

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Housing Authority of the City of Rochester, NH

PHA Number: NH008

PHA Fiscal Year Beginning: (mm/yyyy) 01/2003

PHA Plan Contact Information:

Name: Karl Van Asselt

Phone: 603-332-4126

TDD:

Email (if available): bmrha@metrocast.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

Small PHA Plan Update

Fiscal Year 2003

[24 CFR Part 903.7]

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

ANNUAL PLAN

SUMMARY

The Annual Plan (2003) and up-dated Five-Year Plan (2001-2005) is complete and available at the Rochester Housing Authority main office. The plans were developed by the RHA Commission and the RHA Resident Advisory Board with tenant involvement.

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

There are no significant policy or program changes in the RHA up-dated one year and five year plans.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA’s estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 366,013

C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment F

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment G

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission:
5. Number of units affected: 0
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) N/A <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

[24 CFR Part 903.7 9 (k)]

A. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

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

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

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

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

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

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

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

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

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

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

2. If yes, the comments are Attached at Attachment (File name) K

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

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

A list of these changes is included

Yes No: below or

Yes No: at the end of the RAB Comments in Attachment 1.

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)

Board helped define priorities from proposed annual and five-year plan

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 Rochester

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
 - Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency
 - Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

- A. Substantial Deviation from the 5-year Plan: None
- B. Significant Amendment or Modification to the Annual Plan: None

Attachment A**Supporting Documents Available for Review**

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
NO	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
YES	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
YES	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
YES	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
YES	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
YES	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
YES	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
YES	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
YES	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
YES	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
YES	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
YES	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) The Community Service requirement is a part of the RHA Admissions policy.	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
YES	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
YES	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
YES	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
YES	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
YES	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
YES	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NO	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
NO	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
YES	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NO	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
YES	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 (See Attachment L)	Annual Plan: Conversion of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
NO	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NO	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
NO	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
NO	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
NO	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
NO	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NO	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NO	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
YES	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
YES	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
NO	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
YES	Other supporting documents (optional) (list individually; use as many lines as necessary) See Attachment M	(specify as needed)

ATTACHMENT B

RHA CIAP NH 8-909 Rev 4

CIAP BUDGET / Progress Report Part 1: Summary Comprehensive Improvement Assistance Program (CIAP)					
PHA Name: Housing Authority of the City of Rochester		Modernization Project No: NH36-P008-909-99			Federal FY of Grant: Approval 1999
<input type="checkbox"/> Original CIAP Budget		<input type="checkbox"/> Reserve CIAP Budget/Revision Number _____			
<input checked="" type="checkbox"/> Progress Report for Period Ending: 06/30/02		<input type="checkbox"/> Final Progress Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CIAP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	25,000		25,000	25,000
5					
6	1415 liquidated Damages				
7	1430 Fees and Costs	47,393	60,103	60,103	49,556
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	156,171	144,417	144,417	136,157
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	121,000	120,044	120,044	118,837
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)	349,564	349,564	349,564	329,550
21	Amount of line 20 Related to LBP Activities				

CIAP BUDGET / Progress Report Part 1: Summary Comprehensive Improvement Assistance Program (CIAP)						
PHA Name: Housing Authority of the City of Rochester		Modernization Project No: NH36-P008-909-99			Federal FY of Grant: Approval 1999	
<input type="checkbox"/> Original CIAP Budget <input type="checkbox"/> Reserve CIAP Budget/Revision Number _____						
<input checked="" type="checkbox"/> Progress Report for Period Ending: 06/30/02 <input type="checkbox"/> Final Progress Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
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	122,171				

CIAP BUDGET / Progress Report Part II: Supporting Pages Comprehensive Improvement Assistance Program (CIAP)							
PHA Name: Rochester Housing Authority			Grant Type and Number Capital Fund Program #: NH36-P008-909-99 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 1999	
Development Number	Description of Work Items	Dev. Acct No.	Funds Approved		Difference		
			Original	Revised		Funds Obligated	Funds Expended
NH008-001	Replace wooden siding with vinyl 18 buildings	1460	34,000	22,246	11,754	22,216	13,956
	New Electric Entrances	1460	119,000	122,171	3,171	122,201	122,201
NH008-002	Child Care Center	1470	84,000	84,000		84,000	82,793
PHA Wide	Maintenance Storage Building	1470	37,000	36,044	(956)	36,044	36,044
	Administration	1410	25,000			25,000	25,000
	Fees and costs	1430	50,564	60,103	9,639	60,103	49,566

