

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:** Norwich Housing Authority

**PHANumber:** NY065

**PHAFiscalYearBeginning:(mm/yyyy)** 07/2003

### PHA Plan Contact Information:

Name: Judith Wingate - Wade

Phone: 607 -334-5358

TDD: 800 -662-1220

Email (if available): norwichhousing@frontiernet.net

### Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)

- Main administrative office of the PHA
- PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- Main administrative office of the local, county or State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)

### PHA Programs Administered :

- Public Housing and Section 8       Section 8 Only       Public Housing Only

**Annual PHA Plan**  
**Fiscal Year 20 04**  
 [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.

Contents	Page#
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<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment <b>G</b> – Capital Fund 2001, 2002 P/ER report & Annual Statement ny065a01	
Attachment <b>H</b> - NHA Five - Year Goals and Plan 02 - 06 ny065b01	

**ii. Executive Summary**

[24CFR Part 903.79(r)] N/A

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.

Public housing ACOP and Section 8 Voucher Program Administrative Plan updated to include designated terms of ineligibility periods and expanded verification forms and procedures. Clarified lead -based paint timing parameters for the Section 8 Voucher Program.

**2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

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

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

B. What is the amount of the PHA's **estimated** or actual (if known) Capital Fund Program grant for the upcoming year? \$150,000

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

D. Capital Fund Program Grant Submissions

**(1) Capital Fund Program 5 -Year Action Plan**

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

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

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

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

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

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

2. Activity Description

<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 <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for        units <input type="checkbox"/> Public housing for        units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for        units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

**4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

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

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

The PHA has demonstrated its capacity to administer the program by (select all that apply):  
 Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources  
 Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply

with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

**5. Safety and Crime Prevention: PHDEP Plan N/A**

[24CFR Part 903.7(m)]

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

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

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

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

- D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

**6. Other Information**

[24CFR Part 903.79(r)]

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

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

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

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 **F**.
- 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 New York

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) N/A

**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: An action item not implemented, or an unlisted item implemented.**

**B. Significant Amendment or Modification to the Annual Plan: A change in policies affecting resident life in any way.**

## Attachment A

### Supporting Documents Available for Review

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
n/a	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
x	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
x	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
x	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
x	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
n/a	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
x	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
n/a	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
x	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
x	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
x	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
x	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
n/a	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
x	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52(HA).	Annual Plan: Capital Needs
n/a	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
n/a	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
x	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
n/a	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
n/a	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
n/a	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
x	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
x	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
n/a	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
n/a	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
n/a	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
x	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
x	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
n/a	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
n/a	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report ATTACHMENT B					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
<b>PHAName:</b> Norwich Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: NY06P06550103 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  2003	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	15,000			
3	1408 Management Improvements				
4	1410 Administration	20,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	100,000			
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)	150,000			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	60,000			
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report ATTACHMENT B				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: Norwich Housing Authority		Grant Type and Number Capital Fund Program: NY06P06550103 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant:  2003
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 Related to Energy Conservation Measures			





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

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

CFP5 - Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
NY06P065001	Peacock Park Manor	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Bathroom Renovations -40	\$320,000	FYE6/30/2003
Convert efficiency unit to one -bedroom -10	\$190,000	FYE6/30/1003
Replace baseboard electric heaters -obsolete	\$85,000	FYE6/30/2004
Install Type X sheetrock -corridor and lobby ceilings	\$10,000	FYE6/30/2005
<b>Totalestimatedcostovertnext5years</b>	<b>\$605,000</b>	

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

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

CFP5 - Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
NY06P065002	Bordentown Circle	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace apartment interior bedroom and bathroom doors	\$15,000	FYE 6/30/2003
Repair/replace wood stair banisters	\$8,000	FYE 6/30/2004
Construct buildings for and install emergency generators	\$195,000	FYE 6/30/2004
Replace deteriorated gate valves in apt. closets	\$4,000	FYE 6/30/2004
Replace sewage lift pumps w/3 - phase service	\$20,000	FYE 6/30/2005

Totalestimatedcostovernext5years	\$242,000	
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## PHA Public Housing Drug Elimination Program Plan

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

### Section 1: General Information/History

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

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

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

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

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. This summary must not be more than five (5) sentences long.

