

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 7/1/2002

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

## PHA Plan Agency Identification

**PHA Name: EASTPOINTE HOUSING COMMISSION**

**PHA Number: MI044**

**PHA Fiscal Year Beginning: JULY 1, 2002**

### **PHA Plan Contact Information:**

Name: **JODY L. WENZ**

Phone: **586-445-5099**

TDD:

Email (if available): **EHCDir@aol.com**

### **Public Access to Information**

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

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

### **Display Locations For PHA Plans and Supporting Documents**

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

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

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

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

### **PHA Programs Administered:**

- Public Housing and Section 8       Section 8 Only       Public Housing Only

**Annual PHA Plan  
Fiscal Year 2002**

[24 CFR Part 903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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**Attachments :**

- Attachment #1** : Comments of Resident Advisory Board (included in template) or Boards & Explanation of PHA -5-
- Attachment #2**: Supporting Documents available for review (included in template) -8-
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- Attachment a**: Capital Fund Program Annual Statement (file name: mi044a04)
- Attachment b**: Capital Fund Program 5 Year Action Plan (file name: mi044b04)
- Attachment c**: Capital Fund Program Replacement Housing Factor Annual Statement for CFP 2000 (file name: mi044c04)
- Attachment d**: Capital Fund Program Replacement Housing Factor Annual Statement for CFP 2001 (file name: mi044d04)
- Other: **Attachment e**: Description of progress meeting agency goals (file name: mi044e04)
- Other: **Attachment e**: **Voluntary Conversion Statement** (file name: mi044e04)
- Other: **Attachment e**: **Deconcentration Statement** (file name: mi044e04)

## ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

### 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.

**On July 13, 2001, the Special Applications Center (SAC) approved the Board of Commissioners request to designate our two developments; Erin Manor and Chester Berry Manor, as elderly only facilities. In support of this designation, the EHC allocated 20 housing vouchers from their Section 8 program to offer to the non-elderly disabled families within our developments that may want to relocate due to the new designation. In addition, all of the non-elderly disabled families who were on our development waiting lists were transferred to our Section 8 wait list, and given the opportunity to receive one of the 20 vouchers designated for persons with disabilities.**

### 2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

- A.  Yes  No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? **\$ 211,313.00 (actual 2001 CFP) – have not been notified of 2002 funding**
- 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: (file mi044b04)**

The Capital Fund Program Annual Statement is provided as **Attachment a : (file name mi044a04)**

**Attachment c:** ( file name mi044c04  
**Attachment d:** ( file name mi044d04)

**3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

<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**

[24 CFR Part 903.7 9 (k)]

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

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

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

- Establishing a minimum homeowner 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**

[24 CFR Part 903.7 (m)]

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

- A.  Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$  
\_\_\_\_\_
- C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question  
D. If no, skip to next component.
- D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

**6. Other Information****ATTACHMENT #1**

[24 CFR Part 903.7 9 (r)]

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

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

2. If yes, the comments are **listed below**

**A meeting of the Resident Advisory Board (RAB) took place on Wednesday, April 3, 2002 in Erin Manor Community Room. The meeting began at 1:30pm. There were 12 people present.**

**The Director passed out copies of the five-year action plan that she plans to submit to HUD in this year's PHA Plan. This morning a public hearing was held for the purpose of accepting comments from the PUBLIC on the third year of this PHA Plan and the "proposed projects" for the next five years. This afternoon's RAB meeting is to get RESIDENT input on these projects.**

**Year #1 projects involve the completion of the construction multi-purpose room, furnishings, and landscape.**

**Year# 2 outlines the beginning of a five year plan to replace the carpet in all occupied apartments. This is something the residents have wanted for years, and they were thrilled to hear about it.**

**We also plan to demolish a wall in Erin Manor in order to merge two rooms into one. This will create a larger lobby area for Erin Manor residents. One particular resident was concerned about this project because she felt it would create more noise for her to contend with while inside her apartment. The Director assured her this new lobby would be far enough away from her apartment that the noise would not effect her, and that we would be more than happy to work with her to make sure everything was properly insulated to reduce any noise.**

**Also included in Year# 2 is a public announcement system that would allow piped in music that would be regulated by the office. We also anticipate replacing the 33 year old flooring in Erin Manor kitchens and bathrooms. The overall opinion of Year #2 project's was positive.**

**Years#3, 4 & 5 were discussed briefly, but residents felt it was too far in the future to get excited about. The Director asked if there were any other questions or concerns that need to be addressed, and one resident asked if we could change to a "brighter" color of paint when painting apartment walls. We discussed the need for brighter bathroom lighting in Erin Manor bathrooms, the rust around the bottom of the elevator doors, new smoke detectors in the apartments and how these projects could possibly be funded through the upcoming year's operating budget.**

**Next the Director passed out catalogs on fabrics and furniture for the lobby furnishings. She asked the residents to review these and circle the ones they were interested in.**

**The meeting adjourned at 2:40pm.**

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

Considered comments, but determined that no changes to the PHA Plan were necessary.

