

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 PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHAName:** DunnHousingAuthority

**PHANumber:** NC079v01

**PHAFiscalYearBeginning:(mm/yyyy)** 01/03

### PHA Plan Contact Information:

Name: DarleneMaynard

Phone: 910-892-5076

TDD:

Email(if available):

### 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      X Public Housing Only

**Annual PHA Plan****Fiscal Year 20 01**

[24CFR Part 903.7]

**i. Table of Contents**

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

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	Other (List below, providing each attachment name)		

**ii. Executive Summary**

[24CFR Part 903.79(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.

There have been no changes in policies or programs for years 2002, other than those required by regulations such as additional attachments.

## 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? \$ **274,007.00**

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 **C**

### (2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment **B**

## 3. Demolition and Disposition

[24CFR Part 903.79(h)]

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

1. Yes X 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</b> <b>(Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
1a. Development name:	
1b. Development (project) number:	
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**

[24CFR Part 903.79(k)]

A. Yes X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip 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. X 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? \$  
**35,134.00.**

C. X 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. X Yes No: The PHDEP Plan is attached at Attachment      E     

## **6. Other Information**

[24CFR Part 903.79(r)]

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

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

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

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

The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

Yes No: below

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

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

Other: (list below)

### **B. Statement of Consistency with the Consolidated Plan**

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

1. Consolidated Plan jurisdiction: ( **State of 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)

**To provide safe, sanitary and decent housing to prospective residents. To work with other housing agencies to provide economic opportunities for prospective residents, and to work with other housing agencies within the jurisdiction.**

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Yes X 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 safe, sanitary and decent housing. To assist the PHA in providing economic opportunities to its residents and to work with other housing agencies to provide housing to prospective, eligible residents.**

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

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

24CFR 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:**

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

### **Dunn Housing Authority Definition of “Substantial Deviation” and “Significant Amendment or Modification”**

The Dunn Housing Authority, to meet the requirement of Final Rule 903.7(r) and PIH 99-51, pertaining to “Substantial Deviation” and “Significant Amendment or Modification,” offer the following:

- A. A substantial deviation from its Five-Year Plan; and a significant amendment or modification to its Five-Year Plan and Annual Plan.
- B. Change to rent or admissions policies or organization of the waiting list.
- C. Addition of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund.
- D. Addition of new activities not included in the current PHDEP Plan.
- E. Any change with regard to demolition or disposition, designation, home ownership programs or conversion activities.

Any substantial deviation from the Mission Statement and/or Goals and Objectives presented in the Five-Year Plan that cause changes in the services provided to residents or significant changes to the Agency's financial situation will be documented in subsequent Agency Plans.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements offered 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>
✓	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
✓	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
✓	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
✓	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
✓	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
✓	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
✓	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
✓	Schedule of flat rents offered each public housing development X 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
✓	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
✓	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

✓	Public housing grievance procedures X 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
✓	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
✓	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	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 home ownership 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, TO 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
✓	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A&O Policy	Pet Policy

✓	The result 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 result 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) Mission & Goal Statement Deconcentration Statement Voluntary Conversion Statement Pet Policy Statement Consistency/Consolidated Plan Follow-Up Plan	(specify as needed)  Annual Plan

**REQUIRED ATTACHMENTS:**

CFP Annual Statement – provided below.

<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>PHAName:</b> DUNNHOUSINGAUTHORITY		<b>Grant Type and Number</b> Capital Fund Program: NC19PO79501=03 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2003	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>			
<b>Performance and Evaluation Report for Period Ending: 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				
3	1408 Management Improvements				
4	1410 Administration	5,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	25,000.00			
10	1460 Dwelling Structures	217,007.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	<b>274,007.00</b>			
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				
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<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: DUNN HOUSING AUTHORITY			Grant Type and Number Capital Fund Program#: NC19PO79501-03 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2003		
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	
PHA-wide	<b>ADMINISTRATION:</b> Pro-Raqt Salaries & Benefits	1410		5,000.00				
PHA-wide	<b>FEES &amp; COST:</b> Hire A/E Firm	1430		27,000.00				
PHA-wide	<b>SITE IMPROVEMENT:</b> Fencing	1450		25,000.00				
NC79-2	<b>DWELLING STRUCTURES:</b> Complete vinyl siding, Windows, Doors Begin A/C	1460		217,007.00				
<b>TOTAL</b>					<b>274,007.00</b>			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: DUNN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program#: NC19PO79501-03 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NC79-2	6/30/05			6/30/07			
PHA-wide	6/30/05			6/30/07			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: DUNN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NC19PO79501-02 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: )	
X Performance and Evaluation Report for Period Ending: 6/30/02 Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended

1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	5,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,400.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	241,607.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	<b>274,007.00</b>			
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>								
PHAName: DUNNHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgram#: NC19PO79501-02 CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant: 2002			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NC79-1	<b>ADMINISTRATION:</b> Pro-RataSalaries&Benefits	1410		5,000.00				
	<b>FEES&amp;COST:</b> HireA/EFirm	1430		27,400.00				
	<b>DWELLINGSTRUCTURES:</b> FinishkitchenRenovations,Continue SidingProject,Windows&Doors	1460		241,607.00				
<b>TOTAL</b>				<b>274,007.00</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>					
<b>PHAN Name:</b>		<b>Grant Type and Number</b>		<b>Federal FY of Grant:</b>	
<b>Dunn Housing Authority</b>		Capital Fund Program: <b>NC19PO79502-01</b>		<b>2001</b>	
		Capital Fund Program Replacement Housing Factor Grant No:			
X <b>Original Annual Statement AMENDED</b> Reserve for Disasters/Emergencies      Revised Annual Statement (revision no: )					
<b>Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
1	Total Non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	5,000.00		5,000.00	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	28,859.00		29,859.00	20,600.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	254,733.		254,733.00	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	<b>288,592.</b>		<b>288,592.00</b>	<b>20,600.00</b>
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>								
PHAName: <b>Dunn Housing Authority</b>		Grant Type and Number Capital Fund Program#: <b>NC19PO79502-01</b> Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: <b>2001</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	
NC79-1	<b>ADMINISTRATION</b>	1410		<b>5,000.00</b>		<b>5,000.00</b>	<b>0</b>	In Progress
	<b>FEES &amp; COSTS</b> a. Hire A/E Firm	1430		<b>28,859.00</b>		<b>28,859.00</b>	<b>20,600.00</b>	In Progress
	<b>DWELLING STRUCTURES</b> a. Finish Kitchen Renovations b. Begin Siding Project	1460		<b>254,733.00</b>		<b>254,733.00</b>	<b>0</b>	
<b>GRAND TOTAL</b>				<b>288,592.00</b>		<b>288,592.00</b>	<b>20,600.00</b>	

<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>			
PHAName: <b>Dunn Housing Authority</b>		Grant Type and Number Capital Fund Program#: <b>NC19PO79502-01</b> Capital Fund Program Replacement Housing Factor#:	
Federal FY of Grant: <b>2001</b>			
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates



<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>PHAN Name:</b>		<b>Grant Type and Number</b>		<b>Federal FY of Grant:</b>	
Dunn Housing Authority		Capital Fund Program: NC19PO7990799		2000	
		Capital Fund Program Replacement Housing Factor Grant No:			
<b>Original Annual Statement</b> <b>Reserve for Disasters/Emergencies</b> <b>Revised Annual Statement (revision no: )</b>					
<b>X Performance and Evaluation Report for Period Ending: 6/30/02 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				
3	1408 Management Improvements				
4	1410 Administration	5,000.00		2,500.00	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,000.00		27,000.00	27,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	258,849.00		253,349.00	168,924.18
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	<b>282,849.00</b>		<b>282,849.00</b>	<b>195,924.18</b>
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>								
PHAName: <b>Dunn Housing Authority</b>			Grant Type and Number Capital Fund Program#: <b>NC19PO7990799</b>			Federal FY of Grant: <b>2000</b>		
Capital Fund Program Replacement Housing Factor#:								
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	
NC79-1	<b>ADMINISTRATION-</b>	1410		2,500.00		2,500.00	0	Ongoing
NC79-1	<b>FEES &amp; COST:</b> Design & Inspection	1410		27,000.00		27,000.00	27,000.00	On Going
NC79-1	<b>DWELLING STRUCTURES:</b> Complete Kitchen Cabinets Replacement, Vinyl Siding McKay Ct. 11 Bldgs or as Funds will allow	1460		258,849.00		258,849.00	168,924.18	On Going
<b>TOTALS</b>				<b>282,849.00</b>		<b>282,849.00</b>	<b>195,924.18</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>					
<b>PHAName:</b> DUNNHOUSINGAUTHORITY		<b>Grant Type and Number</b> Capital Fund Program: NC19PO79907 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 1999
<b>Original Annual Statement</b>		<b>Reserve for Disasters/Emergencies</b>		<b>Revised Annual Statement (revision no: )</b>	
<b>X Performance and Evaluation Report for Period Ending: 6/30/02 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				
3	1408 Management Improvements	2,024.00	2,024.00	2,024.00	2,024.00
4	1410 Administration	5,000.00	5,000.00	5,000.00	849.70
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	34,700.00	39,750.00	39,750.00	37,941.00
8	1440 Site Acquisition				
9	1450 Site Improvement				

