

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

Small PHA Plan Update
Annual Plan for Fiscal Year: **FY2003**

Rockville Centre Housing Authority

**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: Rockville Centre Housing Authority

PHANumber: NY100

PHA Fiscal Year Beginning: (mm/yyyy) 10/2003

PHA Plan Contact Information:

Name:

Phone: 516 -536-4343

TDD:

Email (if available): rvcha@aol.com

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered :

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

**Annual PHA Plan
Fiscal Year 2002**
[24 CFR Part 903.7]

i. Table of Contents

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

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<input checked="" type="checkbox"/> Attachment ny100b02 : Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment ny100c02 : Capital Fund Program 5 Year Action Plan	
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<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment ny100d02 : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment ny100e02 : Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
• ny100f02 P&EReportFY2000	
• ny100g02 P&EReportFY2001	
• ny100h02 P&EReportFY2002	
• ny100i02 Needs Assessment	

ii. Executive Summary

[24CFR Part 903.79(r)]

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

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

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

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? **\$60,004.00**

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 **ny100c01**

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment **ny100b01**

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 180 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: (DD/MM/YY)	
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 24CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified).)

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

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

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

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component 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 (File name)
- 3. In what manner did the PHA address those comments? (select all that apply)
 - The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included
 - Yes No: below
 - Yes No: at the end of the RAB Comments in Attachment

- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.
- Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

- Consolidated Plan jurisdiction: Nassau County
- 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 need 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.

- **Substantial Deviation from the 5-year Plan:**

- Any change to the Mission Statement;
- 50% deletion from or addition to the goals and objectives as a whole; and
- 50% or more decrease in the quantifiable measurement of any individual goal or objective.

B. Significant Amendment or Modification to the Annual Plan:

- Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or Capital Fund Program Annual Statement;
- Any change in policy or procedure that requires a regulatory 30 day posting;
- Any submission to HUD that requires a separate notification to residents, such as Hope VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership programs; and
- Any change inconsistent with the local, approved Consolidated Plan, in the discretion of the Executive Director.

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
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self -sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi -annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

HA Name: ROCKVILLE CENTRE HOUSING AUTHORITY	Comprehensive Grant Program:	FFY of Grant Approval: 2003
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Original Annual Statement X Reserve for Disasters/Emergencies. Revised Annual Statement/Revision Number ___ Performance and Evaluation Report for Program Year Ending.
 Final Performance and Evaluation Report.

TOTAL ESTIMATED COST		TOTAL ACTUAL COST (2)			
Line No.	Development Account	Original	Revised (1)	Obligated	Expended
1	Total Non-CGPF Funds				
2	1406 Operations (May not to exceed 20% of line 20)	\$12,004.00			
3	1408 Management Improvements				
4	1410 Administration	\$5,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$8,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures	\$35,000.00			
11	1465.1 Dwelling Equipment - Nonexpandable				
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 (May not to exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2-19)	\$60,004.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director & Date:

Signature of Public Housing Director / Office of Native American Programs Administrator & Date:

1- To be completed for the Performance and Evaluation Report or a Revised Annual Statement

2- To be completed for the Performance and Evaluation Report.

Development Number/Name HA-wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work(2)
				Original	Revised(1)	Funds Obligated(2)	Fund Expended(2)	
PHAwide	Operations	1406						
	Operations			\$12,004.00				
	Total Account #1406			\$12,004.00				
	Administration	1410						
PHAwide	Staff Salaries			\$5,004.00				
	Total Account #1408			\$5,004.00				
	A/E Fees	1430						
PHAwide	A/E Services			\$7,000.00				
	Advertisement/Printing			\$1,000.00				
	Total Account #1430.1			\$8,000.00				
	Dwelling Structures	1460						
NY56-1	Replace Roofing			\$35,000.00				
	Total Account #1460			\$35,000.00				
	GRAND TOTAL			\$60,008.00				

Signature of Executive Director & Date:

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X

X

1 To be Completed for the Performance and Evaluation Report or a Revised Annual Statement

2 To be Completed for the Performance Evaluation Report.

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Operations	3/31/2005			3/31/2007			
Administration	3/31/2005			3/31/2007			
Fees & Costs	3/31/2005			3/31/2007			
Dwelling Structures	3/31/2005			3/31/2007			

Signature of Executive Director & Date:

