

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

---

# LenoirHousingAuthority

SmallPHAPlanUpdate

AnnualPlanforFiscalYear: 2003

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

**PHA Plan  
Agency Identification**

**PHAName:** LenoirHousingAuthority

**PHANumber:** NC074

**PHAFiscalYearBeginning:(mm/yyyy)** 10/2003

**PHA Plan Contact Information:**

Name: James R. Anderson II

Phone: (828) 758 - 5536

TDD:

Email (if available): [lenoirhousing@charter.net](mailto:lenoirhousing@charter.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**  
 [24CFR Part 903.7]

**i. Table of Contents**

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

<b>Contents</b>	<b><u>Page#</u></b>
<b>Annual Plan</b>	
i. Table of Contents	1
ii. Executive Summary	2
1. Summary of Policy or Program Changes for the Upcoming Year	2
2. Capital Improvement Needs	2-3
3. Demolition and Disposition	2-3
4. Homeownership: Voucher Homeownership Program	-4
5. Crime and Safety: PHDEP Plan (NA)	4
6. Other Information:	
A. Resident Advisory Board Consultation Process	4
B. Statement of Consistency with Consolidated Plan	4-5
C. Criteria for Substantial Deviations and Significant Amendments	5
<b>Attachments</b>	
X Attachment A: Supporting Documents Available for Review	
6-8	
X Attachment <u>1</u> : Capital Fund Program Annual Statement	
9-14	
X Attachment <u>2</u> : Capital Fund Program 5 Year Action Plan	
15	
<input type="checkbox"/> Attachment <u>  </u> : Capital Fund Program Replacement Housing Factor Annual St.	
<input type="checkbox"/> Attachment <u>  </u> : Public Housing Drug Elimination Program (PHDEP) Plan	
(NA) 16- 22	
X Attachment <u>3</u> : Resident Membership on PHA Board or Governing Body	23
X Attachment <u>4</u> : Membership of Resident Advisory Board or Boards	24
<input type="checkbox"/> Attachment <u>  </u> : 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)	
X <b>Annual Revision Statement NCPO7450100 Capital Fund Program</b>	<b>25</b>
X <b>Annual Revision Statement NCPO745010 1 Capital Fund Program</b>	<b>31</b>
X <b>Annual Revision Statement NCPO74 50102 Capital Fund Program</b>	<b>37</b>

X Statement of Progress on meeting goals in current 5 Year Plan	42	
X Community Service Policy (w/c corresponding documentation)	43	-45
X Voluntary Conversion Template	46	
X Deconcentration Template	47	
X RASS Followup Plan Statement	48	

## ii. Executive Summary

[24CFR Part 903.79(r)]

The Lenoir Housing Authority used strict guidelines to maintain an excellence of record keeping and documentation while maintaining our strict enforcement and solid residents services. The Authority has demonstrated marked improvement in its utilization of programs described in this year's plan. An emphasis in the community service requirement and in police service and crime control are the focus elements for this year's Plan.

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

The Community Service Requirement has been reestablished by Congress and the Lenoir Housing Authority has likewise reestablished the policy. Implementation began in December of 2002 and is now fully operational. The policy and corresponding documents are included as an attachment.

### 2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

A. X 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? \$ 276,096 (Not Known . Number is estimate based on 2002 Capital Fund)

C.X 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 1

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

The Capital Fund Program Annual Statement is provided as Attachment 2

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

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

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

2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <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 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

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

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

- Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

**5. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ None for this fiscal 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 NA

## **6. Other Information**

[24CFR Part 903.79(r)]

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

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

2. If yes, the comments are Attached at Attachment (Filename) N/A

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 N/A.

X Other: (list below)

**No Comments Were Received.**

### **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: City of Lenoir, 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)

- X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- X 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)
- Increase the supply of standard affordable housing through the rehabilitation of existing housing units.**

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

#### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

Changes to rent or admissions policies or organization on the waiting list;

Additions of non-emergency work items or change in use of replacement reserve funds under the Capital Fund;

Additions or new activities not included in resident services or previous PHDEP Plans;

Any change in regard to demolition or disposition, designation, homeownership programs or conversion activities.

