

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 COUNTY OF WARREN

**PHA Number:** PA79

**PHA Fiscal Year Beginning: (01/2003)**

**PHA Plan Contact Information:**

Name: Georgetta J. Bishop, Executive Director

Phone: (814) 723-2312

TDD: (814) 726-9882

Email (if available): hacw@westpa.net

**Public Access to Information**

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

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

**Display Locations For PHA Plans and Supporting Documents**

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

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

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

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

**PHA Programs Administered:**

Public Housing and Section 8       Section 8 Only       Public Housing Only

**Annual PHA Plan  
Fiscal Year 2002**

[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 file name in parentheses in the space to the right of the title.

<b>Contents</b>	<b><u>Page #</u></b>
<b>Annual Plan</b>	
i. Executive Summary (optional)	2
ii. Annual Plan Information	2
iii. Table of Contents	1
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	2
3. Demolition and Disposition	2
4. Homeownership: Voucher Homeownership Program	3
5. Crime and Safety: PHDEP Plan	4
6. Other Information:	
A. Resident Advisory Board Consultation Process	4
B. Statement of Consistency with Consolidated Plan	4
C. Criteria for Substantial Deviations and Significant Amendments	5
<b>Attachments</b>	<b>PAGE #</b>
X Attachment A : Supporting Documents Available for Review	1-3
X Attachment B: Capital Fund Program Annual Statement	4-22
X Attachment C: Capital Fund Program 5 Year Action Plan	23-27
NA Attachment D: Capital Fund Program Replacement Housing Factor Annual Statement	4-22
NA Attachment E: Public Housing Drug Elimination Program (PHDEP) Plan	
X Attachment F: Resident Membership on PHA Board or Governing Body	<b>37</b>
X Attachment G_: Membership of Resident Advisory Board or Boards	<b>38</b>
X Attachment H: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	<b>39</b>
X Other (List below, providing each attachment name)	
Attachment I_; copy of site postings for resident advisory board members	40 & 41
Attachment J_; comments from public hearing	42

## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

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

**none**

### **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.

**none**

-

### **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? \$ \_\_EST \$ 444,682

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. 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

<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**

[24 CFR Part 903.7 9 (k)]

A.  Yes **X** No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 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? \$ **NA**
- 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 (H) COMMENTS/RESIDENTS
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 \_H.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_\_.
- Other: (list below)

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

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

1. Consolidated Plan jurisdiction: (PENNSYLVANIA)

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) TO CONTINUE TO PROVIDE AND MAINTAIN AFFORDABLE HOUSING FOR LOW INCOME RENTERS

### 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: Add or remove any housing units from a public housing site.**

**B. Significant Amendment or Modification to the Annual Plan: Add or remove any housing units from a public housing site.**

**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>
<b>X</b>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
NA	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
<b>X</b>	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
<b>X</b>	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
<b>X</b>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
<b>X</b>	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
<b>X</b>	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
<b>X</b>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>X</b>	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>X</b>	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
<b>X</b>	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	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
<b>X</b>	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
<b>X</b>	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
<b>X</b>	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
<b>X</b>	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
<b>X</b>	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<b>X</b>	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<b>X</b>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
<b>X</b>	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
<b>NA</b>	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
<b>X</b>	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
<b>NA</b>	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
<b>NA</b>	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
<b>NA</b>	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
<b>NA</b>	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

### List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
NA	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
NA	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
NA	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
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
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
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
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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

PHA Name: HOUSING AUTHORITY OF THE COUNTY OF WARREN	Grant Type and Number Capital Fund Program: PA28P07950103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
---	--	-------------------------------------

Original Annual Statement     
  Reserve for Disasters/ Emergencies     
  Revised Annual Statement (revision no:    )

Performance and Evaluation Report for Period Ending:     
  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	2,332			
3	1408 Management Improvements	0			
4	1410 Administration	2,000			
5	1411 Audit	300			
6	1415 liquidated Damages	0			
7	1430 Fees and Costs	27,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	7,000			
10	1460 Dwelling Structures	131,550			
11	1465.1 Dwelling Equipment—Nonexpendable	230,500			
12	1470 Nondwelling Structures	4,000			
13	1475 Nondwelling Equipment	35,000			
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	5,000			
20	Amount of Annual Grant: (sum of lines 2-19)	<b>444,682</b>			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	127,500			
23	Amount of line 20 Related to Security	58,350			

