

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: 2003

**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:** Roxboro Housing Authority

**PHA Number:** NC060

**PHA Fiscal Year Beginning:** 01/2003

**PHA Plan Contact Information:**

Name: Pecolia Beatty

Phone: 336-599-8616

TDD:

Email (if available): roxboroha@earthlink.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 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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- Attachment A : Supporting Documents Available for Review .....1-4
- Attachment pg 5-8\_\_ : Capital Fund Program Annual Statement
- Attachment pg. 9,e,g\_ : Capital Fund Program 5 Year Action Plan ..
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- Attachment D\_\_ : Public Housing Drug Elimination Program (PHDEP) Plan
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- Attachment B\_\_ : Membership of Resident Advisory Board or Boards...
- Attachment \_H\_ : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text
- X Other (List below, providing each attachment name)
- ANNUAL STATEMENT NC6001P01 PAGES, 27,28,29
- VOLUNTARY CONVERSION NC6001Q01 PAGE-31
- DECONCENTRATION, NC001R01 pg. 38
- Statement of Consistency with the Consolidated Plan NC6001s01 Page 33
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**ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

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

**1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year’s PHA Plan that are not covered in other sections of this Update.

**None**

**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? \$412,000 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  
nc06001e01,f01,g01

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

The Capital Fund Program Annual Statement is provided as Attachment

**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

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

2. Activity type: Demolition Disposition
3. Application status (select one) Approved Submitted, pending approval Planned application
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 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 downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment 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 N/A**

[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.

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? 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**

[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 Attached at Attachment (nc06001a01)
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 nc06001a01 \_\_\_\_.
  - Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the 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)NORTH CAROLINA
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) To provide affordable, safe and decent housing to low Income families.

## **C. Criteria for Substantial Deviation and Significant Amendments**

### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

**A. Substantial Deviation from the 5-year Plan:Substantial deviation from the 5-year plan would include changes to programs, changes to rent or admissions policies or organization of the waiting, additions of non-emergency work items or change in the uses of replacement reserve fund under the Capital Fund and any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.**

**B. Significant Amendment or Modification to the Annual Plan:Any significant Amendment or Modification to the Annual Plan will follow the following requirement, Will consult with Resident Advisory Board; ensure consistency with the Consolidated Plan of the jurisdiction;will provide a review of the amendment/modification by the during a 45-day review period: PHA will not adopt the amendment or modification until the PHA has duly called a meeting of its Board of Commissioner. Meeting will be open to the public; PHA will not implement the amendment or modification until notification of the amendment or modification is provided to HUD and approved by HUD.**

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

	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	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 check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved 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
	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
	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) 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
X X X X X x	Other supporting documents (optional) DECONCENTRATION VOLUNTARY CONVERSION OF PUBLIC HOUSING PROGRAM CHANGES STATEMENT OF CONSISTENCY WITH THE CONSOLIDATED PLAN DEFINITION SUBSTANTIAL DEVIATION AND SIGNIFICANT AMENDMENT ANNUAL STATEMENT-2003	(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>					
<b>PHA Name:</b> Roxboro Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: NC19P06050100 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2000	
<b>Original Annual Statement</b>		<b>Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )</b>			
<b>XPerformance and Evaluation Report for Period Ending:6/30/02</b>		<b>Final Performance and Evaluation Report</b>			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	63,000		63,000	63,000
3	1408 Management Improvements	4,485		4,485	4,485
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	4,000		4,000	4,000
10	1460 Dwelling Structures	278,932		278,932	228,383.23
11	1465.1 Dwelling Equipment—Nonexpendable	12,000		12,000	12,000
12	1470 Nondwelling Structures	42,892		42,892	42,892
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)	405,309		405,309	354,760.23
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	105,600			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Roxboro Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: NC19P06050100  Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NC060001	Renovate Bathrooms	1460	42	57,980	42,580	42,580	42,580	
NC060001	Replacement of Entry Doors	1460	300	105,600		105,600	105,000	
NC060003	Enlarge community Build	1470	1	30,000		30,000	30,000	
NC060003	Replace Furnaces	1460	62	74,400		74,400	23,851.23	
NC060001	Renovate Main Office	1470	1	12,892		12,892	12,892	
NC060001	Operations	1406		63,000		63,000	63,000	
NC060001	Management Improvement	1408		4,485		4,485	4,485	
NC060001	Upgrade-Sidewalks	1450		4,000		4,000	4,000	
NC060003	Vinyl Siding	1460	3 sites	35,952		35,952	35,952	
NC060001	Repair To Vacant Units	1460		5,000		5,000	5,000	
NC060001	Refrigerators Replacement	1465	30	12,000		12,000	12,000	
NC060001	UNIT RENOVATION	1460		0	16,000	16,000	16,000	