#### A. Substantial Deviation from the 5-year Plan:

**None**

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

**Discontinuance of the PHDEP Plan**

**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.

dbj

<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 Certification 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 <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
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

<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	Schedule of flat rents offered 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
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	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
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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	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
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA 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 type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
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)

**Annual Statement/Performance and Evaluation Report (ATTACHMENT#1)**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHAName: Lenoir Housing Authority	Grant Type and Number Capital Fund Program: NC19PO7450103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
-----------------------------------	--	------------------------------

Original Annual Statement  
 Performance and Evaluation Report for Period Ending:  Reserve for Disasters/Emergencies  Revised Annual Statement (revision no: )  
 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	27,096.00			
3	1408 Management Improvements	27,000.00			
4	1410 Administration	40,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	12,000.00			
10	1460 Dwelling Structures	140,000.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	12,000.00			
13	1475 Nondwelling Equipment	8,000.00			
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)	276,096.00			
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				

Annual Statement/Performance and Evaluation Report (ATTACHMENT#1)				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: Lenoir Housing Authority		Grant Type and Number Capital Fund Program: NC19PO7450103 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )				
<input type="checkbox"/> 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
24	Amount of line 20 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: Lenoir Housing Authority		Grant Type and Number Capital Fund Program#: NC19PO7450102 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NC74 -1&2	<b>OPERATIONS</b>	1406						
	Putting funds into operations			27,096.00				
	<b>TOTAL 1406</b>			<b>27,096.00</b>				
NC74 -1&2	<b>MANAGEMENT IMPROVEMENTS</b>	1408						
	Training Cost Initiative for staff. Includes... Certifications, Education, Updates, and Various Improvement Activities			20,000.00				
	Cannon Software Dimension upgrade			7,000.00				
	<b>TOTAL 1408</b>			<b>27,000.00</b>				
NC74 -1&2	<b>ADMINISTRATION</b>	1410						
	Contracted objective Inspection Service to conduct all annual Real Estate Assessment Center protocol inspections. Work includes housekeeping, and all necessary needs of groups and common areas.			5,000.00				
	Resident Services Program to include events, training, support, and supplies			17,000.00				

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

PHAName: Lenoir Housing Authority		Grant Type and Number Capital Fund Program#: NC19PO7450102 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	Payment of off-duty police services above baseline service. Pay is \$18.00 hourly off-duty rate as per MOU			20,000.00				
	<b>TOTAL 1410</b>			<b>40,000.00</b>				
NC74 -1&2	<b>FEES AND COSTS</b>	1430						
	Consultants			3,000.00				
	Sundry planning costs			5,000.00				
	A/E Design			2,000.00				
	<b>TOTAL 1430</b>			<b>10,000.00</b>				
NC-74-1&2	<b>SITE IMPROVEMENT</b>	1450						
	Grounds and general landscaping improvement of all sites, to include garbage pick-up, painting, spraying and other duties pertinent to beautification			20,000.00				
	<b>TOTAL 1450</b>			<b>20,000.00</b>				
NC74 -2	<b>DWELLING STRUCTURES</b>	1460						
	Siding replacement for 74 -2 sites in need, particularly Penley Court and Atwood Street.			132,000.00				
	<b>TOTAL 1460</b>			<b>132,000.00</b>				

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

PHAName: Lenoir Housing Authority		Grant Type and Number Capital Fund Program#: NC19PO7450102 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NC74 -1	<b>NON-DWELLING EQUIPMENT</b>	1475						
	Upgrade and refurbishment of equipment for the maintenance of units and grounds to include operating machinery, tools, and other pertinent needs .			6,000.00				
	<b>TOTAL 1475</b>			<b>6,000.00</b>				



## Capital Fund Program 5 - Year Action Plan ATTACHMENT #2

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.