10	1460 Dwelling Structures	158,691.00	127,046.29	127,046.29	113,132.47
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	74,000.00	83,200.00	83,200.00	53,122.50
13	1475 Nondwelling Equipment	2,400.00	13,820.00	13,820.00	2,400.00
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)	<b>276,815.00</b>	<b>276,815.00</b>	<b>276,815.00</b>	<b>210,764.38</b>
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>								
PHAName: DUNNHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgram#: NC19PO79907 CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant: 1999			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NC79-1	<b>MANAGEMENT IMPOROVEMENT</b> ResidentSurvey	1408		2,024.00	2,024.00	2,024.00	2,024.00	Completed
NC79-1	<b>ADMINISTRATION:</b> Pro-RataSalaries&Benefits	1410		5,000.00	5,000.00	5,000.00	849.70	InProgress
NC79-1	<b>FEES&amp;COST:</b> EmployeeA/E DesignEmergencyRoofRepairs HireConsultant5-YearPlan EmployeeConstructionInspector& Planning	1430		34,700.00	39,750.00	37,750	37,941.00	Completed InProgress
NC79-1	<b>DWELLINGSTRUCTURES:</b> InstallKitchenCabinets EmergencyRoofing@HarrettTer.	1460		158,691.00	127,046.29	127,046.29	113,132.47	InProgress
PHA-wide	<b>DWELLINGEQUIPMENT:</b> Purchase10Refrigerators	1465			4,680.00	4,680.00	0	InProgress
NC79-1	<b>NON-DWELLINGSTURCTURE:</b> EmergencyRoofRepairsatOffice	1470		74,000.00	83,200.00	83,200.00	53,122.50	InProgress
NC79-1	<b>NON-DWELLINGEQUIPMENT:</b> PurchaseGolfCart.UpgradeComputer	1475		2,400.00	13,820.00	13,820.00	2,400.00	InProgress
<b>TOTAL</b>				<b>276,815.00</b>	<b>276,815.00</b>	<b>276,815.00</b>	<b>210,764.38</b>	



**Required Attachment C:  
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 years. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

<b>CFP 5-Year Action Plan</b>	
<input checked="" type="checkbox"/> Original statement	Revised statement
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>
NC079	Dunn Housing Authority

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
ReplacesidingPHA-Wide	288,592.00	2002
Finish Replacement of Siding & Begin A/C Installation PHA Wide	288,592.00	2003
Continue A/C Installation PHA Wide	288,592.00	2004
Finish A/C Installation PHA Wide	288,592.00	2005
<b>Totalestimatedcostovernext5years</b>	<b>1,154,368.00</b>	

## Required Attachment E: 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.

### Annual PHDEP Plan Table of Contents:

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

### Section 1: General Information/History

A. Amount of PHDEP Grant \$ 35,134.00

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

C. FFY in which funding is requested 2001

#### **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.

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)
Powell Village/McKay Court/Washington	93	306
Harnett Terrace	50	150

#### **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).

6 Months \_\_\_\_\_ 12 Months \_\_\_\_\_ X 18 Months \_\_\_\_\_ 24 Months \_\_\_\_\_ Other \_\_\_\_\_

### 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. 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	Anticipated Completion Date
FY1996					
FY1997	50,000.00	NC-19DEP07901-97	0	No	Closed
FY1998	50,000.00	NC-19DEP07901-98	0	No	Closed
FY1999	31,451.00	NC-19DEP07901-99	0	No	Closed
FY2000	32,779.00	NC-19DEP07901-00	32,779.00	No	

### 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.

**Reduce Drugs and Drug Related Crime through additional Police Patrols contracting with the Police Department. Statistics have shown that crime has been reduced within the communities and the surrounding areas with additional Patrols. Residents work with the Police on a regular basis and assist the Police with tips. The program is monitored using the UCR and the HUDDEP semiannual reports.**

