: 2003 PHAFY: 2004		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
McCabe Court MA06P107-001			McCabe Court MA06P107-001	Exterior lighting	15,000.
Morkeski Meadows MA06P107002	Elevator	125,000	Morkeski Meadows MA06P107-002	Elevator	105,000
MA06P107-001/2	Operations Fees & Costs	6,000 5,632	MA06P107-001/2	Operations Elevator Service	4,632. 12,000.
<b>Total CFPEstimated Cost</b>		\$136,632.			\$136,632.

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHAName:</b> NORTH AND OVERHOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program: MA06P107-501-00 Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2000
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Original Annual Statement (revision no: ( ))
  Reserve for Disasters/Emergencies
  Revised Annual Statement

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	5,000	5,000	5,000	5,000
3	1408 Management Improvements				
4	1410 Administration	0	11,739	11,739	11,739
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,230	0	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	115,463	118,834	118,834	118,834
11	1465.1 Dwelling Equipment — Nonexpendable	14,000	9,120	9,120	9,120
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHAName:</b> NORTH AND OVERHOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program: MA06P107-501-00 Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2000
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Original Annual Statement (revision no: ( ))
  Reserve for Disasters/Emergencies
  Revised Annual Statement
  Performance and Evaluation Report for Period Ending:
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	144,693	144,693.	144,693	144,693
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	35,695	35,695	35,695	35,695
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures	41463	41463	41463	41463

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

PHAName: NORTHANDOVERHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgram#: MA06-P107-501-00 CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant: 2000			
Development Number Name/HA- Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MA06P107-001	COMPLETENEWHEAT INSTALL	1460		21,463	21,463	21,463	21,463	Done
	COMMONAREAPAINING	1460		24,000	0	0	0	Done
	NEWSTOVES	1465.1		14,000	9,120	9,120	9,120	Done
	DRAINAGE&SITWORK	1450		35,695	35,695	35,695	35,695	Done
MA06P107-002	COMPLETEHEAT MODIFICATIONS	1460		20,000	20,000	20,000	20,000	Done
	INTERIORPAINTING	1460		30,000	22,261	22,261	22,261	Done
MA06P107-001/2	OPERATIONS	1408		5,000	5,000	5,000	5,000	Done
	FEES&COSTS	1430		10,230	0	0	0	Done
	MICROBIALREME DIATION	1460		0	19,415	19,415	19,415	Done
	HTVN	1410		0	11,739	11,739	11,739	Done

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

PHAName: NORTH AND OVERHOUSING AUTHORITY		Grant Type and Number Capital Fund Program#: MA06-P107-501-00 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	



## 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 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 )	
MA06P107-001	Mcc	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>OBSOLETE</b>		
<b>Total estimated cost over next 5 years</b>		

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHAName:</b> NORTH AND OVERHOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program: MA06P107-501-01 Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2001
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Original Annual Statement (revision no: )
  Reserve for Disasters/Emergencies
  Revised Annual Statement

Performance and Evaluation Report for Period Ending:
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	25,000.	25,000	25,000.	25,000
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,495.	0	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	15,000	15,000	0	0
10	1460 Dwelling Structures	80,000	1,800	1,800	1,800
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment	18,000.	12,768	12,768	12,768
14	1485 Demolition				
15	1490 Replacement Reserve	0	92,927		
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

18	1498ModU sedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 19)	- 147,495.	147,495		
21	Amountofline20RelatedtoLBP Activities				
22	Amountofline20RelatedtoSection504 Compliance				
23	Amountofline20Rela tedtoSecurity				
24	Amountofline20RelatedtoEnergyConservation Measures				

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

PHAName: NORTHANDOVERHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgram#: MA06-P107-501-01 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2001		
Development Number Name/HA- Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MA06P107-001	REPLACEUNITFLOORING	1460		40,000	0			
MA06P107-002	REMOVEUNDERGROUND TANK	1450		15,000	15,000			A/E
	REPLACEUNITFLOORING	1460		40,000	0	0	0	
	REPLACESTOVES	1465.1		18,000	12,768	12,768	12,768	Done
	REPLACEMENTRESERVE	1490		0	92,927			
MA06P107-001/2	MANAGEMENT IMPROVEMENTS	1408		25,000	25,000	25,000.	25,000.	Done
	FEES&COSTS	1430		9,495	0	0	0	