**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: MACOMB COUNTY MICHIGAN

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 Plans.
- 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**

## **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: N/A**

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

## Attachment 2

### 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
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
In office	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
In office	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
N/A	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
	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<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	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
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
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 HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
In office	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
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	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 homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
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
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
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"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
In office	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
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name		Grant Type and Number Capital Fund Program: 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 type="checkbox"/> Revised Annual Statement (revision no: 1)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/00		<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				
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	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				







## Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal 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.

<b>CFP 5-Year Action Plan</b>		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Total estimated cost over next 5 years</b>		

## PHA Public Housing Drug Elimination Program Plan

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

### Section 1: General Information/History

**A. Amount of PHDEP Grant \$** \_\_\_\_\_

**B. Eligibility type (Indicate with an “x”)**      N1 \_\_\_\_\_ N2 \_\_\_\_\_ R \_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

### **D. Executive Summary of Annual PHDEP Plan**

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

### **E. Target Areas**

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

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

### **F. Duration of Program**

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

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

**G. PHDEP Program History**

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

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

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

**A. PHDEP Plan Summary**

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

**B. PHDEP Budget Summary**

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

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

**C. PHDEP Plan Goals and Activities**

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

<b>9110 – Reimbursement of Law Enforcement</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							

2.							
3.							

<b>9115 - Special Initiative</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

<b>9116 - Gun Buyback TA Match</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9120 - Security Personnel</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							

Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							

3.							
----	--	--	--	--	--	--	--

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9170 - Drug Intervention</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

**Resident Member on the PHA Governing Board ATTACHMENT #3**

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:

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires):

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: 10/01/2002

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

Mr. D. Wayne O'Neal, City Manager

**Membership of the Resident Advisory Board or Boards**

**ATTACHMENT #4**

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.)

- Mary Tendiglia #325-01
- Gertrude Elliott #110-01
- Ruth Schalk #113-02
- Shirley Applebee #509-02
- Joe Orłowski #408-02
- Jeff Yank #134-01
- John Osbourne #302-01
- Alpha Rood #203-01
- Mary Louise Domsic #121-01
- Josephine Bagnasco #309-01
- Evelyn Lehner #206-01



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

PHA Name: <b>EASTPOINTE HOUSING COMMISSION</b>			Grant Type and Number Capital Fund Program Grant No.: <b>MI28 P044 501 02</b> Replacement Housing Factor Grant No.:				Federal FY of Grant: <b>2002</b>	
Development Number/Name HA - Wide Activities	All Funds Obligated (QE Date)			All Funds Expended (QE Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
PHA WIDE	3/31/04			9/30/05				
Signature of Executive Director and Date  <b>X</b> Jody L. Wenz			Signature of Public Housing Director and Date  <b>X</b>					

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

PHA Name: <b>EASTPOINTE HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: <b>MI28 P044 501 02</b> Replacement Housing Factor Grant No.:						Federal FY of Grant: <b>2002</b>
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	<b>FEES &amp; COSTS</b> A. A&E Fees & related costs B. Grant Preparation  SUB TOTAL	1430		2,000 <u>2,000</u>				
PHA WIDE	<b>SITE IMPROVEMENT</b> A. Landscaping: Phase I  SUB TOTAL	1450		<u>34,313</u>				
PHA WIDE	<b>NON-DWELLING STRUCTURES</b> A. Complete construction of Multi-Purpose Room Addition  SUB TOTAL	1470		<u>148,000</u>				
PHA WIDE	<b>NON-DWELLING EQUIPMENT</b> A. Furniture & fixtures for new addition  SUB TOTAL	1475		<u>25,000</u>				
	<b>GRAND TOTAL</b>			<b>211,313</b>				

**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>					
<b>HA Name:</b>		<b>Grant Type and Number</b>		<b>Federal FY of Grant</b>	
<b>EASTPOINTE HOUSING COMMISSION</b>		Capital Fund Program Grant No.: <b>MI28 P044 501 02</b>		<b>2002</b>	
		Replacement Housing Factor Grant No.:			
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> _____ Reserve for Disasters/Emergencies                      _____ Revised Annual Statement/Revision Number _____ _____ Final Performance and Evaluation Report                      _____ Performance & Evaluation Report for Program Year Ending _____					
Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost	\$4,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$34,313			
10	1460 Dwelling Structure				
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures	\$148,000			
13	1475 Nondwelling Equipment	\$25,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