**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 COUNTY OF WARREN	Grant Type and Number Capital Fund Program: PA28P07950103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
---	--	-------------------------------------

Original Annual Statement     
  Reserve for Disasters/ Emergencies     
  Revised Annual Statement (revision no:    )

Performance and Evaluation Report for Period Ending:     
  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	36,000	5		

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

PHA Name: <b>HOUSING AUTHORITY OF THE COUNTY OF WARREN</b>		Grant Type and Number Capital Fund Program #: PA28P07950103 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: <b>2003</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA	OPERATIONS	1406		2,332				
PHA	CONSULTANT	1408		0				
PHA	ADVERTISEMENT	1410		2,000				
PHA	AUDIT	1411		300				
PHA	FEES	1430		27,000				
PA079-1	NEW DOOR HANDLES ALL DOORS IN SIDE THE APARTMENTS AND ON DOORS IN THE PUBLIC AREAS TO MEET ADA REQUIREMENTS – AT THE TOWERS	1460	420	42,000				
PA079- 1	SECURITY SCREENS FIRST FLOOR –TOWERS	1460	33	14,000				
PA079-1	SECURITY SCREENS-FIRST FLOOR –ROUSE MANOR	1460	69	27,350				
PA079-4	SECURITY SCREENS SECOND FLOOR- AV &BC	1460	206	30,000				
PA079-1	ADD AN MGT OFFICE TO ENTRY AT THE TOWERS	1465	1	25,000				
PA079-1	PLAYGROUND EQUIP-AV & BC	1475	3	35,000				
PA079-4	MAINTENANCE SHED	1470	1	4,000				

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

PHA Name: <b>HOUSING AUTHORITY OF THE COUNTY OF WARREN</b>		Grant Type and Number Capital Fund Program #: PA28P07950103 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: <b>2003</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PA079-1	3 HC-WASHERS/4 DRYERS-TOWERS	1460	7	6,000				
PA079-1&4	NEW TOILETS (ADA) (6)	1465	6	1,500				
PHA-1&4	ROLL IN SHOWERS (ADA)(6)	1465	6	24,000				
PHA-1	ADDITIONAL SMOKE & STROBES ON FIRST FLOOR-TOWERS	1465	35	13,000				
PHA-1&4	NEW KITCHEN AND BATH FAUCET HANDLES TO MEET ADA	1465	340	34,000				
PA079-1	CEILING FAN/LIGHTS IN FAMILY SITES-BEDROOMS & DINING ROOM (272)	1465	272	68,000				
PA079-4	FIRST FLOOR HALL CARPET-ROUSE MANOR	1460	1	1,200				
PA079-1	66 STOVES-FAMILY SITES	1465	66	29,000				
PA079-1	DRAINAGE AT ALLEGHENY VILLAGE-	1450		7,000				
PA079-1	75 REFRIGERATORS FOR TOWERS AND 15 ROUSE	1465	85	36,000				
PA079-1 &4	APARTMENT CARPET 5-TOWERS AND 5- ROUSE MANOR	1460	10	11,000				
	CONTINGENCY	1502		5,000				
	<b>TOTAL</b>			<b>444,682</b>				

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

PHA Name: <b>HOUSING AUTHORITY OF THE COUNTY OF WARREN</b>		Grant Type and Number Capital Fund Program #: PA28P07950103 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: <b>2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

**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 COUNTY OF WARREN		Grant Type and Number Capital Fund Program #: PA28P07950103 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: <b>2003</b>		
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	12/30/05			12/30/06			

**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 COUNTY OF WARREN		Grant Type and Number Capital Fund Program #: PA28P07950103 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: <b>2003</b>	
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	

**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 COUNTY OF WARREN		Grant Type and Number Capital Fund Program#: PA28P07950102 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant:  2002	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: #1)	
<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	138,384	114,882		
3	1408 Management Improvements				
4	1410 Administration	12,000	12,000		
5	1411 Audit	1,000	1,000		
6	1415 liquidated Damages				
7	1430 Fees and Costs	30,000	30,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	165,000	165,000		
10	1460 Dwelling Structures	50,000	50,000		
11	1465.1 Dwelling Equipment—Nonexpendable	35,800	35,800		
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	27,000	27,000		
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	9,000	9,000		