### 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.

CFP 5-Year Action Plan		
Original statement	Revised statement	
Development Number	Development Name (or indicate PHA wide) PHA WIDE	
NC060	Roxboro Housing Authority	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)

## PHA Public Housing Drug Elimination Program Plan N/A

nc06001d04

**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**

**D. FFY in which funding is requested**

**E. 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

**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

FFY_2002PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
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>		
	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/Source)	Performance Indicators
3.							

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

<b>9130 - Employment of Investigators</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>9140 – Voluntary Tenant Patrol</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>9150 - Physical Improvements</b>					<b>Total PHDEP Funding</b>		
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding:</b>		
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators

<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	PHDEP 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	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds:</b>		
Goal(s)provide adult job skills training							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
3.							

**Required Attachment nc06001c01\_\_\_\_: 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 a governing board member:

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

Frank Bumpass – Public Housing Manager  
Pecolia Beatty – Executive Director

**Required Attachment nc06001b01**

**: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.)

1. Janie Chappell – President
2. Helen Allen
3. Joyce Lofton
4. Jeanette Bumpass
5. Andrea Sanford
6. Dorothy Gentry – Secretary
7. Louise Motley
8. Frances Torain
9. Dorothy Moore
10. Charlene Wilson

<b>CFP 5-Year Action Plan</b> Original statement Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide) PHA WIDE</b>	
NC060	Roxboro Housing Authority	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>

<b>CFP 5-Year Action Plan nc06001E01</b>		
<b>Original statement</b>	<b>Revised statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide) PHA WIDE</b>	
NC060	Roxboro Housing Authority	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>

<b>CFP 5-Year Action Plan nc06001g03</b>		
<b>Original statement</b>	<b>Revised statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide) PHA WIDE</b>	
NC060	Roxboro Housing Authority	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
WINDOW REPLACEMENT	202,000	1/2004
GUTTER AND DOWNSPOUT REPLACEMENT	25,000	1/2004
SITE IMPROVEMENT	5,000	1/2004
MANAGEMENT IMPROVEMENT	5,000	1/2004
OPERATIONS	20,000	1/2004
FLOOR REPLACEMENTS	102,000	1/2004
REPLACEMENTS OF EXTERIOR DOORS	48,000	1/2004
REPLACEMTN OF PLAYGROUND EQUIPMENT	6,000	1/2004
		<b>408,000</b>

nc06001h01

Attachment – Resident Comments

#6

Resident Council/Advisory Board Comments

Capital Fund Programs

1. Residents requested bathroom renovations.
2. Residents stated that the work already completed on up-grading the apartments looks good, however, more work is needed on the old apartments and realize that it will take several years which is included in the 5-year plan.
3. Lee Garden residents requested that the PHA need to paint apartment and not residents
4. Resident requested floor tile .

THE PHA HAS INCLUDED THESE REQUESTS IN THE, 2002, 2003 CAPITAL FUND.