CFP5 - Year Action Plan		
X Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
NC074(74 -1) NC074(74 -2)	PHA Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Cabinet Renovations	\$60,000	2004
Water Heater and Utility Replacement	\$50,000	2004
Refrigerator and Range Replacement	\$20,000	2005
Landscaping and Overall Beautification of all sites and grounds	\$75,000	2006
Landry rooms creation for 74 -2 Sites	\$80,000	2007
Parking Lot Repave ment	\$ 130,000	2007
Landscaping and building refurbishment conducive to athletic participation, exercise, and healthy lifestyle trainings for residents.	\$110,000	2008
<b>Totalestimatedcostovertnext5years</b>	<b>\$525 ,000</b>	



# PHA Public Housing Drug Elimination Program Plan

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

**Section 1: General Information/History**

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

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

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

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

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. This 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 havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates 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
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

**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.

**By Congressional Action, there will not be a PHDEP funding for the 2002 Annual Plan Period.**

**B. PHDEP Budget Summary**

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

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

**C. PHDEP Plan Goals and Activities**

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

<b>9110 – Reimbursement of Law Enforcement</b>	<b>Total PHDEP Funding: \$</b>
Goal(s)	
Objectives	

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9115 -SpecialInitiative</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9116 -GunBuybackTAMatch</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9120 -SecurityPersonnel</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9130 –EmploymentofInvestigators</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9140 – Voluntary Tenant Patrol</b>					<b>Total P HDEP 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 P HDEP Funding:\$</b>		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

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

1.							
2.							
3.							

<b>9170 -DrugIntervention</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9180 -DrugTreatment</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9190 -OtherProgramCosts</b>					<b>TotalPHDEPFunds:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

**Required Attachment 3: 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: December 2002

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): David Barlowe (Mayor, City of Lenoir, North Carolina)

**Required Attachment 4: 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.)

**Officers:**

Shirley Abernathy, President

Velma Phillips, Vice President

Jeanne Davenport, Treasurer

Larry Dula, Corresponding Secretary

Cathy Reid, Reporting Secretary

Allen Dula, Member

Utah Horton, Member

Cynthia Richey, Member

All residents are invited to attend and participate. The Council meets monthly. The persons listed above are members of the Council. The current officers were installed in January of 2002, and have served through the 2003 year.





**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName :</b> Lenoir Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NCPO7450100 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)    Performance and Evaluation Report for Period Ending: 12/31/01 <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	20,000.00	50,000.00	50,000.00	50,000.00
3	1408 Management Improvements	0.00	27,000.00	27,000.00	20,000.00
4	1410 Administration	20,000.00		20,000.00	20,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000.00	5,000.00	5,000.00	3,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	1,000.00		10,000.00	4,687.44
10	1460 Dwelling Structures	152,935.00	115,935.00	115,935.00	0.00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	50,000.00	35,546.49	35,546.49	0.00
13	1475 Nondwelling Equipment		14,453.00	14,453.00	14,453.00
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**

<b>PHAName :</b> Lenoir Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: NCPO7450100 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2000
--	--	-------------------------------------

Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: 1)  
**Performance and Evaluation Report for Period Ending: 12/31/01**     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 2 – 20)	277,935.00	277,935.00	277,935.00	158,168.93
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHAName: Lenoir Housing Authority		Grant Type and Number Capital Fund Program Grant No: NCPO7450100 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	
	<b>OPERATIONS</b>	1406						
	Putting Funds into Operations			20,000.00		20,000.00	20,000.00	
NC74 -1&2	Cost defray for grounds and maintenance of units				30,000.00	30,000.00	30,000.00	
	<b>TOTAL 1406</b>			<b>20,000.00</b>	<b>50,000.00</b>	<b>50,000.00</b>	<b>50,000.00</b>	
	<b>MANAGEMENT IMPROVEMENTS</b>	1408						
NC74 -1&2	Resident services and technical assistance for agency			0.00	27,000.00	27,000.00	27,000.00	
	<b>TOTAL 1408</b>			<b>0.00</b>	<b>27,000.00</b>	<b>27,000.00</b>	<b>27,000.00</b>	
	<b>ADMINISTRATION</b>	1410						
	Pay part of staff salaries to supervise and administer the project related benefits			10,000.00		10,000.00	10,000.00	
	Administration costs for new housing software package			10,000.00		10,000.00	10,000.00	
	<b>TOTAL 1410</b>			<b>20,000.00</b>		<b>20,000.00</b>	<b>20,000.00</b>	