#### B. PHDEP Budget Summary

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

<b>FY 2001 PHDEP Budget Summary</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110-Reimbursement of Law Enforcement	32,044.00
9120-Security Personnel	
9130-Employment of Investigators	
9140-Voluntary Tenant Patrol	
9150-Physical Improvements	
9160-Drug Prevention	3,090.00
9170-Drug Intervention	
9180-Drug Treatment	
9190-Other Program Costs	
<b>TOTAL PHDEP FUNDING</b>	<b>35,134.00</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: \$32,044.00</b>		
Goal(s)	Reduce Drug & Drug Related Crime						
Objectives	Additional Patrols & Security						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1. Patrols & Security			1/02	12/02	32,044.	0	Police Reports
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>		
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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>		
Goal(s)							

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

<b>9160-Drug Prevention</b>					<b>Total PHDEP Funding: \$3,090.00</b>		
Goal(s)							
Educational Programs							
Objectives							
Community Policing Concepts							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. Resident Interaction	50	400	1/01	12/02	3,090.00	0	DEP Survey Report
2.							
3.							

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

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

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

<b>9190-Other Program Costs</b>					<b>Total PHDEP Funds:\$</b>		
Goal(s)							
Objectives							

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

### Required Attachment **F: Resident Member on the PHA Governing Board**

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

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

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

C. The term of appointment is (include the date term expires):                      **6/30/01**

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:                      **6/30/01**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):                      **Abraham Oudeh, Mayor City of Dunn**

## **Required Attachment G: 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.)

**Thelma Stone**  
**Janice Moore**  
**Georgia Elliott**  
**Dora McNeill**  
**Mary Ellen Malloy**

### **MEMBER OF THE BOARD OF COMMISSIONERS**

<b>Shirley T Sinclair</b>	<b>6/30/03</b>
<b>Nathaniel Tucker, Jr.</b>	<b>6/30/06</b>
<b>Archie Wood</b>	<b>6/30/04</b>
<b>Lester E. Lee</b>	<b>6/30/06</b>
<b>Stanley Williams</b>	<b>6/30/05</b>
<b>Charles McNeill</b>	<b>6/30/03</b>

### Component 3, (6) Deconcentration and Income Mixing

- a. Yes      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. 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:

#### Deconcentration Policy for covered Developments

Development Name	Number of Units	Explanation (if any)	Deconcentration Policy (if no explanation)

**Voluntary Conversion Initial Assessment**

a. How many of the PHA's developments are subject to the Required Initial Assessment.

*All*

b. How many of the PHA's developments are not subject to the Required Initial Assessment.

*None*

a. How many Assessments were conducted

*All Developments*

b. Identify PHA developments that may be appropriate for conversion.

*None*

c. PHA complete all assessments.

***Certification Procedures for Voluntary Conversion of Developments from Public Housing Stock***

The certifies that it has reviewed the development's operation as Public Housing, considered the implications of converting the public housing to tenant-based assistance; and concluded that conversion of the developments are inappropriate because removal of the developments would not meet the necessary conditions for voluntary conversion as described in 24CFR 972.200(c).

*Darlene Maynard*

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Executive Director

**MISSION & GOAL STATEMENT**

TheDunnHousingAuthorityismeetingtheMissionandgoalssoftheannualplan.

## **STATEMENT OF CONSISTENCY W/ THE CONSOLIDATED PLAN**

TheDunnHousingAuthorityisconsistentwiththeConsolidatedPlanoftheJurisdictionasevidencedby

the execution of HUD form 50075 CFR Part 91.

**PET POLICY STATEMENT**

The Dunn Housing Authority has a Pet Policy in accordance with 24 CFR regulations.

**DUNN HOUSING AUTHORITY**  
**FOLLOW-UP PLAN**  
**FOR**  
**REAL ESTATE ASSESSMENT CENTER**

**COMMUNICATIONS:**

The Dunn Housing Authority is establishing a better form of communication with its residents by providing communication to each resident in the form of written newsletter. This form of communication will inform residents of rules and regulations, support the residents' ideas, be responsive to the residents' needs and inform the residents.

**SAFETY:**

TheDunnHousingAuthoritywillworkwiththeDunnPoliceDepartmenttoprovideadditionalpatrolson thecommunityandbecomemorevisibletoprovidetheresidentswithabetterfeelingofsafety.

**NEIGHBORHOOD APPEARANCE**

TheDunnHousingAuthorityhasbeganamoreconcentratedprogramtoimprovethetheappearanceofthe communityalongwithhavingthevendorsimprovethetheirservice totheHousingAuthority.