**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 COUNTY OF WARREN		Grant Type and Number Capital Fund Program#: PA28P07950102 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant:  <b>2002</b>	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: #1)	
<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	
20	Amount of Annual Grant: (sum of lines 2-19)	<b>468,184</b>	<b>444,682</b>		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	45,800	45,800		
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**PART II: SUPPORTING PAGES**

PHA Name: <b>HOUSING AUTHORITY OF THE COUNTY OF WARREN</b>		Grant Type and Number Capital Fund Program #: PA2807950102 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	OPERATIONS	1406		138,384	114,882			
PHA	FINANCIAL CONSULTANT	1408						
PHA	ADVERTISE FOR BIDS	1410		2,000	2,000			
PHA	AUDIT	1411		1,000	1,000			
PHA	FEES (ARCHITECT)	1430		30,000	30,000			
PA079-1	FLOOR TILE TOWERS	1460		20,000	20,000			
PA079-1	REMODEL PUBLIC RESTROOMS-TOWERS	1460		20,000	20,000			
PA079-1	ENLARGE PATIO AND ENTRY SLABS FAMILY SITES	1450		45,000	45,000			
PA079-1	REPLACE DOOR HANDLES AND LOCKS FAMILY SITES	1460		25,800	25,800			
PHA	ADD LANDSCAPING ALL SITES	1450		20,000	20,000			
PHA	REPLACEMENT OR ADDITION OF 3 COMPUTERS	1475		10,000	10,000			
PHA	NEW MAINTENANCE VEHICLE	1475		27,000	27,000			
PHA	NEW OFFICE FLOORING	1470		10,000	10,000			
PHA	TRAINING FOR STAFF	1408		10,000	10,000			
PHA	EXTEND-REPAIR PARKING AREAS	1450		100,000	100,000			

**PART II: SUPPORTING PAGES**

PHA Name: <b>HOUSING AUTHORITY OF THE COUNTY OF WARREN</b>		Grant Type and Number Capital Fund Program #: PA2807950102 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: <b>2002</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA	CONTINGENCY	1502		9,000	9,000			
	TOTAL:			<b>468,184</b>	<b>444,682</b>			



**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 COUNTY OF WARREN	Grant Type and Number Capital Fund Program: PA28PO7950101 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2001</b>
---	--	-------------------------------------

Original Annual Statement       Reserve for Disasters/ Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 06/30/2002       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	54,531	-0-	0	0
3	1408 Management Improvements	30,000	14,692.63	14,692.63	0
4	1410 Administration	5,000	962.37	962.37	962.37
5	1411 Audit	800	800	800	0
6	1415 liquidated Damages			0	0
7	1430 Fees and Costs	30,000	15,000	15,000	10,339.36
8	1440 Site Acquisition			0	0
9	1450 Site Improvement	25,000	173,129	173,129	0
10	1460 Dwelling Structures	146,600	130,899	130,899	46,393.17
11	1465.1 Dwelling Equipment—Nonexpendable	108,000	114,953	114,953	46,813.89
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	59,000	17,748	17,748	17,748
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

**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 COUNTY OF WARREN		Grant Type and Number Capital Fund Program: PA28PO7950101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2001</b>	
<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: 06/30/2002		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
18	1498 Mod Used for Development					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2-19)	458,931	468,184	468,184	122,256.79	
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					

**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 COUNTY OF WARREN		Grant Type and Number Capital Fund Program #: PA28P07905101 Capital Fund Program Replacement Housing Factor #:				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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA	OPERATIONS	1406		54,531	-0-	SHORT OF FUNDS	0	
PHA	FINANCIAL CONSULTATION ADDITIONAL STAFFING	1408		30,000	14,692.63	14,692.63	0	
PHA	ADVERTISE FOR BIDS	1410		5,000	962.37	962.37	962.37	
PHA	AUDIT	1411		800	800	800	0	
PHA	FEES (ARCHITECT)	1430		30,000	15,000	15,000	10,339.36	
PA079-4	RESURFACE (4) AND EXPAND (2) PARKING LOTS. MAINTENANCE SHED AT THE ROUSE.	1450		25,000	173,129	173,129	0	
PA079-4	REPLACE 1 HALL CARPET	1465		4,000	0	SHORT FUNDS	0	
PA079-4	ADDITIONAL LIGHTING BATHS & KITCHENS	1465.1		29,000	29,000	29,000	7,296.60	
PA079-1	ADDITIONAL LIGHTING IN HALLS AT THE TOWERS	1465.1		15,000	20,000	20,000	12,607.20	
PA079-1	TWO OUTLETS IN APTS -CT	1465.1	266	29,000	0	DONE IN 1999 WITH 2000 CAP FUNDS	0	