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

PHAName: Lenoir Housing Authority		Grant Type and Number Capital Fund Program Grant No: NCPO7450100 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	
NC74 -1&2	<b>FEES AND COSTS</b>	1430						
	A/E Design			15,500.00	0.00	0.00	0.00	
	Consultants			0.00	3,000.00	3,000.00	3,000.00	
	Hire to assist in application preparation			1,500.00	0.00	0.00	0.00	
	Construction Inspector			5,000.00	0.00	0.00	0.00	
	Sundry Planning Costs			3,000.00	2,000.00	2,000.00	0.00	
	<b>TOTAL 1430</b>			<b>25,000.00</b>	<b>5,000.00</b>	<b>5,000.00</b>	<b>3,000.00</b>	
NC74 -2	<b>SITE IMPROVEMENT</b>	1450						
	Street and drainage control on the							
	Harrington Street and Atwood Street							
	Complexes			10,000.00		10,000.00	4,687.44	
	<b>TOTAL 1450</b>			<b>10,000.00</b>		<b>10,000.00</b>	<b>4,687.44</b>	
NC74 -2	<b>DWELLING STRUCTURES</b>	1460						
	Install new heating and air conditioning							
	In all 74 -2 units, approximately 75 units total			152,935.00	115,935.00	115,935.00	0.00	

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

PHAName: Lenoir Housing Authority		Grant Type and Number Capital Fund Program Grant No: NCPO7450100 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	
	<b>TOTAL 1460</b>			<b>152,935.00</b>	<b>115,935.00</b>	<b>115,935.00</b>	<b>0.00</b>	
NC74 -1&2	<b>NON-DWELLING STRUCTURES</b>	1470						
	Replace and repair utility doors and							
	Framework on the 74 -1 Spain hour							
	Street complex and the 74 -2							
	Harrington and Penley Court complexes			50,000.00	35,546.49	35,546.49	0.00	
	<b>TOTAL 1470</b>			<b>50,000.00</b>	<b>35,546.49</b>	<b>35,546.49</b>	<b>0.00</b>	
NC74 -1&2	<b>NON-DWELLING EQUIPMENT</b>	1475						
	Computer Upgrades in communications,							
	hardware, and software			0	14,453.00	14,453.00	14,453.00	
	<b>TOTAL 1475</b>			<b>0</b>	<b>14,453.00</b>	<b>14,453.00</b>	<b>14,453.00</b>	



**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName:</b> Lenoir Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NCPO7450101 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: 1) Performance and Evaluation Report for Period Ending: 12/31/01 <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	20,000.00	50,000.00	20,000.00	20,000.00
3	1408 Management Improvements		28,000.00	28,000.00	28,000.00
4	1410 Administration	20,000.00		20,000.00	20,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000.00	3,000.00	5,000.00	5,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	90,000.00		90,000.00	8,847.00
10	1460 Dwelling Structures	100,454.00	76,454.00	74,454.00	3,730.38
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	15,000.00		15,000.00	13,778.95
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

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

<b>PHAName:</b> Lenoir Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: NCPO7450101 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2001
---	--	-------------------------------------

Original Annual Statement     Reserve for Disasters/ Emergencies X  Revised Annual Statement (revision no: 1)  
**Performance and Evaluation Report for Period Ending: 12/31/01**     Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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)	282,454.00	282,454.00	282,454.00	153,097.67
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHAName: Lenoir Housing Authority		Grant Type and Number Capital Fund Program Grant No: NCPO7450101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001			
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	
NC74 -1&2	<b>OPERATIONS</b>	1406						
	Putting Funds into Operations			20,000.00		20,000.00	20,000.00	
	Cost defray for maintenance of grounds and units			30,000.00		30,000.00	30,000.00	
	<b>TOTAL 1406</b>			<b>20,000.00</b>	<b>50,000.00</b>	<b>50,000.00</b>	<b>50,000.00</b>	
NC7 4-1&2	<b>MANAGEMENT IMPROVEMENTS</b>	1408						
	Resident services and technical assistance of units			0.00	28,000.00	28,000.00	28,000.00	
	<b>TOTAL 1408</b>			<b>0.00</b>	<b>28,000.00</b>	<b>28,000.00</b>	<b>28,000.00</b>	
NC74 -1&2	<b>ADMINISTRATION</b>	1410						
	Pay part of staff salaries to supervise and administer the project related benefits			20,000.00		20,000.00	20,000.00	
	<b>TOTAL 1410</b>			<b>20,000.00</b>		<b>20,000.00</b>	<b>20,000.00</b>	
NC74 -1&2	<b>FEES AND COSTS</b>	1430						
	A/E Design			15,500.00	0.00			
	Consultants			0	3,000.00	3,000.00	3,000.00	