CIAP BUDGET / Progress Report Part III: Implementation Schedule Comprehensive Improvement Assistance Program (CIAP)									
PHA Name: Rochester Housing Authority			Grant Type and Number Capital Fund Program #: #: NH36-P008-909-99 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 1999		
Development Number	First Architect/Engineer Contract Awarded			All Fund Obligated			All Funds Expended		
	Original	Revised	Actual	Original	Revised	Actual	Original	Revised	Actual
PHA WIDE	03/31/00		03/31/00	03/31/01		03/31/01	12/31/02		
NH36P00801	03/31/00		03/31/00	03/31/01		03/31/01	12/31/02	06/30/02	
NH36P00802	03/31/00		03/31/00	03/31/01		03/31/01	12/31/02	06/30/02	
NH36P00803	03/31/00		03/31/00	03/31/01		03/31/01	12/31/02		

ATTACHMENT C

RHA CFP 501-01 rev 3 A/R 2002

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

PHA Name: Housing Authority of the City Of Rochester	Grant Type and Number Capital Fund Program Grant No: NH36-009-501-01 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 3)
 Performance and Evaluation Report for Period Ending: 06/30/02 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 Soft Costs	80,000	0		
	Management Improvements Hard Costs	80,000	26,286	26,286	26,286
4	1410 Administration	20,000	20,000	20,000	12,500
5	1411 Audit	291	313		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,000	40,000	40,000	7,300
8	1440 Site Acquisition	75,000	0		
9	1450 Site Improvement		123,720	19,736	12,465
10	1460 Dwelling Structures	68,700	155,700		
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	1499 Development Activities				
19	1502 Contingency	0			

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City Of Rochester		Grant Type and Number		Federal FY of Grant:	
		Capital Fund Program Grant No: NH36-009-501-01		2001	
		Replacement Housing Factor Grant No:			
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines.....)	358,991	366,013	106,016	58,545
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages									
PHA Name: Rochester Housing Authority			Grant Type and Number Capital Fund Program Grant No: NH36-009-501-01 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	Obligated	Expended	
PHA Wide	New Computer System		1408	1	80,000	0			
	Security		1408		80,000	26,280	26,280		Complete
	Site acquisition for Maint Facility		1440		75,000	0			
	Fees and Costs		1430		35,000	40,000	40,000	40,000	On going
	Administration		1410		15,000	20,000	20,000	12,500	On going
	Contingency		1502		0				
	Audit		1411		299	313	313		
NH 8-1									
Wellsweep Acres	Install Kitchen Vents		1460			50,000			
	Replace attic Hatches		1460			9,000			
	Sidewalks/Pk Lots		1450			123,720	12,465	12,465	
NH 8-3	Replace Carpet in common areas		1460			31,700			
Wyandotte Falls	Rebuild/repoint retaining wall		1460			35,000			
	Central Air Roberge Center		1470			0			
	Repairs to Cupola		1460			30,000			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Rochester Housing Authority		Grant Type and Number Capital Fund Program No: NH36-009-501-01 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
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	12/31/2002	06/30/2003		12/31/2004	06/30/2005		Actual signing of ACC
Wellsweep Acres NH 8-1	12/31/2002	06/30/2003		12/31/2004	06/30/2005		Actual signing of ACC
Wyandotte Falls NH 8-3	12/31/2002	06/30/03		12/31/2004	06/30/2005		Actual signing of ACC

ATTACHMENT D

RHA CFP 501-02 Rev 2 A/R 2002

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Rochester		Grant Type and Number Capital Fund Program: NH36P00850102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/02		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	15,000	15,000		
3	1408 Management Improvements				
4	1410 Administration	25,000	25,000		
5	1411 Audit	500	500		
6	1415 liquidated Damages				
7	1430 Fees and Costs	45,000	42,042		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	246,842	246,842		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	15,000	15,000		
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	15,713	2,958		
20	Amount of Annual Grant: (sum of lines 2-19)	366,013	347,342		
21	Amount of line 20 Related to LBP Activities				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Rochester		Grant Type and Number Capital Fund Program: NH36P00850102 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
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				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Rochester Housing Authority			Grant Type and Number Capital Fund Program #: NH36P00850102 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	
PHA WIDE	Replace Office Roof	1470		15,000				
NH3600802	Replace Roofs 14 Buildings	1460		122,342				
Cold Spring Manor	Replace Entrance Doors, Jambs & locks	1460		102,000				
NH36P00801								
Wellsweep Acres	Replace front entrances Gonic & East Rochester	1460		15,000				
NH36P00803	Replace locks	1460		7,500				
Wyandotte Falls								
Millworks								

