

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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DundeeHousingCommission  
SmallPHAPlanUpdate  
AnnualPlanforFiscalYear: 2002

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLE TEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan  
Agency Identification**

**PHAName:** DundeeHousingCommission

**PHANumber:** MI142

**PHAFiscalYearBeginning:(mm/yyyy)** 10/2002

**PHA Plan Contact Information:**

Name:BeckyMercer

Phone:734 -529-2828

TDD:734 -529-2828

Email(ifavailable):dhcrp@dundee.net

**Public Access to Information**

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

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

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

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

- 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 20 02

[24CFR Part 903.7]

### i. Table of Contents

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

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<input checked="" type="checkbox"/> Attachment_B_: Capital Fund Program Annual Statement	
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<input type="checkbox"/> Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan	
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Attachment D: 2000 CFPP & ER Report	
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## ii.ExecutiveSummary

[24CFRPart903.79(r)]

AtPHAoption,provideabriefoverviewoftheinforma tionintheAnnualPlan

### 1.SummaryofPolicyorProgramChangesfortheUpcomingYear

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlastyear'sPHAPlanthatarenotcovered inothersectionsofthisUpdate.

Wehave madenumerouschangestoourpoliciesand/orprogramsbasedonchangesin statutesand/orHUDregulationsthathaveoccurredasaresultoftheHousingQualityand WorkResponsibilityAct.HUDmandatedallofthese.

### 2.CapitalImprovementNeeds

[24CF RPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredto completethiscomponent.

A.  Yes  No: IsthePHAeligibletoparticipateintheCFPinthefiscalyear coveredbythisPHAPlan?

B. Whatisthe amountofthePHA'sestimatedoractual(ifknown)CapitalFund Programgrantfortheupcomingyear? \$ \_\_\_\_\_ 122,315 \_\_\_\_\_

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

D. CapitalFundProgramGrantSubmissions

#### (1)CapitalFundProgram5 -YearActionPlan

TheCapitalFundProgram5 -YearActionPlanisprovidedasAttachmentC

#### (2)Capit alFundProgramAnnualStatement

TheCapitalFundProgramAnnualStatementisprovidedasAttachmentB

### 3.D emolitionandDisposition

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredto completethissection.

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

2. Activity Description

<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: <u>          (DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Relocation resources (select all that apply)	
<input type="checkbox"/> Section 8 for           units	
<input type="checkbox"/> Public housing for           units	
<input type="checkbox"/> Preference for admission to other public housing or section 8	
<input type="checkbox"/> Other housing for           units (describe below)	
8. Timeline for activity:	
a. Actual or projected start date of activity:	
b. Actual or projected start date of relocation activities:	
c. Projected end date of activity:	

**4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

A.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip 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 home ownership 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 This section is no longer required**

[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 H \_\_\_\_\_
- 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 H \_\_\_\_\_.

Other:(listbelow)

### B.StatementofConsistencywiththeConsolidatedPlan

ForeachapplicableConsolidatedPlan,makethefollowingstatement(choose questionsasmanytimesas necessary).

1.ConsolidatedPlanjurisdiction:TheStateofMichigan

2.ThePHAhas takenthefollowingstepstoensureconsistencyofthisPHAPlanwith theConsolidatedPlanforthejurisdiction:(selectallthatapply)

- ThePHAhasbaseditsstatementofneedsoffamiliesinthejurisdictionon theneedsexpressedintheConsolidatedPlan/s.
- ThePHAhasparticipatedinanyconsultationprocessorganizedand offeredbytheConsolidatedPlanagencyinthedevelopmentofthe ConsolidatedPlan.
- ThePHAhasconsultedwiththeConsolidatedPlanagencyduringthe developmentofthisPHAPlan.
- Activities tobekundertakenbythePHAinthecomingyearareconsistent withspecificinitiativescontainedintheConsolidatedPlan.(listsuch initiativesbelow)
- Other:(listbelow)

3. PHARequestsforsupportfromtheConsolidatedPlanAgency

Yes  No:DoesthePHArequestfinancialorothersupportfromtheStateorlocal governmentagencyinordertomeettheneedsofitspublichousing residentsorinventory?Ifyes,pleaselistthe5mostimportantrequests below:

4.TheConsolidatedPlanofthejurisdiction supports thePHAPlanwiththefollowing actionsandcommitments:(describebelow)

### C.CriteriaforSubstantialDeviationandSignificantAmendments

#### 1. AmendmentandDeviationDefinitions

24CFRPart903.7(r)

PHAsarerequiredtodefineandadopttheirownstandards ofsubstantialdeviationfromthe5-yearPlan andSignificantAmendmenttotheAnnualPlan.The definitionofsignificantamendmentisimportant becauseitdefineswhenthePHAwillsubjectachangeto thepoliciesoractivitiesdescribedintheAnnual Plan tofullpublichearingandHUDreviewbefore implementation.

#### A.SubstantialDeviationfromthe5-yearPlan:

Asubstantial 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 A

### Supporting Documents Available for Review

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

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

<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	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
X	Public housing grievance procedures <input 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 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
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership 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
	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

**AttachmentB**

<b>AnnualStatement/PerformanceandEvaluationReport</b>					
<b>CapitalFundProgramandCapital FundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary</b>					
PHAName:DundeeHousingCommission		GrantTypeandNumber CapitalFundProgramGrantNo:MI28P14250102 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 10/2002
X OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno: ) PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformance andEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	TotalNon -CFPFunds				
2	1406Operations	21,145			
3	1408ManagementImprovements				
4	1410Administra tion				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9	1450SiteImprovement	16,795			
10	1460DwellingStructures	84,375			
11	1465.1DwellingEquipment —Nonexpendable				
12	1470Nondwe llingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1501CollaterizationorDeb tService				
20	1502Contingency				
21	AmountofAnnualGrant:(sumoflines2 -20)	122,315			
22	Amountoffline21RelatedtoLBPActivities				

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

PHAName: Dundee Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI28P14250102 Replacement Housing Factor Grant No:	Federal FY of Grant: 10/2002
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X Original Annual Statement    Reserve for Disasters/Emergencies    Revised Annual Statement (revision no:      )  
Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				





**AttachmentC**

**CapitalFundProgramFive -YearActionPlan**

PartI:Summary

PHANameDundeeHousing Commission				<b>XOriginal5 -YearPlan</b> <input type="checkbox"/> RevisionNo:	
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2003 PHAFY:	WorkStatementforYear3 FFYGrant:2004 PHAFY:	WorkStatementforYear4 FFYGrant:2005 PHAFY:	WorkStatementforYear5 FFYGrant:2006 PHAFY:
	Annual Statement				
01/Rawson		101,170	101,170	101,170	101,170
CFPFundsListedfor 5-yearplanning		101,170	101,170	101,170	101,170
ReplacementHousing FactorFunds					

CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivities**

Activitiesfor Year1	ActivitiesforYear:2 FFYGrant:2003 PHAFY:			ActivitiesforYear:3 FFYGrant:2004 PHAFY:		
200	Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWork Categories	EstimatedCost
1						
<b>See</b>						
<b>Annual</b>	01-Rawson	<i>RenovateIntercom System</i>	101,170	01-Rawson	<i>ReplaceSiding&amp; WoodTrim</i>	101,170
Statement						
TotalCFPEstimatedCost			\$101,170			\$101,170



AttachmentD

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Dundee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI28P14250100 Replacement Housing Factor Grant No:			Federal FY of Grant: 10/2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement Performance and Evaluation Report for Period Ending <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				As of 3-31-02
2	1406 Operations	6,804	12,254	12,254	12,254
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	16,000	7,000	7,000	7,000
10	1460 Dwelling Structures	69,750	69,750	69,750	69,750
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	7,000	10,550	10,550	10,550
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	99,554	99,554	99,554	99,554
22	Amount of line 21 Related to LBP Activities				

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

PHAName:DundeeHousingCommission	GrantTypeandNumber CapitalFundProgramGrantNo:MI28P14250100 ReplacementHousingFactorGrantNo:	FederalFYofGrant: 10/2000
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement  
 Performance and Evaluation Report for Period Ending  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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: Dundee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI28P14220100 Replacement Housing Factor Grant No:			Federal FY of Grant: 10/2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MI142 01/Rawson	Operations	1406		6,804		6,804	6,804	Completed
MI142 01/Rawson	Repair/Replace Exterior Masonry Walls	1450		16,000		16,000	16,000	Completed
MI142 01/Rawson	Install Control Joints/Repaint units	1460		69,975		69,975	69,975	Completed
MI142 01/Rawson	Replace Maint. Doors & Hallway Doors	1470		7,000		7,000	7,000	Completed



AttachmentE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Dundee Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI28P1425010 1 Replacement Housing Factor Grant No:		Federal FY of Grant: 10/2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement X Performance and Evaluation Report for Period Ending <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				As of 3 -31-02
2	1406 Operations	15,370		0	0
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	52,200		0	0
10	1460 Dwelling Structures	33,600		1,291.36	1,291.36
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 -20)	101,170	0	1,291.36	1,291.36
22	Amount of line 21 Related to LBP Activities				

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

PHAName:DundeeHousingCommission	GrantTypeandNumber CapitalFundProgramGrantNo:MI28P1425010 1 ReplacementHousingFactorGrantNo:	FederalFYofGrant: 10/2001
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement  
 Performance and Evaluation Report for Period Ending  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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				





**Required Attachment \_\_F\_\_: 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:

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): Notice, no one has interest

B. Date of next term expiration of a governing board member: 1<sup>st</sup> Thursday in April 2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mayor James Roe, Village of Dundee

**Required Attachment \_\_\_G\_\_\_: Membership of the Resident Advisory Board or Boards**

- i. 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.)

All residents of 501 Rawson St.

Amy King	#46
Kedric Fairchild	#41
Anne Frisbie	#65
Marcy Miller	#57
Mary Koster	#43
Sophia Saren	#45
Maria Gibson	#51
Doris Lawson	#32
Irene De Bruyn	#73
Alta Suydam	#60
Helene Baetz	#30
Jerry Hall	#6
Mary Jane Leas	#11
Annie Dings	#3
Hubert Frisbie	#65

## **AttachmentH**

### **DundeeHousingCommission**

#### **CommentsfromResidentAdvisoryBoardMeeting HeldonMay7,2002**

There was some discussion on enlarging patios, residents don't have enough room to sit on a chair or to have a friend sit with them on the current patios. Vertical blinds to replace the 18 year old draperies which have pinholes in them. Updating the main Fire Alarm System to be tied in with the fire department was received well. The proposed agency plan was approved.

**Attachment I – Component 3(6) Deconcentration and Income Mixing**

a.  Yes       No      Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b.  Yes       No      Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

<b>Deconcentration Policy for Covered Developments</b>			
<b>Development Name</b>	<b>Number of Units</b>	<b>Explanation (if any) [see step 4 at 903.2(c)(1)(iv)]</b>	<b>Deconcentration Policy (if no explanation) [see step 5 at 903.2(c)(1)(v)]</b>

**Attachment J**

**Component 10(B) Voluntary Conversion Initial Assessments**

- a. How many of the PHA's developments are subject to the Required Initial Assessments? None
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? one
- c. How many Assessments were conducted for the PHA's covered developments?  
0 assessments

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: None

Development Name	Number of Units

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