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

PHAName: NORTH AND OVERHOUSING AUTHORITY		Grant Type and Number Capital Fund Program#: MA06-P107-501-01 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	



<b>PHAName:</b> NORTHANDOVERHOUSINGAUTHORITY	<b>GrantTypeandNumber</b> CapitalFundProgram: MA06P107-501-02 CapitalFundProgram ReplacementHousingFactorGrantNo:	<b>FederalFYofGrant:</b> 2002
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OriginalAnnualStatement  
 ReserveforDisasters/Emergencies  
 RevisedAnnual  
 Statement(revisionno: 1)  
 PerformanceandEvaluationReportforPeriodEnding:  
 FinalPerformanceandEvaluationReport

Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	6,000.	6,000		
3	1408ManagementImprove ments				
4	1410Administration				
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	5,632.	5,632.		
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	110,000.	125,000		
11	1465.1DwellingEquipment — Nonexpendable	15,000.	0	0	0
12	1470NondwellingStructures				
13	1475NondwellingEquipment	.			
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				

<b>PHAName:</b> NORTHANDOVERHOUSINGAUTHORITY	<b>GrantTypeandNumber</b> CapitalFundProgram: MA06P107-501-02 CapitalFundProgram ReplacementHousingFactorGrantNo:	<b>FederalFYofGrant:</b> 2002
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**OriginalAnnualStatement**
 **ReserveforDisasters/Emergencies**
 **RevisedAnnual**  
**Statement(revisionno: 1)**

**PerformanceandEvaluationReportforPeriodEnding:**
 **FinalPerformanceandEvaluationReport**

Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
17	1495.1Relocati onCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 - 19)	136,632.			
21	Amountofline20RelatedtoLBPActivities				
22	Amountofline20RelatedtoSection504 Compliance				
23	Amountofline20RelatedtoSecurity				
24	Amountofline20RelatedtoEnergyConservation Measures				

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

PHAName: NORTHANDOVERHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgram#: MA06-P107-501-02 CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant: 2002			
Development Number Name/HA- Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MA06P107-001	Roofing/Gutters	1460		110,000	0			
MA06P107-002	Replaceappliances	1475	60	15,000	0			
	InstallElevator	1460		0	125,000			A.E

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

PHAName: NORTHANDOVERHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgram#: MA06-P107-501-02 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2002		
Development Number Name/HA- Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MA06P107- 001/2	Fees&C osts	1430		5,632				
	Operations	1406		6,000				





## Attachment D

*The first item of business was the holding of a **Public Hearing** for the purpose of reviewing and discussing the authority's Annual Plan Update. The director stated that an advertisement that the public hearing would be held at this time and place, and that the plan would be available for review was run in the local papers 45 days prior to this date.*

*Along discussion was held with regard to the changes made to the capital fund program budgets. The 2001 and 2002 budgets were reviewed in full with a persons in attendance. ll*

*Having determined that the floors and roofs at the McCabe Court and Morkeski Meadow sites were in reasonably good condition, and did not need to be replaced at this time, the authority determined that it would be an appropriate time to install the elevator, that had been determined to be necessary at Morkeski Meadows. This project would require a reallocation of funds previously earmarked for the above mentioned projects.*

*Since this project would involve the use of funds from several years, the authority determined that it would be necessary to obligate the funds from the 2001 Capital Fund Budget to a replacement reserve account to enable them to utilize the funds from more than one year for this more expensive project.*

*This having been discussed, and agreed to by all parties in attendance, a motion was made by Louise Crawley, seconded by Paul Gilligan to adopt the Annual Plan Update as presented, and to authorize the Chairman, Mr. McEvoy to sign the certification on behalf of the board and to submit the plan to HUD for their approval. All members voting affirmative.*