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

PHAName: Lenoir Housing Authority		Grant Type and Number Capital Fund Program Grant No: NCPO7450101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001			
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	
	Hire to assist in application preparation			1,500.00	0.00			
	Construction Inspector			5,000.00	0.00			
	Sundry Planning Costs			3,000.00	0.00	2,000.00	2,000.00	
	<b>TOTAL 1430</b>			<b>25,000.00</b>	3,000.00	5,000.00	5,000.00	
NC74 -1&2	<b>SITE IMPROVEMENT</b>	1450						
	Playground refurbishment 2 sites and							
	New installation			75,000.00		73,000.00	0.00	
	Landscaping and beautification			15,000.00		15,000.00	8,847.00	
	<b>TOTAL 1450</b>			<b>90,000.00</b>		90,000.00	8,847.00	
NC74 -1	<b>DWELLING STRUCTURES</b>	1460						
	Install new heating and air conditioning							
	In remaining 74 -1 units, approximately							
	46 unit total			100,404.00	76,454.00	76,454.00	3,730.38	
	<b>TOTAL 1460</b>			<b>100,404.00</b>	<b>76,454.00</b>	<b>76,454.00</b>	<b>3,730.38</b>	

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

PHAName: Lenoir Housing Authority		Grant Type and Number Capital Fund Program Grant No: NCPO7450101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001			
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	
NC74 -1&2	<b>NON-DWELLING EQUIPMENT</b>	1475						
	Replace outdated equipment for the							
	Maintenance of units and grounds			15,000.00		15,000.00	13,778.95	
	<b>TOTAL 1475</b>			<b>15,000.00</b>		<b>15,000.00</b>	<b>13,778.95</b>	

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

PHAName: Lenoir Housing Authority		Grant Type and Number Capital Fund Program No: NCPO7450101 Replacement Housing Factor No:		Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates		





**Annual Statement/Performance and Evaluation Report** **Attachment:**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHAName: Lenoir Housing Authority	Grant Type and Number Capital Fund Program: NC19PO7450102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
-----------------------------------	--	------------------------------

Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security				
24	Amount of line 20 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: Lenoir Housing Authority		Grant Type and Number Capital Fund Program#: NC19PO7450102 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NC74 -1&2	<b>OPERATIONS</b>	1406						
	Putting funds into operations			12,000.00	27,000.00	27,000.00	27,000.00	
	<b>TOTAL 1406</b>			<b>12,000.00</b>	<b>27,000.00</b>	27,000.00	27,000.00	
NC74 -1&2	<b>MANAGEMENT IMPROVEMENTS</b>	1408						
	Equipment upgrades of phones, computers, and related software			20,000.00		20,000.00	20,000.00	
	<b>TOTAL 1408</b>			<b>20,000.00</b>		20,000.00	20,000.00	
NC74 -1&2	<b>ADMINISTRATION</b>	1410						
	Salary for inspector of sites and units. Duties include move out/move in, annual, emergency, housekeeping, and all necessary needs			22,000.00	0.00			
	Resident Services Program to include events, training, and supplies			13,096.00	20,096.00	20,096.00	20,096.00	
	<b>TOTAL 1410</b>			<b>35,096.00</b>	20,096.00	20,096.00	20,096.00	
NC74 -1&2	<b>FEES AND COSTS</b>	1430						
	Consultants			3,000.00				
	Sundry planning costs			2,000.00				
	<b>TOTAL 1430</b>			<b>5,000.00</b>				