### **E. Target Areas**

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

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

### **F. Duration of Program**

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

**12 Months** \_\_\_\_\_ **18 Months** \_\_\_\_\_ **24 Months** \_\_\_\_\_

**G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

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

**B. PHDEP Budget Summary**

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

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

**C. PHDEP Plan Goals and Activities**

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

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

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

<b>9115 -Special Initiative</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>9116 -Gun Buyback TAMatch</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>9120 -Security Personnel</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>9130 –Employment of Investigators</b>					<b>Total PHDEP Funding:\$</b>		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

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

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$</b>		
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: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators

1.							
2.							
3.							

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



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

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

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

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): 12/31/2003

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? N/A

- 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: 06/25/2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): City of Norwich Mayor Mary Lou Stewart

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

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

Mary Kruger  
Marie Koenig  
Marlene Button  
Yelta Feringa  
Golda Button

## **Attachment     F     : Comments of Resident Advisory Board & Explanation of PHA Response**

A meeting was held on March 26, 2003 with all above listed members and Executive Director Judith Wingate - Wade present. The following residents and participants were invited but did not attend: Virginia Rifanburg, Joanne Schraft, Bettie Gantt, Melinda Wright, Elizabeth Freideland Kim Miner .

Discussion was held on the following PHA Plan topics:

**CAPITAL FUND PLAN** : The current capital projects of bathroom and efficiency renovations will commence in April 2003. Regarding the five -year plans some adjustments in the time frames and more accurate cost estimates were made and the hot water heater filter project at Bordentown Circle eliminated. Interior door replacement at Bordentown was added. It was noted that a pending application for project analyses by NYSERDA may affect future work plans due to possible new work items suggested by this review.

**FIVE-YEAR GOALS** : It was agreed that these are on -track with the exception of the development of the "Continuum of Care" through the Housing Council - other important community needs such as the Ramp Program have come from this group, with the Authority as a major player. This group has also commissioned and received 3/25/03 an in -depth housing statistics analysis for Chenango County for use in planning. The Brown Avenue Homes project is moving ahead with the City's application for Small Cities CDBG funds for the infrastructure.

**POSSIBLE HUD CHANGES** : Mrs. Wade noted that the FY 2004 propose to give the Section 8 Voucher Program to the State to administer and this may mean the Authority could lose a 26 year program. The possibility of "voucher ing out" public housing is also being discussed at the federal level.

**COMMUNITY SERVICE** : Mrs. Wade stated that Congress has passed the 2003 federal budget and this means that the Community Service requirement of the QHRWA is reinstated for public housing residents who are NOT working, in school, disabled or elderly. This is already covered in the ACOP policies and lease.

**POLICIES**: The expansion of verification tools and the time limits for ineligibility were agreed upon. The Transfer and parking policies have not changed and this was also agreed upon.

**OTHER**: Other day -to-day maintenance issues regarding the garbage area and entrance/exit dirt and provisions for leaving cigarette butts at the entrances, all at Peacock Park Manor, were discussed, but have no effect on the PHA Plan.

**-END OF ATTACHMENT F -**

**CAPITAL FUND PROGRAM TABLES START HERE**

**ATTACHMENT G**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Norwich Housing Authority 13 Brown Street, Norwich, NY 13815		Grant Type and Number Capital Fund Program Grant No: NY06P06550101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	184,480		-0-	-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	1499 Development Activities				

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

PHAName: Norwich Housing Authority 13 Brown Street, Norwich, NY 13815	Grant Type and Number Capital Fund Program Grant No: NY06P06550101 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: )  
 Performance and Evaluation Report for Period Ending: 12/31/2002  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	184,480		-0-	-0-
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance	45,000			
	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**