**Annual Statement/Performance and Evaluation Report**

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

HA Name: <b>EASTPOINTE HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: <b>MI28 P044 501 02</b> Replacement Housing Factor Grant No.:			Federal FY of Grant <b>2002</b>	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		_____ Reserve for Disasters/Emergencies		_____ Revised Annual Statement/Revision Number _____		
_____ Final Performance and Evaluation Report		_____ Performance & Evaluation Report for Program Year Ending _____				
Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
18	1499 Development Activities					
19	1502 Contingency					
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>\$211,313</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
	Amount of Line 20 related to LBP Activities					
	Amount of Line 20 related to Section 504 Compliance					
	Amount of Line 20 related to Security - Soft Costs					
	Amount of Line 20 related to Security - Hard Costs					
	Amount of Line 20 Related to Energy Conservation Measures					
	Collateralization Expenses or Debt Service					
Signature of Executive Director and Date			Signature of Public Housing director/Office of Native American Programs Administrator and Date			
<b>X</b> Jody L. Wenz			<b>X</b>			

# Capital Fund Program Five-Year Action Plan

## Part I: Summary

Capital Fund Program (CGP)

HA Name <b>EASTPOINTE HOUSING COMMISSION</b>			Locality (City/County & State) <b>EASTPOINTE, MI</b>		<input checked="" type="checkbox"/> Original ____ Revision Number ____
A. Development Number/Name	Work Statement for Year 1 FFY 2002	Work Statement for Year 2 FFY Grant: 2003 PHA FY: 6/30/04	Work Statement for Year 3 FFY Grant: 2004 PHA FY: 6/30/05	Work Statement for Year 4 FFY Grant: 2005 PHA FY: 6/30/06	Work Statement for Year 5 FFY Grant: 2006 PHA FY: 6/30/07
<b>PHA WIDE - MANAGEMENT</b>	<b>SEE ANNUAL STATEMENT</b>	\$5,000		\$20,000	\$20,000
<b>PHA WIDE - DWELLING UNITS</b>		\$28,000	\$28,000	\$28,000	\$123,000
<b>PHA WIDE - NON-DWELLING</b>		\$75,000	\$15,000	\$134,000	\$27,000
<b>MI 44-1</b>		\$64,000		\$25,000	
<b>MI 44-2</b>		\$32,500	\$160,000		\$35,000
Total CFP Funds (Est.)		\$204,500	\$203,000	\$207,000	\$205,000
Total Replacement Housing Factor Funds		\$0	\$0	\$0	\$0

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

Activities for Year 1 FFY 2002	Activities for Year 2 FFY Grant: 2003 PHA FY: 6/30/04			Activities for Year 3 FFY Grant: 2004 PHA FY: 6/30/05			
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost	
<b>SEE ANNUAL STATEMENT</b>	PHA WIDE	- Office furniture & equipment	\$5,000	PHA WIDE	- Replace carpeting, Phase II (28 units)	\$28,000	
	PHA WIDE	- Replace carpeting, Phase I (28 units)	\$28,000	PHA WIDE	- Install lighting in tunnels under building	<u>\$15,000</u>	
	PHA WIDE	- Landscaping, Phase II	\$40,000	PHA WIDE	Sub total	\$43,000	
	PHA WIDE	- Replace Lobby furniture	\$15,000				
	PHA WIDE	- Install P.A. System on all floors	<u>\$20,000</u>				
	PHA WIDE	Sub total	\$108,000	MI 44-2	- Kitchen modernization	\$80,000	
	MI 44-1	- Replace Erin Manor bath & kitchen flooring	<u>\$64,000</u>	MI 44-2	- Interior Door replacement	<u>\$80,000</u>	
	MI 44-1	Sub total	\$64,000				
	MI 44-2	- Install stainless steel elevator jambs on 8 landings	\$20,000	MI 44-2	Sub total	\$160,000	
	MI 44-2	- Refurbish Berry elevator cab	<u>\$12,500</u>				
	MI 44-2	Sub total	\$32,500				
		<b>Total CFP Estimated Cost</b>		<b>\$204,500</b>			<b>\$203,000</b>

