

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: VanBurenHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: ME36P00150103 ReplacementHousingFactorGrantNo:		FederalFYofGrant: 2003	
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:    )					
<input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	4,000.00			
3	1408ManagementImprovements	4,000.00			
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	3,000.00			
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	181,671.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470Nondwelli ngStructures				
13	1475NondwellingEquipment	2,000.00			
14	1485Demolition				

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

PHAName: VanBurenHousingAuthority	GrantTypeandNumber CapitalFundProgramGrantNo: ME36P00150103 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
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 20) –	194,671.00			
22	Amount of line 21 Related to LBP Activities				
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 II: Supporting Pages**

PHAName: VanBurenHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: ME36P00150103 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2003			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
ME002	FinalstageofT1 -11siding removalandinstallationof WorseliteSiding	1460	6buildings	133359.00				
ME002	Replacementofbasementlaundry tubs.	1460	40units	23312.00				
ME002	Replacementof fueloil tanks.	1460	40units	25000.00				
PHAwide	A&Efees	1430		3000.00				
PHAwide	Operations	1406		4000.00				
PHAwide	PreventativeMaintenance	1408		4000.00				
PHAwide	CommunityCenterwater cooler.	1475		2000.00				



**CapitalFundProgramFive -YearActionPlan**  
**PartI:Summary**

PHAName VanBurenHousingAuthority		<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:ME36P00150104 PHAFY:2004	WorkStatementforYear3 FFYGrant:ME36P00150105 PHAFY:2005	WorkStatementforYear4 FFYGrant:ME36P001 50106 PHAFY:2006	WorkStatementforYear5 FFYGrant:ME36P001501 07 PHAFY:2007
	Annual Statement				
ME001		\$77,671.00	\$142,000.00	\$25,278.00	\$61,111.00
ME002		\$49,500.00		\$147,393.00	\$111,560.00
CommunityCenter			\$13,671.00		
PHAWide		\$67,500.00	\$39,000.00	\$22,000.00	\$22,000.00
CFPFundsListedfor 5-yearplanning		\$194,671.00	\$194,671.00	\$194,671.00	\$194,671.00
ReplacementHousing FactorFunds					

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

Activities for Year 1	Activities for Year: <u>2</u> FFY Grant: ME36P001501 04 PHAFY: 2004			Activities for Year: <u>3</u> FFY Grant: ME36P00150105 PHAFY: 2005		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	Acadia/ME001	Replace exterior doors and storm doors.	\$29,000.00	Acadia/ME001	Install STOS system	\$142,000.00
Annual Statement						
	Acadia/ME001	Installation of storm doors. Front entry.	\$16,271.00	PHAwide	Computer system upgrade.	\$18,000.00
	Acadia/ME001	Replace closet doors in all bedrooms.	\$32,400.00			
	Kennedy/ME002	Replace exterior doors and storm doors.	\$24,000.00	Community Center	Office equipment	\$6,671.00
				Community Center	Replace radiator covers	\$7,000.00
	Kennedy/ME002	Replace heating register and clean heating ductwork system	\$25,500.00			
				PHAwide A&E	Engineering fees	\$11,000.00
	PHAwide	Paving	\$46,500.00			
				PHAwide	Preventative Maintenance	\$5,000.00
	PHAwide	Preventative Maintenance	\$5,000.00			
				PHAwide	Operations	\$5,000.00
	PHAwide	Operations	\$5,000.00			
	PHAwide A&E	Engineering fees	\$11,000.00			
		<b>Total CFPE Estimated Cost</b>	\$194,671.00			\$194,671.00

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

Activities for Year: <u>4</u> __ FFY Grant: ME36P00150106 PHAFY: 2006			Activities for Year: <u>5</u> __ FFY Grant: ME36P00150107 PHAFY: 2007		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
Kennedy/ME002	Replacesiding along foundation walls.	\$80,000.00	Acadia/ME001	Paving	\$50,000.00
Acadia/ME001	Replacefloortiles in entryways	\$22,500.00	Acadia/ME001	Replaceventfans in bathrooms	\$11,111.00
Acadia/ME001	Replacesmokedetectors	\$2,778.00	Kennedy/ME002	Replaceventfans in bathrooms	\$8,889.00
Kennedy/ME002	Replacesmokedetectors	\$2,393.00	Kennedy/ME002	Installoilfiredhotwater heaters	\$34,671.00
Kennedy/ME002	Replacefloortile sin entryways	\$20,000.00	Kennedy/ME001	Replacehosebibs with frostfreehosebibs	\$8,000.00
Kennedy/ME002	Paving	\$45,000.00	Kennedy/ME001	Centralwatersoftener	\$60,000.00
PHAwide	Preventative Maintenance	\$5,000.00	PHAwide	Preventative Maintenance	\$5,000.00
PHAwide	Operations	\$5,000.00	PHAwide	Operations	\$5,000.00
PHAwide -A&E	Engineeringfees	\$12,000.00	PHAwide -A&E	Engineeringfees	\$12,000.00
<b>Total CFPEstimated Cost</b>		\$194,671.00			\$194,671.00

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: VanBurenHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: ME36P00150100 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2000
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input checked="" type="checkbox"/> RevisedAnnualStatement(revisionno: 3) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 12/31/2002 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations		4,000.00	4,000.00	
3	1408ManagementImprovements	8,000.00	4,000.00	4,000.00	
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	10,500.00	10,500.00	10,500.00	10,500.00
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	169,585.00	170,378.00	170,378.00	44,312.00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470NondwellingStructures	2,793.00	2,000.00	2,000.00	2,000.00
13	1475NondwellingEquipment				
14	1485Demolition				

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

PHAName: VanBurenHousingAuthority	GrantTypeandNumber CapitalFundProgramGrantNo: ME36P00150100 ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2000
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: 3)  
 Performance and Evaluation Report for Period Ending: 12/31/2002  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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 20) -	190,878.00	190,878.00		
22	Amount of line 21 Related to LBP Activities	0.00	0.00		
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	12,793.00	0.00		

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

PHAName: VanBurenHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: ME36P00150100 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2000			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
Community Center	InsulateExteriorWall	1470		1,793.00	0.00	0.00	0.00	
Community Center	InstallFlexKitChimney	1470		1,000.00	2,000.00	2,000.00	2,000.00	Complete
ME001	Chimneytoprepair(50units)	1460	50	25,000.00	29,835.00	29,835.00		Inprogress
ME001	InstallationofStormDoors	1460	50	10,000.00	0.00			
ME002	Completionofdoorsand baseboardcontract	1460	40	44,312.00	44,312.00	44,312.00	44,312.00	Complete
ME002	RemovalofT1 -11siding,replace withWorsalitsiding	1460	6buildings	90,273.00	96,231.00	96,231.00		Inprogress
PHAWide	Operations	1406			4,000.00	4,000.00		Inprogress
PHAWide	PreventativeMaintenance	1408		8,000.00	4,000.00	4,000.00		Inprogress
PHAWide	A&EContract	1430		10,500.00	10,500.00	10,500.00	10,500.00	Complete

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

PHA Name: Van Buren Housing Authority	<b>Grant Type and Number</b> Capital Fund Program No: ME36P00150100 Replacement Housing Factor No:	<b>Federal FY of Grant:</b> 2000
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	09/01	06/02		12/02	09/03		Contract start delayed due to winter
ME001	09/01	06/02		12/02	09/03		Contract start delayed due to winter
ME002	09/01	06/02		09/02	12/02		
Community Center	09/01	06/02		09/02	12/02		

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: VanBurenHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: ME36P00150101 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2001
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input checked="" type="checkbox"/> RevisedAnnualStatement(revisionno: 1) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 12/31/2002 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	0.00	4,000.00	4,000.00	
3	1408ManagementImprovements	8,000.00	4,000.00	4,000.00	
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	11,000.00	11,000.00	11,000.00	11,000.00
8	1440SiteAcquisition				
9	1450Site Improvement				
10	1460DwellingStructures	175,671.00	175,671.00	175,671.00	
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				

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

PHA Name: Van Buren Housing Authority	Grant Type and Number Capital Fund Program Grant No: ME36P00150101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending: 12/31/2002  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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 20) –	194,671.00		194,671.00	11,000.00
22	Amount of line 21 Related to LBP Activities				
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 II: Supporting Pages**

PHAName: VanBurenHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: ME36P00150101 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
ME002	RemoveT1 -11sidingandreplace withWorsaliteSiding	1460	6buildings	150000.00	175671.00	175671.00		
ME002	Replacebasementwashtubs.	1460	40units	23,671.00	0.00			
PHAwide	Community Center: Replace water cooler with handicap accessibleunit.	1470	1	2,000.00	0.00			
PHAwide	Operations	1406		0.00	4,000.00	4,000.00		
PHAwide	PreventativeMaintenance	1408		8,000.00	4,000.00	4,000.00		
PHAwide	A&E	1430		11,000.00		11,000.00	11,000.00	



**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: VanBurenHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: ME36P00150102 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2002
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno: 2) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 12/31/2002 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations		4,000.00	4,000.00	
3	1408ManagementImprovements	8,000.00	4,000.00	4,000.00	
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	10,500.00	10,500.00	10,500.00	9,500.00
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460Dwelli ngStructures	122,551.00	143,963.00	143,396.00	
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470NondwellingStructures	6,500.00	0.00		
13	1475NondwellingEquipment	37,500.00	0	22,588.00	22,588.00
14	1485Demolition				

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

PHAName: VanBurenHousingAuthority	GrantTypeandNumber CapitalFundProgramGrantNo: ME36P00150102 ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2002
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: 2)  
 Performance and Evaluation Report for Period Ending: 12/31/2002  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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 20) –	185,051.00		185,051.00	
22	Amount of line 21 Related to LBP Activities				
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	75,771.00	0.00		

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

PHAName: VanBurenHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: ME63P00150102 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2002		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
Acadia/ME001	Installfrontstormdoors	1460	50units	16,271.00	0.00			
Acadia/ME001	Replacerearstorm&exterior doors&hardware	1460	50units	29,000.00	0.00			
Acadia/ME001	Replaceclosetdoorsinbedrooms	1460	50units	32,400.00	0.00			
Kennedy/ ME002	Replacerearstormandrear entrancedoors	1460	40units	24,000.00	0.00			
Kennedy/ ME002	Installentrancepanelforphone& cablelines	1460	40units	5,000.00	0.00			
Kennedy/ ME002	Replaceheatingregistersand cleanheatingsystemductwork	1460	40units	25,500.00	0.00			
Community Center	Insulatewalls&relocatepiping	1470		6,500.00	0.00			
Community Center	Commercialexhaustfan&Fire suppressantequipment	1475		5,000.00	0.00			

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

PHA Name: Van Buren Housing Authority		Grant Type and Number Capital Fund Program Grant No: ME63P00150102 Replacement Housing Factor Grant No:				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 Work
				Original	Revised	Funds Obligated	Funds Expended	
Community Center	Extension Ladder for gym	1475	1	4,500.00	0.00			
PHA wide	Replacement maintenance vehicle	1475	1	28,000.00	22,588.00	22,588.00	22,588.00	Complete
PHA wide	Operations	1406			4,000.00	4,000.00		In progress
PHA wide	Preventative Maintenance	1408		8,000.00	4,000.00	4,000.00		In progress
PHA wide	Engineering fees	1430		10,500.00		10,500.00	9,500.00	In progress
ME002	Remove T1 - 11 siding and replace with Worsalite Siding	1460	6 buildings	0.00	143396.00	143963.00		In progress



U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate  
AnnualPlanforFiscalYear: 2003

# VanBuren HousingAuthority

**NOTE:THISPHAPLANSTEMPLATE(HUD500 75)ISTOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan  
Agency Identification**

**PHAName:** VanBurenHousingAuthority

**PHANumber:** ME-001

**PHAFiscalYearBeginning:** 07/2002

**PHA Plan Contact Information:**

Name: SteveLaPierre

Phone: (207)868 -5441

TDD: (207)868 -2833

Email(ifavailable): vbha1@ainop.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**  
 [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.

<b>Contents</b>	<b><u>Page#</u></b>
<b>Annual Plan</b>	
i. Executive Summary (optional)	1
ii. Annual Plan Information	1
iii. Table of Contents	1
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	2
3. Demolition and Disposition	2
4. Homeownership: Voucher Homeownership Program	3
5. Crime and Safety: PHDEP Plan	4
6. Other Information:	4
A. Resident Advisory Board Consultation Process	4
B. Statement of Consistency with Consolidated Plan	5
C. Criteria for Substantial Deviations and Significant Amendments	5
<b>Attachments</b>	
<input checked="" type="checkbox"/> Attachment F: Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment A: Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment B: Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment G: Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment H: Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment__: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
2000 P & E Statement and Revisions (Attachment C)	
2001 P & E Statement and Revisions (Attachment D)	
2002 P & E Statement and Revisions (Attachment E)	
Voluntary Conversion Insert (Attachment I)	

**ii. Executive Summary**

[24CFR Part 903.79(r)]

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

**This Section is left blank since it is optional.**

## **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.

**We have made a number of changes to our policies and/or programs based on changes in statutes and/or HUD regulations that have occurred in the past year. HUD mandated all of these.**

## **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? \$ 194,671

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 B

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

The Capital Fund Program Annual Statement is provided as Attachment A

## **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:	( )
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 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**

[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  
 Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_\_.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_\_.
- Other: (list below)

## B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: **State of Maine**

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)

**The State of Maine is supportive of its public housing authorities and we are free to seek funding with the appropriate need.**

## 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 deviation from the 5-year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.**

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

**Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.**

**Attachment F**

**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>
XX	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
XX	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
XX	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
XX	Most recent board -approved operating budget for the public housing program	Annual Plan : Financial Resources
XX	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
XX	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
XX	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	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
XX	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
XX	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
XX	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
XX	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	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
	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
XX	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
XX	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
XX	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
XX	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
XX	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
XX	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
	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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
XX	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
XX	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
XX	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)

**Required Attachment \_\_G\_\_: 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: Jim Thibodeau and Donald Gagnon

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): August 3, 2003 and 2008

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 \_\_\_H\_\_\_: 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.)

Steve Desjardins  
Donald Gagnon  
Jim Thibodeau

**Attachment I**

a. How many of the PHA's developments are subject to the Required Initial Assessments? **2**

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? **0**

c. How many Assessments were conducted for the PHA's covered developments? **2**

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

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

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