 X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

 X

1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement

2 To be completed for the Performance and Evaluation Report.

ROCKVILLECENTREHOUSINGAUTHORITY
Attachmentny100c02

CapitalFundProgramFive -YearActionPlan
PartI:Summary

PHANameROCKVILLE CENTREHOUSING AUTHORITY		<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/HA- Wide	Year1 2003	WorkStatementforYear2 FFYGrant: PHAFY :2004	WorkStatementforYear3 FFYGrant: PHAFY: 2005	WorkStatementforYear4 FFYGrant: PHA FY: 2006	WorkStatementforYear5 FFYGrant: PHAFY: 2007
	Annual Statement				
Operations		\$17,004.00	\$60,004.00	\$60,004.00	\$60,004.00
ManagementImprov.					
Administration		\$5,000.00			
Fees&Costs		\$3,000.00			
DwellingStruct ures		\$35,000.00			
CFPFundsListedfor 5-yearplanning		\$60,004.00	\$60,004.00	\$60,004.00	\$60,004.00
ReplacementHousing FactorFunds					

ROCKVILLE CENTRE HOUSING AUTHORITY

Required Attachment ny 100d02: 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: **Alfreda Brewster**
Angela Wells

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

- Elected
 Appointed

C. The term of appointment is (include the date term expires): **June 2004**

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: **July 2004**

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

Eugene Murray, Mayor
Rockville Centre

RockvilleCentreHousingAuthority

RequiredAttachment(ny100e02):MembershipoftheResident AdvisoryBoardorBoards

- 1. JohnChmiel**
- 2. SharonShamosh**
- 3. ArthurLau**

ROCKVILLE CENTRE HOUSING AUTHORITY CAPITAL FUND PROGRAM

Attachment ny100f02

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHAName: ROCKVILLE CENTRE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2000	
<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: 3/31/03 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total Non -CFP Funds					
2	1406 Operations	\$20,403.00	\$20,403.00	\$20,403.00	\$20,403.00	
3	1408 Management Improvements	\$7,600.00	\$7,600.00	\$7,600.00	\$7,600.00	
4	1410 Administration	\$16,000.00	\$16,000.00	\$16,000.00	\$16,000.00	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	\$19,396.00	\$19,396.00	\$19,396.00	\$19,396.00	
11	1465.1 Dwelling Equipment — Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod. Used for Development					
19	1501 Collateralization or Debt Service					
20	1502 Contingency					
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$63,396.00	\$63,396.00	\$63,396.00	\$63,396.00	
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504 compliance					
24	Amount of line 21 Related to Security – Soft Costs					
25	Amount of Line 21 Related to Security – Hard Costs					
26	Amount of line 21 Related to Energy Conservation Measures					

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

PHAName: ROCKVILLE CENTRE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Operations	1406		\$20,403	\$20,403	\$20,403	\$20,403	Completed
	Management Improvements	1408						
	Staff Training			\$5,000	\$5,000	\$5,000	\$5,000	Completed
	Computer Software			\$2,600	\$2,600	\$2,600	\$2,600	Completed
	Total Account #1410			\$7,600	\$7,600	\$7,600	\$7,600	
	Administration	1410						
	Staff time devoted to CIAP			\$15,000	\$15,000	\$15,000	\$15,000	Completed
	Total Acc. #1410			\$15,000	\$15,000	\$15,000	\$15,000	
	Dwelling Structures	1460						
	Replace A/CSleeves			\$10,000	\$10,000	\$10,000	\$10,000	Completed
	Apt. Thermostats			\$9,393	\$9,393	\$9,393	\$9,393	Completed
	Total Acc. #1460			\$19,393	\$19,393	\$19,393	\$19,393	
	GRAND TOTAL CFP 2000			\$63,396	\$63,396	\$63,396	\$63,396	

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

PHAName: ROCKVILLE CENTRE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:	Federal FY of Grant: 2000
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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	
Operations	3/31/02			3/31/03		8/23/01	
Management Improv.	3/31/02			3/31/03		8/23/01	
Admin startion	3/31/02			3/31/03		8/31/01	
Dwelling Structures	3/31/02			3/31/03		12/31/02	

ROCKVILLE CENTRE HOUSING AUTHORITY

RESIDENT ADVISORY AND TENANT'S COMMENTS

Attachment ny 100g02

A Public Hearing held July 10, 2003 to discuss the Agency Plan.

Present: Juan Roskell, Consultant, Robert Pagnotta, Board Chairman and approximately 15 residents.