**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 COUNTY OF WARREN		Grant Type and Number Capital Fund Program #: PA28P07905101 Capital Fund Program Replacement Housing Factor #:				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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA	GENIE FOR SEC LIGHTS	1475		30,000	17,748	17,748	17,748	100%
PA079-1	PLAYGROUND EQUIP	1475		29,000	0	SHORT OF FUNDS	0	
PA079-4	ELEVATOR	1460		125,000	109,299	109,299	46,393.17	
PHA	NEW TOILETS (ADA)	1465.1	12	12,000	32,000	32,000	2,800	
PHA	ROLL IN SHOWERS (ADA)	1465.1	6	19,000	33,953	33,953	24,110	
PA079-1	NEW STORM DOORS	1460	54	21,600	21,600	21,600	0	
				458,931	468,184	468,184	122,256.79	

**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 COUNTY OF WARREN		Grant Type and Number Capital Fund Program # PA28P07905101 Capital Fund Program Replacement Housing Factor #:					Federal FY of Grant: 2001
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	9/30/03			12/30/03			



**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 COUNTY OF WARREN	Grant Type and Number Capital Fund Program: PA28P07950100 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant:  <b>2000</b>
---	--	---

Original Annual Statement  Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 6/30/2002  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	178,631	141,349.24	141,349.24	141,349.24
3	1408 Management Improvements	30,000	7,969.47	7,969.47	7,969.47
4	1410 Administration	4,000	739.03	739.03	739.03
5	1411 Audit	500	500	500	0
6	1415 liquidated Damages				
7	1430 Fees and Costs	26,000	12,000	12,000	12,000
8	1440 Site Acquisition				
9	1450 Site Improvement	165,200	243,828.90	243,828.90	148,493.70
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	22,000	23,580	23,580	23,580
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	32,600	28,964.56	28,964.56	28,964.56
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				



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

PHA Name: HOUSING AUTHORITY OF THE COUNTY OF WARREN		Grant Type and Number Capital Fund Program #: PA28P07950100 Capital Fund Program Replacement Housing Factor #:				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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PA79-01	COMPLETE WORK ON 1998 AND 1999 CIAP CONTRACTS	1406		178,631	141,349.24	141,349.24	141,349.24	1998-100% 1999-100%
	FEEs	1408		30,000	7,969.47	7,969.47	7,969.47	100%
	ADS	1410		4,000	739.03	739.03	739.03	100%
	AUDIT	1411		500	500	500	0	0
	A&E	1430		26,000	12,000	12,000	12,000	100%
	SIDEWALKS, CURBS, LOTS	1450		165,200	243,828.90	243,828.90	148,493.70	10%
	STOVES	1465		27,000	0	-0-	-0-	-0-
	REFRIGERATORS	1465		22,000	23,580	23,580	23,580	100%
	*TOTAL ITEMS LISTED BELOW	1475		32,600	28,964.56	28,964.56	28,964.56	85%
	BASKETBALL COURT &	1475			0	0	0	0
	VEHICLE	1475			18,984	18,984	18,984	100%
	COPIER	1475			5,909	5,909	5,909	100%
	NEW PHONE SYSTEM	1475			4,071.56	4,071.56	4,071.56	100%

**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 COUNTY OF WARREN		Grant Type and Number Capital Fund Program #: PA28P07950100 Capital Fund Program Replacement Housing Factor #:			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 Proposed 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**

PHA Name HOUSING AUTHORITY OF THE COUNTY OF WARREN:		Grant Type and Number Capital Fund Program #: PA28P07950100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000		
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	3/31/02			9/30/03			

## 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.

<b>CFP 5-Year Action Plan</b>		
<b>Original statement</b>	<b>Revised statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
<b>PA079-1</b>	<b>CONEWANGO TOWERS</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
PLACE SOFFIT ON BALCONY ROOFS	8,000	2004
REPLACE REFRIGERATORS (40)	25,000	2004
REPLACE TOILETS (50)	30,000	2004
REPLACE SINKS (50)	26,000	2004
REPLACE STOVES (50)	42,000	2005
RESEAL PARKING LOT	3,000	2005
ADA SHOWERS (6)	23,000	2005
REPLACE BATHROOM SINKS (50)	27,000	2006
REPLACE METAL CLOSET DOORS WITH WOODEN DOORS	45,000	2006
COUNTER TOPS	50,000	2006
KITCHEN SINKS	30,000	2006
CEILING TILE IN BATHROOMS	25,000	2006
LANDSCAPING-TREES-SEEDING	5,000	2007
NEW BATHROOM SINKS WITH VANITY	67,000	2007
NEW CLOSET DOORS	15,000	2007
REPLACE METAL SHELVING IN CLOSETS	30,000	2007
PAINT ALL PUBLIC AREAS	15,000	2007
<b>Total estimated cost over next 5 years</b>	<b>466,000</b>	