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Rochester Housing Authority		Grant Type and Number Capital Fund Program #: NH36P00850102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA WIDE	12/21/03			12/31/05			
NH36P00801	12/31/03			12/31/05			
NH36P00802	12/31/03			12/31/05			
NH36P00803	12/31/03			12/31/05			

ATTACHMENT E

RHA CFP 501-03

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Rochester		Grant Type and Number Capital Fund Program: NH36P00850103 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2003	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:)			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/02		<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	50,000			
3	1408 Management Improvements				
4	1410 Administration	25,000			
5	1411 Audit	342			
6	1415 liquidated Damages				
7	1430 Fees and Costs	50,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	222,000			
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)	347,342			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Housing Authority of the City of Rochester		Grant Type and Number Capital Fund Program: NH36P00850103 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:)						
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/02 <input type="checkbox"/> 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 III: Implementation Schedule							
PHA Name: Rochester Housing Authority		Grant Type and Number Capital Fund Program #: NH36P00850102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA WIDE	12/21/04			12/31/06			
NH36P00801	12/31/04			12/31/06			
NH36P00802	12/31/04			12/31/06			
NH36P00803	12/31/04			12/31/06			

ATTACHMENT F

**Capital Fund Program Five-Year Action Plan
Part I: Summary**

PHA Name		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2001 PHA FY: 2001	Work Statement for Year 3 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 4 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 5 FFY Grant: 2004 PHA FY: 2004
PHA Wide	Annual Statement	100,000	100,000	100,000	100,000
NH3600800/ Wellsweep Acres		128,000	418,000		
NH36008002/ Cold Spring Manor			223,325	433,325	603,200
NH36008003 Wyandotte Falls		481,300		75,100	189,000
Total CFP Funds (Est.)		709,300	741,325	608,425	892,000
Total Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: NH36P00850201 PHA FY: 2001			Activities for Year: <u>3</u> FFY Grant: NH36P00850302 PHA FY: 2002		
	Development Number/Name/General Description of Major Work Categories	Quantity	ESTIMATED COSTS	Development Number/Name/General Description of Major Work Categories	Quantity	ESTIMATED COSTS
	PHA WIDE			PHA WIDE		
	Administration		25,000	Administration		25,000
	Contingency		10,000	Contingency		10,000
	Operations		10,000	Operations		10,000
	Management Improvements		40,000	Management Improvements		40,000
	Office Windows		15,000			
	NH36P008003			NH36P008002		
	Wyandotte Falls Millworks			Cold Spring Manor		
				Replace Exterior Doors	120	84,000
	Replace repair windows	80	154,800	Replace Bathroom faucets	60	22,400
	Expand Emergency alarm System (fire)		45,000	Replace Flooring		116,925
	Rebuild retaining Wall		250,000			
	Replace carpet in comm. Areas		31,500	NH36P008001		
				Wellsweep Acres		
	NH36P008001					
	Wellsweep Acres			Replace front entrances		72,000
				Install Back entrances		72,000
	Re do floors		43,000	Replace Kitchen Cabinets		250,000
	Install kitchen vents		50,000	Replace Attic Hatches		9,000
	Additional Parking		35,000	Landscaping		15,000

**Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : <u>4</u> FFY Grant: NH36P00850403 PHA FY: 2003			Activities for Year: <u>5</u> FFY Grant: NH36P00850504 PHA FY: 2004		
	Development Number/Name/General Description of Major Work Categories	Quantity	ESTIMATED COSTS	Development Number/Name/General Description of Major Work Categories	Quantity	ESTIMATED COSTS
	PHA WIDE			PHA WIDE		
	Administration		20,000	Administration		20,000
	Contingency		10,000	Contingency		10,000
	Operations		10,000	Operations		10,000
	Management Improvements		40,000	Management Improvements		40,000
	NH36P008003			NH36P008003		
	Wyandotte Falls Millworks			Wyandotte Falls Millworks		
	Repair Bath ventilation		21,600	Replace Kitchen Cabinets		180,000
	Replace locks in common areas		3,500	Central A/C at Roberge Community Center		9,000
	Expand Emergency System (medical)		20,000			
	Front Door Security		30,000	NH36P008002		
	NH36P008002			Cold Spring Manor		
	Cold Spring Manor			Replace locks		4,200
				Install canopies over rear doors		84,000
	New Roofs		140,000	Landscaping		15,000
	New Kitchen Wall Cabinets		42,000	Community Building		500,000
	Storage Area under stairs		28,000			