Mr. Pagnotta gave an overview of the Agency plan. He explained how the CFP is obtained and how it is used. Mr. Pagnotta and Mr. Roskell explained that the expected FY 2003 Grant will not cover all the expected or necessary improvements and that the most important one; the replacement of the roofing will require the amounts funded under the 2003 and 2004 grants.

Now open for suggestions and comments from the residents:

The tenants offered the following suggestions and/or concerns:

- There are problems with the heat system. Some parts of the building are cold and some are hot. The air is very dry.
- The lights in the hallways are dim, more fixtures are necessary.
- The spotlights in the outside light posts have been disconnected. Would it be possible to turn them back on?
- The apartments have not been painted recently. Will the H.A. be painting soon?
- The apartment's radiator valves need to be replaced.

Mr. Pagnotta said that some of these items can be taken care of by the maintenance staff and that he would see about taking care of them.

Mr. Roskell stated that their suggestions will be taken into consideration when preparing the Agency Plan. However, the most important items will be given first priority.

Thanks to the Residents for their participation.

ROCKVILLE CENTRE HOUSING AUTHORITY CAPITAL FUND PROGRAM

Attachment ny100h02

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: ROCKVILLE CENTRE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: 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: 3/31/03 <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	\$12,000		\$12,000	\$12,000
3	1408 Management Improvements	\$7,000		\$0	\$0
4	1410 Administration	\$10,000		\$10,000	\$10,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$4,200		\$0	\$0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$26,804		\$8,002	\$0
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod. Used for Development				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$60,004		\$30,002	\$22,000
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHAName: ROCKVILLE CENTRE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	Operations	1406		\$12,000		\$12,000	\$12,000	
	Management Improvements	1408						
	Staff Training			\$3,000		\$0	\$3,000	
	Computers			\$4,000		\$0	\$4,000	
	Total Account #1408			\$7,000		\$0	\$7,000	
	Administration	1410						
	Staff time devoted to CIAP			\$10,000		\$10,000	\$10,000	
	Total Acc. #1410			\$10,000		\$10,000	\$10,000	
	Fees & Costs	1430						
	Advertisement			\$1,000		\$0	\$0	
	Preparation of Annual Plan			\$3,200		\$0	\$0	
	Total Acc. #1430			\$4,200		\$0	\$0	
	Dwelling Structures	1460						
	Canopy			\$3,000		\$3,000	\$0	
	Roof Repair			\$5,000		\$0	\$0	
	Hallway Carpet Replacement			\$10,000		\$5,002	\$0	
	504 Bathrooms			\$8,804		\$0	\$0	
	Total Acc. #1460			\$26,804		\$8,002	\$0	
	GRAND TOTAL CFP 2000			\$60,004		\$30,002	\$22,000	

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

PHAName: ROCKVILLECENTREHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgramGrantNo: ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2002			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHAName: ROCKVILLECENTREHOUSING AUTHORITY		GrantTypeandNumber CapitalFundProgramNo: ReplacementHousingFactorNo:			FederalFYofGrant: 2002		
DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuarterEndingDate)			AllFundsExpen ded (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
Operations	3/31/04			3/31/06			
Administration	3/31/04			3/31/06			
FeesandCosts	3/31/04			3/31/06			
DwellingStructures	3/31/04			3/31/06			

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

PHAName: ROCKVILLE CENTRE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:	Federal FY of Grant: 2002
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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	



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July 9, 2003

Rockville Centre Housing Authority
160 North Centre Avenue
Rockville Centre, NY 11570

Attn: Mr. Robert Pagnotta
Chairman

Re: Modernization Improvements
Rockville Manor
579 Merrick Road
Rockville Centre, NY

Dear Mr. Pagnotta:

As per your request, I have inspected the above captioned facility. As you know, while this facility is very well maintained, the life cycle of many of its building components are beyond their reasonably servicable time frame.

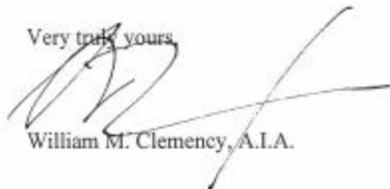
Based on our review of these building systems, we recommend that the following building components be considered for replacement:

Roofing & Flashings	\$75,000.00
Boiler & Hot Water Heater	\$120,000.00
Window Replacement	\$100,000.00

These existing building systems are presently all over 30 years old. Improvements in energy conservation, operating and maintenance efficiencies over these past years will greatly enhance the comfort of the residents and decrease the operational costs of the facility.

I hope these proposals meet with your approval.
Please do not hesitate to contact me directly with any questions

Very truly yours,


William M. Clemency, A.I.A.