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

Activities for Year 1	Activities for Year 4 FFY Grant: 2005 PHA FY: 6/30/06			Activities for Year 5 FFY Grant: 2006 PHA FY: 6/30/07		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<b>SEE ANNUAL STATEMENT</b>	PHA WIDE	- Computer system upgrades	\$20,000	PHA WIDE	- Replace vehicle	\$20,000
	PHA WIDE	- Replace carpeting, Phase III (28 units)	\$28,000	PHA WIDE	- Replace carpeting, Phase IV (28 units)	\$28,000
	PHA WIDE	- Replace carpet in all common areas including hallways	<u>\$134,000</u>	PHA WIDE	- Install fabricated wall treatment over cinderblock in all units (164 apts)	\$95,000
	PHA WIDE	Sub total	\$182,000	PHA WIDE	- Install fabricated wall treatment over cinderblock in common areas.	\$15,000
	MI 44-1	- Resurface/base Erin Manor parking lot	<u>\$25,000</u>	PHA WIDE	- Replace control panel in fire pump	<u>\$12,000</u>
	MI 44-1	Sub total	\$25,000	PHA WIDE	Sub total	\$170,000
				MI 44-2	- 34 Roof fans for Berry Manor	<u>\$35,000</u>
				MI 44-2	Sub total	\$35,000
	<b>Total CFP Estimated Cost</b>		<b>\$207,000</b>			<b>\$205,000</b>

**Annual Statement/Performance and Evaluation Report**

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

**Part III: Implementation Schedule**

PHA Name: <b>EASTPOINTE HOUSING COMMISSION</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No.: <b>MI28 P044 501 00</b> Replacement Housing Factor Grant No.:					<b>Federal FY of Grant:</b> <b>2000</b>	
Development Number/Name HA - Wide Activities	All Funds Obligated (QE Date)			All Funds Expended (QE Date)			Reasons for Revised Target Dates (2)	
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)		
PHA WIDE	6/30/01	3/31/02		12/31/03	9/30/03			

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

PHA Name: <b>EASTPOINTE HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: <b>MI28 P044 501 00</b> Replacement Housing Factor Grant No.:						Federal FY of Grant: <b>2000</b>
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	<u>FEES &amp; COSTS</u> A. A&E Fees	1430		<u>22,000</u>	<u>29,742</u>	<u>29,742</u>	<u>29,742</u>	
	SUB TOTAL			22,000	29,742	29,742	29,742	
MI 44-2	<u>SITE IMPROVEMENTS</u> A. Resurface/base parking lot	1450		<u>75,000</u>	<u>59,207</u>	<u>59,207</u>	<u>59,207</u>	
	SUB TOTAL			75,000	59,207	59,207	59,207	
PHA WIDE	<u>DWELLING STRUCTURES</u> A. Re-key 164 individual apartments	1460	164 units	50,000	41,676	41,676	0	
	SUB TOTAL			50,000	41,676	41,676	0	
PHA WIDE	<u>NON-DWELLING STRUCTURES</u> A. Begin construction on new Multi-Purpose Room addition	1470		<u>60,939</u>	<u>77,314</u>	<u>77,314</u>	<u>32,360</u>	total est.cost = \$420,000
	SUB TOTAL			60,939	77,314	77,314	32,360	
	<b>GRAND TOTAL</b>			<b>207,939</b>	<b>207,939</b>	<b>207,939</b>	<b>121,309</b>	

**Annual Statement/Performance and Evaluation Report**

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

HA Name: <b>EASTPOINTE HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: <b>MI28 P044 501 00</b> Replacement Housing Factor Grant No.:			Federal FY of Grant <b>2000</b>	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement/Revision Number <b>TWO</b>		
<input type="checkbox"/> Final Performance and Evaluation Report		<input checked="" type="checkbox"/> Performance & Evaluation Report for Program Year Ending <b>12/31/01</b>				
Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total Non-CGP Funds					
2	1406 Operations					
3	1408 Management Improvements					
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees & Cost	\$22,000	\$29,742	\$29,742	\$29,742	
8	1440 Site Acquisition					
9	1450 Site Improvement	\$75,000	\$59,207	\$59,207	\$59,207	
10	1460 Dwelling Structure	\$50,000	\$41,676	\$41,676	\$0	
11	1465.1 Dwelling Equipment-Nonexpendable					
12	1470 Nondwelling Structures	\$60,939	\$77,314	\$77,314	\$32,360	
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	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>\$207,939</b>	<b>\$207,939</b>	<b>\$207,939</b>	<b>\$121,309</b>	
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 III: Implementation Schedule**

PHA Name: <b>EASTPOINTE HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: <b>MI28 P044 501 01</b> Replacement Housing Factor Grant No.:					Federal FY of Grant: <b>2001</b>	
Development Number/Name HA - Wide Activities	All Funds Obligated (QE Date)			All Funds Expended (QE Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
PHA WIDE	3/31/03			9/30/04				
Signature of Executive Director and Date			Signature of Public Housing Director and Date					
<b>X</b> Jody L. Wenz			<b>X</b>					