## 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.

<b>CFP 5-Year Action Plan</b>		
<b>Original statement</b>	<b>Revised statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
<b>PA079-1</b>	<b>ALLEGHENY VILLAGE</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
REPLACE BATHROOM SINKS-FAUCETS	45,000	2004
REPLACE HOT WATER TANKS (12)	4,800	2005
REPLACE BOILERS (12)	12,000	2005
REPLACE BATHROOM EXHAUST FANS	15,000	2005
REPLACE OUTSIDE ENTRY LIGHTS	23,000	2006
REPLACE ROOFING	160,000	2006
REPLACE TUBS AND SHOWER SURROUNDS	125,000	2007
REPAIR AND SEAL PATCH PARKING LOT	5,000	2007
REPLACE EXTERIOR DOORS	66,000	2007
REPLACE INTERIOR DOORS	56,000	2007
PAVILION REPAIRS OR REPLACEMENTS	10,000	2007
REPLACE COMMUNITY ROOM/SHOP WINDOWS	1,500	2007
REPLACE METAL SHELVING IN CLOSETS	20,000	2007
<b>Total estimated cost over next 5 years</b>	<b>543,300</b>	

## 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.

<b>CFP 5-Year Action Plan</b>		
<b>Original statement</b>	<b>Revised statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
<b>PA079-1</b>	<b>BROKENSTRAW CENTER</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
REPLACE BATHROOM SINKS WITH VANITIES	8,000	2004
REPLACE HOT WATER TANKS (6)	2,400	2004
REPLACE BOILERS (5)	5,000	2004
REPLACE ROOFING IF NEEDED	34,000	2005
REPLACE BATHROOM EXHAUST FANS	4,000	2005
REPLACE-IMPROVE OUTSIDE ENTRY LIGHTS	4,800	2006
REPLACE TUBS AND SHOWER SURROUNDS	50,000	2007
REPAIR AND SEAL PATCH PARKING LOT	2,000	2007
REPLACE EXTERIOR DOORS	15,000	2007
REPLACE INTERIOR DOORS	18,000	2007
PAVILION REPAIRS OR REPLACEMENTS	2,000	2007
REPLACE KITCHEN SINKS	11,000	2007
REPLACE METAL SHELVING IN CLOSETS	1,000	2007
LANDSCAPING IMPROVEMENTS	2,000	2007
<b>Total estimated cost over next 5 years</b>	<b>159,200</b>	

## 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 type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
PA079-4	ROUSE MANOR APARTMENTS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
CEILING FANS IN THE APARTMENTS AND LAUNDRY ROOMS (80)	17,000	2004
REPLACE WASHERS AND DRYERS AS NEEDED	6,000	2004
REPLACE APARTMENT CARPET AS NEEDED (20)	20,000	2004
PAINTE ALL PUBLIC AREAS AND APARTMENTS AS NEEDED	30,000	2004
REPLACE AIR CONDITION UNITS (39)	30,000	2005
REPLACE ROOFING	145,000	2006
REPAIR AND SEAL PARKING LOT	11,000	2007
REPLACE CARPET (10)	10,000	2007
ADDITIONAL CEMENT WORK-STEP FROM WEST SIDE FIRE EXIT	10,000	2007
NEW BATHROOM SINKS WITH VANITY	20,000	2007
<b>Total estimated cost over next 5 years</b>	<b>299,000</b>	

## 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		
X Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
PA079	PHA WIDE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
PURCHASE MAINTENANCE VEHICLE	25,000	2004
COMPUTER UPGRADE-REPLACEMENTS	25,000	2005
UPGRADE EXTERIOR LIGHTING	50,000	2006
REPLACE SIDEWALKS AS NEEDED	50,000	2007
UPGRADE FAUCETS ON SINKS AND TUBS	45,000	2007
<b>Total estimated cost over next 5 years</b>	<b>195,000</b>	

# PHA Public Housing Drug Elimination Program Plan E

**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 \$** NA

**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.

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

### **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	
<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 TA Match</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	PHDEP 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	PHDEP 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	PHDEP 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	PHDEP 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	PHDEP 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.							