<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>					
<b>PHA Name:</b> Roxboro Housing Authority NC06001p01		<b>Grant Type and Number</b> Capital Fund Program: NC19P06050101 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2001	
<b>Original Annual Statement</b> XPerformance and Evaluation Report for Period Ending:6/30/02			<b>Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )</b> 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	23,000		23,000	23,000
3	1408 Management Improvements	4,000		4,000	4,000
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000		5,000	5,000
10	1460 Dwelling Structures	351,028		351,028	318,547
11	1465.1 Dwelling Equipment—Nonexpendable	30,568		30,568.	30,568
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)	413,596			
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				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>						
PHA Name: Roxboro Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: NC19P06050101 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2001	
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Proposed Work

Name/HA-Wide Activities Original Revised Funds Obligated Funds Expended NC060001 Renovate Bathrooms 1460 56 50,300 44,452 44,452 44,452 NC060001  
 Replace floor tile 1460 16 83,000 86,220 86,220 86,220 NC060001 Interior painting 1460 32 30,000 1,050 1,050 1,050 NC06001 Kitchen Cabinet Replacement 1460 72  
 93,000 124,882 124,882 124,882 Nco60001 Interior Door Replacement 1460 66 30,000 2,010 2,010 2,010 NC060001 Operations 1406 23,000 23,000 23,000 23,000  
 NC060001 Management Improvement 1408 4,000 4,000 4,000 4,000 NC060001 Upgrade-Sidewalks 1450 5,000 5,000 5,000 5,000 NC060003 Vinyl Siding 1460 3 sites  
 30,728 30,728 30,728 NC060001 Gutter& Downspout replacement 1460 14 15,000 6,402 6,402 420 NC060001 Refrigerators Replacement 1465 3-sites 30,568 30,568 30,568  
 NC060001 Replace shades with blinds 1460 3-sites 19,000 19,361 19,361 19,360.02 NC060001 Unit Renovation 1460 2-sites 15,923 15,923 9,425 Nc060001 Furnace  
 Replacement 1460 1-site 20,000 20,000 0

<b>Annual Statement/Performance and Evaluation Report</b>							
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>							
<b>Part III: Implementation Schedule</b>							
PHA Name:		Grant Type and Number Capital Fund Program #: NC19P06050101 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NC060001	6-30-03			6-30-2004			

## **VOLUNTARY CONVERSION DETERMINATION**

THE ROXBORO HOUSING HAS DETERMINED THAT VOLUNTARY CONVERSION WOULD BE INAPPROPRIATE BECAUSE REMOVAL OF THE DEVELOPMENT WOULD NOT MEET THE NECESSARY CONDITIONS FOR VOLUNTARY CONVERSION.

ATTACHMENT#nc001q01

a. How many of the PHA's developments are subject to the Required Initial Assessments? Answer -Two

b. How many of the PHA's developments are not subject to the Required Initial Assessments? Answer-None

c. How many Assessments were conducted for the PHA's covered developments? Answer-One

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

Assessments. Answer- None

ATTACHMENT#nc001s01

***STATEMENT OF CONSISTENCY WITH THE CONSOLIDATED PLAN***

1. CONSOLIDATED PLAN JURISDICTION IS NORTH CAROLINA

2. THE PHA HAS BASED ITS STATEMENT OF NEEDS OF FAMILIES IN THE JURISDICTION ON THE NEEDS EXPRESSED IN THE CONSOLIDATED PLAN.
3. THE CONSOLIDATED PLAN OF THE JURISDICTION SUPPORTS THE PHA WITH FOLLOWING ACTIONS AND COMMITMENTS: THE GOALS FOR MEETING THE HOUSING NEEDS IN THE CONSOLIDATED PLAN OF THE STATE OF NORTH CAROLINA SUPPORTS THE GOALS OF THE PHA GOALS IN MEETING THE HOUSING NEED OF THIS JURISDICTION. TO PROVIDE SAFE, DECENT, AND AFFORDABLE HOUSING FOR THE CITIZENS OF PERSON COUNTY.

ATTACHMENT#nc001t01

***PROGRAM CHANGES***

THERE HAS BEEN NO PROGRAM CHANGES SINCE SUBMISSION OF LAST PLAN.

<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>					
<b>PHA Name:</b> Roxboro Housing Authority NC06001u01		<b>Grant Type and Number</b> Capital Fund Program: Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2002	
<b>Original Annual Statement</b> Performance and Evaluation Report for Period Ending 6/30/02		<b>Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )</b>			
<b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	20,000			
3	1408 Management Improvements	5,000			
4	1410 Administration				
5	1411 Audit				

6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	6,000			
10	1460 Dwelling Structures	327,868		152,162	0
11	1465.1 Dwelling Equipment—Nonexpendable	35,000			
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)	393,868.00			
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				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Roxboro Housing Authority  <b>NC06001vo1</b>		<b>Grant Type and Number</b> Capital Fund Program Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant: 2002</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NC060001	Kitchen Cabinet Replacement	1460	75	129,000	152,162.00	152,162.00	0	
NC060001	Floor Tile Replacement	1460	40	112,000	147,600.00			
NC060003	Interior Painting	1460	40	14,868				
NC060003	Replace Gas Stoves	1465	66	20,000	8,000.00			
NC060001	Interior door replacements	1460	40	12,000	2,000.00			
NC060001	Operations	1406		20,000				
NC060001	Management Improvement	1408		5,000				
NC060001	Site Improvement	1450	2sites	6,000				
NC060003	Replace Shades with Blinds	1460	60	15,000	6,764.00			
NC060001	Bathroom Renovation	1460	40	40,000	16,414.00			
NC060001	Unit Repairs	1460	15	5,000				
NC060001	Refrigerator Replace	1460	38	15,000				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: NC06001w01		Grant Type and Number Capital Fund Program #: NC19P06050101 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NC060001	6-30-04			6-30-2005			

Attachment NC001r01

### DECONCENTRATION OF POVERTY 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.

<b>CFP 5-Year Action Plan nc06001w01 Original statement Revised statement</b>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide) PHA WIDE</b>	
NC060	Roxboro Housing Authority	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>

Window Replacement	203,000	1/2005
Gutter and Downspout Replacement	32,000	1/2005
Bathroom Renovation	40,000	1/2005
Management Improvement	15,000	1/2005
Operations	22,000	1/2005
Site Improvement	15,000	1/2005-
Install central air conditioners in 2-sites	104,000	1/2005
Unit Renovation	5,000	1/2005
	436,000	

<b>CFP 5-Year Action Plan nc06001Y</b>		
<b>01 Original statement Revised statement</b>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide) PHA WIDE</b>	
NC060	Roxboro Housing Authority	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>

<b>ROOF REPLACEMENT</b>	<b>80,000</b>	<b>1/2006</b>
Gutter & Downspout Replacement	45,000	1/2006
Site Improvement	40,000	1/2006
Management Improvement	15,000	1/2006
Operations	28,000	1/2006
Playground Equipment Replacement	45,000	1/2006
Installaly central air conditioner in 3-sites	178,000	1/2006
	<b>449,000</b>	

<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: Roxboro Housing Authority NC06001X01		Grant Type and Number Capital Fund Program: Replacement Housing Factor Grant No:		Federal FY of Grant: 2003	
XOriginal Annual Statement Performance and Evaluation Report for Period Ending 6/30/02			Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )		
<b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	20,000			
3	1408 Management Improvements	7,000			
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000			

10	1460 Dwelling Structures	353,000			
11	1465.1 Dwelling Equipment—Nonexpendable	27,000			
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)	412,000			
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				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Roxboro Housing Authority		Grant Type and Number Capital Fund Program Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2003			
<b>NC06001X01</b>								
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Nc060001	FLOOR TILE REPLACEMENT	1460	70	110,000				
Nc060001	WINDOW REPLACEMENT	1460	70	203,000				
NC060001	REPLACE REFRIGERTORS	1465	40	17,000				
NC060001	INTERIOR DOOR REPLACEMENT	1460	60	20,000				

NC060001	OPERATIONS	1406		20,000				
NC060001	MANGEMENT IMPROVEMENT	1408		7,000				
NC060001	STOVE REPLACEMENT	1465	30	10,000				
Nc060001	SITE IMPROVEMENT	1450		5,000				
NC060001	UNIT RENOVATION	1460		5,000				
NC060001	INTERIOR PAINTING(APARTMENT)	1460	35	15,000				

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHA Name: NC06001V01		Grant Type and Number Capital Fund Program #: NC19P06050101 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NC060001	6/30/2005			6/30/6			