PHAName: NorwichHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: NY06P06550101 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2000			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories		Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
NY06P065001	Bathroomrenovations		1460	9		72,000		-0-	pending
NY06P065001	Installcanopiesoverexits,ramps		1460	8		10,000		-0-	pending
NY06P065001	Convertefficiencyunitstoone -bedroom		1460	4		102,000		-0-	pending
						184,000			



**CAPITAL FUND PROGRAM TABLES START HERE**

**ATTACHMENT G**

<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>					
PHAName: Norwich Housing Authority 13 Brown Street, Norwich, NY 13815		Grant Type and Number Capital Fund Program Grant No: NY06P06550102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	22,700		-0-	
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	17,300		-0-	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,100		-0-	
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	113,411		-0-	-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	1499 Development Activities				

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

PHA Name: Norwich Housing Authority 13 Brown Street, Norwich, NY 13815	Grant Type and Number Capital Fund Program Grant No: NY06P06550102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/2002  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: ( sum of lines.....)	173,511		-0-	-0-
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance	30,000			
	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 (CF P/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: NorwichHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: NY06P06550102 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2002			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories		Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
NY06P065001	Bathroomrenovations		1460	4		32,000		-0-	pending
NY06P065001	Convertefficiencyunitstoone -bedroom		1460	3		62,000		-0-	pending
NY06P065002	Replaceinteriorapartmentdoors		1460	6		15,000		-0-	pending
NY06P065002	Replacegatevalvesinapts.		1460	40		4,400		-0-	pending
						113,400			





**NHAFIVE-YEARPLAN**

**NHAGOALS**

**PRESERVEANDINCREASETHEAVAILABILITYOF  
DECENT,SAFEANDAFFORDABLEHOUSING**

**OBJECTIVES**

CreateadditionalelderlyunitsatPPM	CreateelderlyhomeownerunitsatBrownAve.	WorkwithCitygovt,groupsandindividualsto improvehousing	Maintainandimproveexistingprojects
<b>Activities</b>			
6/30/2002	Prepareplans	Participateinplanningprocess,assistCityw/CDBG	Capitalneedsprogram
6/30/2003	Seekandobtainfunding;breakground	Participateinfinalplan	Capitalneedsprogram
6/30/2004	Completeconstruction	Implementplanfeatures	Capitalneedsprogram
6/30/2005	Lease-upandassessfurtherneed	Implementplanfeatures	Capitalneedsprogram
6/30/2006	Developnewprograms	Assessplan	Capitalneedsprogram

**IMPROVETHEABILITYOFFLOW-INCOMEPEOPLEAND  
FAMILIESTOACCESSRENTALHOUSINGANDHOMEOWNERSHIP  
OPPORTUNITIES**

**OBJECTIVES**

CreateadditionalelderlyunitsatPPM	CreateelderlyhomeownerunitsatBrownAve.	Increasefundingforrentalassistance	Createself-sufficiencyinitiativesforresidentsandparticipant
<b>Activities</b>			
6/30/2002	Prepareplans	Increaseutilizationrate	Involveothercommunitygroups
6/30/2003	Seekandobtainfunding;breakground	Seekfunding	Seekfunding/resources
6/30/2004	Completeconstruction	Seekfunding	Implementprograms
6/30/2005	Lease-upandassessfurtherneed	Seekfunding	Assessresults
6/30/2006	Developnewprograms	Seekfunding	Developnewprograms

**ADDRESSTHESHELTER,HOUSINGANDSERVICENEEDSOFTHEHOMELESS  
POORANDOTHERSWITHSPECIALNEEDS**

**OBJECTIVES**

Increaseshelterprograms	Formulateandimplementcommunity"ContinuumofCare"	MaintainandenrichHousingCouncil efforts
<b>Activities</b>		
6/30/2002	Assessneeds	Revitalizemissions
6/30/2003	Seekfundingsources	Sponsor4thGroupWorkcamp
6/30/2004	Implementprogrammodifications	Facilitateprogramsandcommunityforums
6/30/2005	Createpermanentsolutions	Continuefacilitationandactivism
6/30/2006	Continuetoassessneeds	Continuefacilitationandactivism