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

PHAName: Lenoir Housing Authority		Grant Type and Number Capital Fund Program#: NC19PO7450102 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NC-74-1&2	<b>SITE IMPROVEMENT</b>	1450						
	Painting and general beautification of sites.			20,000.00		4,313.10	4,313.10	
	<b>TOTAL 1450</b>			<b>20,000.00</b>		4,313.10	4,313.10	
NC74 -2	<b>DWELLING STRUCTURES</b>	1460						
	Roof and gutter replacement for several NC74 -2 sites in need.			138,000.00		1,804.65	1,804.65	
	<b>TOTAL 1460</b>			<b>138,000.00</b>		1,804.65	1,804.65	
NC74 -1	<b>NON-DWELLING EQUIPMENT</b>	1475						
	Upgrade and refurbishment of equipment for the maintenance of units and grounds to include operating machinery, tools, and other pertinent needs, Upgrade will also include a new resident service van.			46,000.00		46,000.00	46,000.00	
	<b>TOTAL 1475</b>			<b>46,000.00</b>		46,000.00	46,000.00	



## Attachment:

### Statement of Progress on Meeting Goals of Current Five Year Plan:

Progress with the current five year plan has been very good. Air conditioning systems are underway for all remaining public housing units, as well as preplanning for landscaping, utility equipment and replacement. We feel very confident that all goals will be met.

With the elimination of the Public Housing Drug Elimination Program (PHD EP) grant, the Lenoir Housing Authority has had to reassess many of the five year goals. An emphasis on positive resident programs and increased law enforcement has taken the primary responsibilities of capital improvement. Several revisions were made on Capital Funds from 2000, 2001, and 2002 to meet these needs. Likewise, a resident survey result concerning landscaping caused the Lenoir Housing Authority to focus on beautification projects to be focused on landscaping ahead of the initial five year plan.

This year's annual plan does have the focus given on the above items as well as new items of focus that will be demonstrated in the new five year plan. Overall, we are very pleased with the utilization of funding and anticipate many expenditures in the coming month that will finish the Capital Funding for years 2000, 2001, and 2002 respectively. We feel all goals are reachable and will be reached expeditiously.

**ATTACHMENT: COMMUNITY SERVICE POLICY**

**INITIAL NOTICE OF FAMILY MEMBER'S COMMUNITY SERVICE REQUIREMENT**

As a result of the Quality Housing and Work Responsibility Act (QHWRA) passed by Congress in 1988, and the FY2003 Omnibus Appropriations Act signed into law by the President on February 20, 2003, HUD implements and enforces the community service requirement for all non-exempt adult (ages 18 years and older), public housing residents to participate in eight (8) hours of community service and/or economic self-sufficiency activities per month. The following persons are classified as exempt from this requirement if verified by the Housing Authority:

- 1). Is 62 years of age or older;
- 2). Is a blind or disabled individual defined under section 216(i)(1) or 1614 of the Social Security Act (42 USC 416(i)(1); 1382c) and who is unable to comply with this section, or is a primary caretaker of such individual;
- 3). Is engaged in a work activity (as such term is defined in section 407(d) of the Social Security Act (42 USC 607(d), as in effect on and after July 1, 1997);
- 4). Meets the requirement for being exempted from having to be engaged in work activity under the state program fund, i.e. TANF (welfare program) under part a of title IV of the Social Security Act (42 USC 601 et seq.) or under any other welfare program of the state in which the public housing agency is located, including a state-administered welfare to-work program; or
- 5). Is in a family receiving assistance under a state program funded under part a of title IV of the social security act (42 USC 601 et seq) or under any other welfare program of the state in which public housing agency is located, including a state-administered welfare to-work program and has not been found by the state or other administering entity to be in non-compliance with such program.

The Authority has determined that the following members of your household are not exempt from this program and must begin to make arrangements to comply:

NAME	R	EASON
_____	_____	_____
_____	_____	_____

At the required community service meetings, you will be required to sign a new lease or lease addendum which will stipulate the conditions and for compliance with this requirement. Each adult member of the household will be provided with a copy of the community service policy, a list of pre-approved activities and programs, and a certification form. Each year, not less than 30 days prior to the end of the 12-month lease term you will be required to submit all documentation certifying your compliance with the community

service program.