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide) PHA WIDE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Office Roof Replacement	15,000	FY 2002
Housing Assistance Coordinator	250,000	FY2003
Maintenance Facilities	125,000	FY 2004
Administrative Offices	250,000	FY 2004
Police Security	250,000	FY2005
Maintenance Systems	100,000	FY2005
Total estimated cost over next 5 years	990,000	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement #1		
Development Number	Development Name (or indicate PHA wide)	
NH36P008003	Wyandotte Falls Millworks	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Add Repairs to Cupola	30,000	2002
Sprinkle Attic	75,000	2005
Total estimated cost over next 5 years	105,000	

ATTACHMENT G

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

PHA Name: Housing Authority of the City of Rochester	Grant Type and Number Capital Fund Program Grant No: NH 36 P008 501 00 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 3)
 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 Soft Costs		85,717	85,717	
	Management Improvements Hard Costs				
4	1410 Administration	15,000	25,000	25,000	25,000
5	1411 Audit	299	299	299	
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,000	40,000	40,000	40,000
8	1440 Site Acquisition				
9	1450 Site Improvement	129,355	3,304	3,304	3,304
10	1460 Dwelling Structures	154,375	179,671	179,671	177,205
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures		25,000	25,000	18,421
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Housing Authority of the City of Rochester		Grant Type and Number Capital Fund Program Grant No: NH 36 P008 501 00 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/02 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
	Amount of Annual Grant: (sum of lines.....)	358,991	358,991	358,991	263,929	
	Amount of line XX Related to LBP Activities					
	Amount of line XX Related to Section 504 compliance					
	Amount of line XX Related to Security –Soft Costs					
	Amount of Line XX related to Security-- Hard Costs					
	Amount of line XX Related to Energy Conservation Measures					
	Collateralization Expenses or Debt Service					

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

PHA Name: Housing Authority of the City of Rochester		Grant Type and Number Capital Fund Program Grant No: NH 36 P00850100 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	Obligated	Expended		
NH36P008001	Emergency Lights	1460	30	8,400	5,975	5,975	5,975	Complete	
Wellsweep	Vinyl Siding	1460	15	37,392	97,392	114,086	114,086	Complete	
Acres	Replace Bathroom Sinks	1460	99	26,625	23,116	23,116	23,116	Complete	
	Repair Clotheslines	1450	15	21,195	0				
	Replace Sidewalks	1450	3000 In ft	65,020	0				
	Landscaping	1450			3,304	3,304	3,304	Complete	
NH36P008002	Outside Lighting	1460		25,000	0				
Cold Spring	Upgrade Smoke detectors	1460	60	27,900	20,000	20,000	20,000	Complete	
Manor	Sidewalks and Parking	1450	2000 In ft	43,160	0				
	Emergency Water heater replacement	1460			12,850	12,850	11,565	In Progress	
NH36P008003	Upgrade smoke detectors	1460	30	9,000	3,644	3,644	2,462	In Progress	
Wyandotte									
Falls									
Millworks									
PHA Wide	Administration	1410		15,000	25,000	25,000	25,000	Complete	
	Audit	1411		299	299	299			
	Security	1408			85,717	85,717		In Progress	
	Maint Garage	1470			25,000	25,000	18,421	In Progress	
	Fees and Costs	1430		35,000	40,000	40,000	40,000	Complete	

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

PHA Name: Housing Authority of The City of Rochester		Grant Type and Number Capital Fund Program No: NH36 P008 501 00 Replacement Housing Factor No:				Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	03/31/02		03/31/02	09/30/03			
NH36P008001	03/31/02		03/31/02	09/30/03			
NH36P008002	03/31/02		03/31/02	09/30/03			
NH36P008003	03/31/02		03/31/02	09/30/03			

ATTACHMENT H 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. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

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

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

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.

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
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.							

9116 - Gun Buyback TA Match	Total PHDEP Funding: \$
------------------------------------	--------------------------------

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.							