**Annual Statement/Performance and Evaluation Report**

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

**Part II: Supporting Pages**

PHA Name: <b>EASTPOINTE HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: <b>MI28 P044 501 01</b> Replacement Housing Factor Grant No.:					Federal FY of Grant: <b>2001</b> AS OF 12/31/01	
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	<u>FEES &amp; COSTS</u> A. A & E Fees and related costs A. Grant Preparation	1430		20,000 <u>2,000</u> 22,000		20,750 <u>2,000</u> 22,750	14,250 <u>2,000</u> 16,250	
PHA WIDE	<u>NON-DWELLING STRUCTURES</u> A. Continue construction of Multi-Purpose Room addition	1470		<u>189,313</u>		<u>188,563</u>	<u>3,596</u>	
	SUB TOTAL			189,313		188,563	3,596	
	<b>GRAND TOTAL</b>			<b>211,313</b>		<b>211,313</b>	<b>19,846</b>	

**CAPITAL FUND PROGRAM TABLES START HERE**

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

HA Name: <b>EASTPOINTE HOUSING COMMISSION</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No.: <b>MI28 P044 501 01</b> Replacement Housing Factor Grant No.:	Federal FY of Grant <b>2001</b>
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement/Revision Number   
 Final Performance and Evaluation Report     
  **Performance & Evaluation Report for Program Year Ending 12/31/01**

Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost	\$22,000		\$22,750	\$16,250
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structure				
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures	\$189,313		\$188,563	\$3,596
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

**Annual Statement/Performance and Evaluation Report**

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

HA Name: <b>EASTPOINTE HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: <b>MI28 P044 501 01</b> Replacement Housing Factor Grant No.:			Federal FY of Grant <b>2001</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement/Revision Number _____		<input checked="" type="checkbox"/> <b>Performance &amp; Evaluation Report for Program Year Ending <u>12/31/01</u></b>				
<input type="checkbox"/> Final Performance and Evaluation Report						
Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
18	1499 Development Activities					
19	1502 Contingency					
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>\$211,313</b>		<b>\$211,313</b>	<b>\$19,846</b>	
	Amount of Line 20 related to LBP Activities					
	Amount of Line 20 related to Section 504 Compliance					
	Amount of Line 20 related to Security - Soft Costs					
	Amount of Line 20 related to Security - Hard Costs					
	Amount of Line 20 Related to Energy Conservation Measures					
	Collateralization Expenses or Debt Service					
Signature of Executive Director and Date			Signature of Public Housing director/Office of Native American Programs Administrator and Date			
<b>X</b>  Jody L. Wenz			<b>X</b>			

## ATTACHMENT e

### **PHA Plan Update, FYE July 1, 2002**

#### **DESCRIPTION OF PROGRESS IN MEETING GOALS (PAST 12 MONTHS):**

Per last year's annual statement, we have completed the resurface/base of Chester H. Berry Manor parking lot ( MI044-2) AND the coordination intensive project of re-keying 164 elderly apartments. With this new controlled access lock system, resident apartment keys **cannot** be duplicated by a hardware store OR locksmith without a particular key BLANK that is supplied by the Housing Commission. This system allows our maintenance staff to know how many keys each resident has and can ensure that ALL keys are turned in at the end of their residency. ( We still change locks at move-out) In order to increase the maintenance department's efficiency, we also had all mechanical room locks installed with a push button access code system so that servicemen can get into the mechanical rooms to fulfill monthly service contract duties without having to call maintenance or housekeeping staff away from their duties. If we feel there has been a breach of code security, we can re-program the push button access code.

In addition, the construction of our multi-purpose room has been bid out, awarded, and the footings have been poured. Steel beam construction began in March, 2002 and will continue until completion which is anticipated as late summer. Among other things, this room will be used to unite the two buildings while encouraging friendships, teamwork, furthering social activities and ultimately develop a sense of pride to live within our community.

#### **VOLUNTARY CONVERSION STATEMENT:**

In accordance with 972.200(b), the Eastpointe Housing Commission has reviewed each development's operations as public housing, considered the implications of converting the developments to tenant-based assistance ( Section 8 ), and concluded that conversion of the developments would be inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion described at 972.200(c).

#### **DECONCENTRATION STATEMENT:**

In accordance with 903.2(c), the Eastpointe Housing Commission has reviewed each development's rental income and determined the average income level is not up to 30% of area median income, and therefore should not be categorized as a higher income development for purposes of income mixing. Efforts to place lower income families into these developments would not result in income deconcentration as contemplated by the statute.