If you fail to comply with the requirement and provide the required documentation your lease will not be renewed and you must move out of the Lenoir Housing Authority. At the time of review and determination of non-compliance, the Housing Authority will offer the resident one chance to remedy the situation.

If you have any questions regarding this notice please contact the Public Housing Manager or Executive Director at (828) 758-5536.

Attached is a list of approved community service and/or self-sufficiency programs. Other activities must be pre-approved by the Housing Authority.

Sincerely Yours,

James Anders,  
Executive Director

\_\_\_\_\_  
(DATE)

**ATTENTION ATTENTION ATTENTION**

**INITIAL NOTICE OF AMPLIFIED COMMUNITY SERVICE REQUIREMENT**

As a result of the Quality Housing and Work Responsibility Act (QHWRA) passed by Congress in 1988, and the FY 2003 Omnibus Appropriations Act signed into law by the President on February 20, 2003 mandates that HUD implements and enforces the community service requirement for all non-exempt adult (ages 18 years and older), public housing residents to participate in eight (8) hours of community service and/or economic self-sufficiency activities per month. The following persons are classified as exempt from this requirement if verified by the Housing Authority:

- 1). Is 62 years of age or older;
- 2). Is blind or disabled individual defined under section 216(i)(1) or 1614 of the Social Security Act (42 USC 416(i)(1); 1382c) and who is unable to comply with this section, or is a primary caretaker of such individual;
- 3). Is engaged in a work activity (as such term is defined in section 407(d) of the Social Security Act (42 USC 607

(d), as in effect on and after July 1, 1997);

4). Meets the requirement for being exempted from having to engage in work activity under the state program funded in part by TANF (welfare program) under part of title IV of the Social Security Act (42 USC 601 et seq.) or under any other welfare program of the state in which the public housing agency is located, including a state -administered welfare to - work program; or

5). Is in a family receiving assistance under a state program funded under part of title IV of the Social Security Act (42 USC 601 et seq.) or under any other welfare program of the state in which public housing agency is located, including a state administered welfare to-work program and has not been found by the state or other administering entity to be in non-compliance with such program.

**If you fail to comply with the requirement and provide the required documentation your lease will not be renewed and you must move out of the Lenoir Housing Authority. At the time of review and determination of non-compliance, the Housing Authority will offer the resident one chance to remedy the situation.**

You must contact the office within (30) days from the date of this letter to confirm and certify your eligibility for exemption or to sign up for community service. Please telephone the office at (828) 758 -5536 to schedule an appointment. We will also be scheduling community service meetings throughout the next month to answer all of your questions. If you have any questions regarding this notice please contact the Public Housing Manager or Executive Director at (828) 758 -5536.

\_\_\_\_\_  
(Signature)

**Attachment:**

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

- a. How many of the PHA's developments are subject to the Required Initial Assessments? **8**
- 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)? **2**
- c. How many Assessments were conducted for the PHA's covered developments? **8**

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

Development Name	Number of Units

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

**Attachment:**

**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:

### RASS Assessment Follow -Up Plan Summary:

The Lenoir Housing Authority scored above the required thresholds in all areas except Physical Appearance, which hit a score of 74.7%. This score is down from the previous year, but particularly this score was given from one specific site in the 74 -2 project. The 74 -1 projects scored physical appearance much higher. Using the survey as a guide, the Lenoir Housing Authority went to discover why the score was below in this particular site area. It was determined through meetings and individual correspondence that the residents of this particular area were concerned with the landscaping and siding. Since, a conscious landscaping effort has occurred at said site and plans are made for siding to be replaced through Capital Funding. The landscaping initiative has continued as the Lenoir Housing Authority has created the "BIP" (Beautification Improvement Program) Initiative. Through Capital Funds, residents are allowed to participate directly in the landscaping process. Likewise, a community garden was created through a partnership with the Healthy Caldwellians agency that has helped to aid in the landscaping process. These actions will continue in the future. The Lenoir Housing Authority expects this score to improve. Thank you.