9120 - Security Personnel					Total PHDEP Funding: \$		
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.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
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.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
---------------------------------------	--	--	--	--	--------------------------------	--	--

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.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
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.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
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.							
9170 - Drug Intervention					Total PHDEP Funding: \$		

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.							

9180 - Drug Treatment					Total PHEDEP Funding: \$		
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.							

9190 - Other Program Costs					Total PHEDEP Funds: \$		
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 I : 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: Dick Lachance

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): 2 Year term expiring on May 14, 2003

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: 2003

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

Russell McAllister
City Manager
Rochester, NH 03867

**Required Attachment J : Membership of the Resident Advisory
Board or Boards**

Carlyne Sprich

Marilyn Jones

Margaret Lynch

Gloria Roy

Jean Fairney

Required Attachment K : Part 6 Advisory Board Comments

The RHA Advisory Board, including representatives from each of the RHA's public housing sites, meet several times during the year to review and comment on the RHA's One-Year and Five-Year plans and to provide input to RHA operations.

Regarding the one-year plan, the Advisory Board provided advice on planned activities by identifying what they perceived as priorities for the tenants. These included:

Parking – all RHA sites are in need of additional tenant parking facilities. The Advisory Board encouraged the RHA to make new parking facilities a priority. These projects will be completed in November, 2002.

Community Policing – the Advisory Board expressed interest in the continuation of the RHA's community policing program. The program will be funded 100% in 2003.

Activities – The Advisory Board expressed interested in increased group club activities for the tenants. The RHA will develop new programs to increase tenant participation in the tenant organizations during 2003.

Physical Improvements – The Advisory Board was particularly interested in new security devices, new kitchen cabinets, back door coverings and increased landscaping. With the interest in this program, these activities will be a high priority by the RHA.

Minor Facilities – The Advisory Board had specific requests, including new clotheslines which will be installed by the RHA.

Changes to Approved Annual Plan – Any significant policy or activity changes to the Annual Plan will be submitted for review, consideration and feed back from the RHA Advisory Board and public hearing regarding the changes before submission to HUD for final review prior to implementation.

Substantial deviations from the 5-year plan as defined below will require the RHA to resubmit the plan for public comment and approval.

*RHA definition of significant amendment and substantial deviation from the PHA Plan is:

1. Changes in admission policy
2. Changes in rent calculation methods
3. Changes in method of maintaining waiting list
4. Additions of non-emergency work items not included in the Annual Plan or 5-Year Plan
5. Changes in Capital Fund Plans including the use of replacement reserve funds.
6. Addition of new activities not included in the Annual or 4-year plan
7. Any demolition or disposition of property, homeownership programs or property conversion activities.

Required Attachment L : Part 6

Other Information

CRIME AND SAFETY SECTION – Police Officer Residing in Public Housing

In its continuing efforts to address crime and safety at the RHA's public housing sites, the RHA plans to continue to house a full-time police officer at the RHA's 60-unit family site (Cold Spring Manor) during CY 2003.

The RHA obtained permission from HUD in 2001 for a police officer to reside within Cold Spring Manor.

The police officer is occupying a two-bedroom unit, which became vacant June 1, 2002. The officer will pay the minimum RHA-established rent of \$100 per month.

This rent level is established (rather than the current average rent of \$180) because of the difficulty in attracting an officer to reside within the housing site.

The benefits of having the officer live within the housing site are numerous. The officer compliments the efforts of the RHA's full-time police officer by being a live-in officer with his presence available up to 12-14 hours a day.

No residents will be transferred from the housing site and there will be minimal loss of rental income to the housing authority and minimal maintenance costs (no increase in the RHA maintenance budget costs for this activity).

HUD earlier approved to continue to provide the annual operating subsidy for the police officer's unit in accordance with 24 CFR 960.511.

Required Attachment M : Part 6

Voluntary conversion

In accordance with 972.200(b), the RHA has reviewed the Cold Spring Manor Development operations as public housing (60 units, family housing) to consider the implications of converting the public housing to tenant-based assistance. The RHA has concluded that conversion of the development is inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion described at 972.200(c)

This is based on cost factors and both lack of vouchers and the workability of any available vouchers in the Cold Spring Manor Development.

Required Attachment N : Part 6

Deconcentration Rule

The RHA has a general occupancy (family) public housing developments covered by the Deconcentration rule

None of the covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments.