

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2003

BedfordTownship HousingCommission

**NOTE:THISPHAPLANSTEMPLAT E(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

PHA Plan Agency Identification

PHAName: BedfordTownshipHousingCommission

PHANumber: MI-156

PHAFiscalYearBeginning:(mm/yyyy) 10/2002

PHA Plan Contact Information:

Name: SueSoda

Phone: 734 -847-3950

TDD: 734- 847-3950

Email(ifavailable): ijl@bedfordnet.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 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 Plan file, provide the filename in parentheses in the space to the right of the title.

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<input type="checkbox"/> Other (List below, providing each attachment name)	
2000 CFPP & E Report – Attachment F	
2001 CFPP & E Report – Attachment G	
Deconcentration Insert – Attachment H	
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.

The only change is how we are spending the CFP funds. This change includes modifying the 2001 allocation to put it all into furnaces.

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? \$ 124,800

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 C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

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

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:

2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (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

[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

[24CFRPart903.7(m)]

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

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

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

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

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

6. Other Information

[24CFRPart903.79(r)]

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

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

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

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

The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included

Yes No: below or

Yes No: at the end of the RAB Comments in Attachment _____.

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

Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here) **State of 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 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)

It allows us to compete for funding if necessary.

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 A
Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
	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
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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 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 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 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 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
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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
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
	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
XX	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	<p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24CFR761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
XX	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24CFR Part 960, Subpart G)</p> <p><input checked="" type="checkbox"/> check here if included in the public housing A&O Policy</p>	Pet Policy
XX	<p>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</p>	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

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgramandCapita IFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary					
PHAName:BedfordTownshipHousingCommission		GrantTypeandNumber CapitalFundProgramGrantNo: MI8P15650102 ReplacementHousingFactorGrantNo:		FederalFYofGrant: 2002	
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:)					
<input type="checkbox"/> PerformanceandEvaluationReportfo rPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Lin e No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operat ions				
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	124,800			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				

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

PHA Name: Bedford Township Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI8P15650102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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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
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20) –	124,800			
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	124,800			

AttachmentC

CapitalFundProgramFive -YearActionPlan

PartI:Summary

PHA Name Township Commission		Bedford Housing		<input checked="" type="checkbox"/> Original5 -YearPlan RevisionNo:	
Development Number/Name/H A-Wide	Year1	WorkStatementforYear2 FFYGrant :2003 PHAFY:2004	WorkStatementforYear3 FFYGrant:2004 PHAFY:2005	WorkStatementfor Year4 FFYGrant:2005 PHAFY:2006	WorkStatementfor Year5 FFYGrant:2006 PHAFY:2007
	Annual Stateme nt				
MI28P156001		\$124,800	\$124,800	\$124,800	\$124,800
CFPFunds Listed for 5 -year planning		\$124,800	\$124,800	\$124,800	\$124,800
Replacement Housing Factor Funds					

CapitalFundProgramFive -YearActionPlan
PartII:SupportingPages —WorkActivities

Activities for Year1	ActivitiesforYear:___ 2___ FFYGrant:2003 PHAFY:2004			ActivitiesforYear:___3 FFYGrant:2004 PHAFY:2005		
	Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
See	<i>MI28P156-001</i>	<i>MaintenanceBldg.</i>	\$34,500.	MI28P156-001	<i>SprinklerSystem</i>	\$42,075.
Annual						
Statement	<i>MI28P156-001</i>	ADADoorMod.	\$15,750.	<i>MI28P156-001</i>	<i>Landscape Replacement</i>	\$ 40,675.
	MI28P156 - 001	KitchenMod.	\$12,000.	MI28P156-001	Computer	\$24,000.
	MI28P156-001	Flooring Replacement	\$14,432.	MI28P156-001	A/EFeesandCosts	\$9,500.
	MI28P156-001	A/EFeesandCosts	\$1 5,000.	MI28P156-001	Operations	\$8,550
	MI28P156-001	Replaceapt. entrancedoorswith ADAdoors	\$25,000.			
	MI28P156-001	Operations	\$8,118			

		TotalCFPEstimatedCost	\$124,800			\$124,800

Required Attachment _ D _ : Resident Member on the PHA Governing Board

1. Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

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 governing board member: **There is a current vacancy**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **Township Supervisor LaMar Frederick**

Required Attachment ___ E___: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Virginia Newman
Pauline Taylor
Grace Coss

AttachmentF

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CF PRHF) Part I: Summary					
PHA Name: Bedford Township Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI28P15650100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) X and Evaluation Report for Period Ending: 3/31 <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	\$4,755	\$18,539	18,539	18,539
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$8,700	18,000	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$118,354.	.\$88,680.	88,680	88,680
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				

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

PHAName: Bedford Township Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI28P15650100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 2)
X and Evaluation Report for Period Ending: 3/31 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$131,809	\$125,219	107,219	107,219
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 and Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Bedford Township Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI28P15650100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MI28P1565010	Smoke Alarm Replacement	1460		\$90,000.	88,680	88,680	88,680	
MI28P1565010	Furnace/a/c replacement	1460	25	\$33,000.	0			
MI28P1565010	Operations	1406		\$2,219.	18,539	18,539	18,539	
MP128P15650100	A&E Fee for Furnaces	1430			18,000	18,000	0	

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

PHA Name: Bedford Township Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI28P15650100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHA Name: Bedford Township Housing Commission		Grant Type and Number Capital Fund Program No: MI28P15650100 Replacement Housing Factor No:					Federal FY of Grant: 2000
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	
MI28P15650100	3/31/02		3/31/02	3/31/03			Change in capital fund program for listed work items

AttachmentG

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Bedford Township Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI8P15650101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)						
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: March 31, 2002 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non -CFP Funds					
2	1406 Operations	\$15,000.	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					
10	1460 Dwelling Structures		.			
11	1465.1 Dwelling Equipment — Nonexpendable	\$112,250	127,250			
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					

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

PHA Name: Bedford Township Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI8P15650101 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: March 31, 2002 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20) –	\$127,250			
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				

AttachmentH

Component3,(6)DeconcentrationandIncomeMi xing

- 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:

DeconcentrationPolicyforCoveredDevelopments			
Development Name:	Number ofUnits	Explanation(ifany)[seestep4at §903.2(c)(1)(iv)]	Deconcentrationpolicy(if noexplanation)[seestep5 at §903.2(c)(1)(v)]

Weonlyhaveonepublichousingdevelopmentanditisfortheelderly.

Attachment I

a. How many of the PHA's developments are subject to the Required Initial Assessments? **0**

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)? **1**

c. How many Assessments were conducted for the PHA's covered developments? **0**

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

Development Name	Number of Units

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