9180 - Drug Treatment					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.							

9190 - Other Program Costs					Total PHDEP 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 F: Resident Member on the PHA Governing Board**

1. **X 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: EMMA THOMPSON

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

Elected

**X Appointed**

C. The term of appointment is (include the date term expires): **5 YEARS TO 12/31/2002**

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: 12/31/2002

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

COUNTY COMMISSIONERS

JAMES HUNTER

JOHN ZAVINSKI

HOWARD BRUSH

## **Required Attachment G: Membership of the Resident Advisory Board**

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.)

REQUESTS FOR VOLUNTEERS FROM EACH HOUSING SITE WERE POSTED AND PLACED IN NEWSLETTERS STARTING IN APRIL 2002. PERSONAL CONTACT WITH RESIDENTS THROUGH RESIDENT MEETINGS WHERE THE EXECUTIVE DIRECTOR PERSONALLY ASKED FOR VOLUNTEERS.

GRACE OSBORNE-CONEWANGO TOWERS  
RICHARD KELLS- CONEWANGO TOWERS  
EVA SHIPMAN -CONEWANGO TOWERS  
SALLY STAFFORD- CONEWANGO TOWERS  
DEBRA BLUM-ALLEGHENY VILLAGE  
GREG STILLWELL- ALLEGHENY VILLAGE  
VALERIE STILLWELL- ALLEGHENY VILLAGE  
EVELYN CRULL-ROUSE MANOR APTS  
MARTHA HEMMERLY-ROUSE MANOR APTS

## **REQUIRED ATTACHMENT H: RESIDENT ADVISORY BOARD RECOMMENDATIONS AND PHA RESPONSE- 2003**

The five-year plan had included additional lighting for the family sites. In discussion with the members, a suggestion was made for adding lighting with fans to the apartment's bedrooms. The family site members went to the laundry rooms at the Towers to see the ones placed there. It was suggested to use metal bulb covers instead of glass. The members agreed that the fans/lights would be a good addition to the units and provide both additional lighting and movement of air and ask to have the additional lighting include fans. The members requested that the dining room light also be replaced with a fan/light.

The housing authority agreed to include these fans in the Capital Funding for 2003.

Discussion was held on the 5 year plans items.

**ATTACHMENT I : COPY OF SITE POSTING FOR ADVISORY BOARD MEMBERS AND NEWSLETTER UPDATE.**

**POSTED JUNE 11, 2002**

# **WANTED RESIDENTS**

**WHO WOULD BE INTERESTED IN SERVING ON THE RESIDENT ADVISORY COUNCIL TO HELP DEVELOP THE 2003-HOUSING PLAN FOR THE HOUSING AUTHORITY OF THE COUNTY OF WARREN.**

## **QUALIFICATIONS:**

- 1. AN ADULT LISTED ON THE LEASE.**
- 2. A RESIDENT IN GOOD STANDING**
- 3. A RESIDENT HAVING AN INTEREST IN SEEING THEIR HOUSING SITE IMPROVE BOTH PHYSICALLY AND SOCIALLY.**
- 4. A RESIDENT WITH A POSITIVE ATTITUDE TOWARDS THEIR HOME, NEIGHBORS AND THE HOUSING AUTHORITY MAKING IT POSSIBLE TO WORK AS A TEAM MEMBER.**

**WE WOULD LIKE SEVERAL RESIDENTS FROM EACH HOUSING SITE TO PARTICIPATE TO ASSURE THAT EACH SITE IS REPRESENTED.**

**IT IS IMPORTANT THAT THE HOUSING AUTHORITY SEES INTEREST FROM THE RESIDENTS AT EACH SITE TO DEVELOP BUDGETS ITEMS FOR EACH SITE. IF THE RESIDENTS HAVE NO INTEREST OR IDEAS FOR THEIR SITE IT IS MORE DIFFICULT TO BUDGET MONEY FOR THAT SITE THEN FOR ONE WITH RESIDENT INTEREST.**

**IF YOU ARE INTERESTED PLEASE CONTACT THE OFFICE AND LEAVE YOUR NAME. THANK YOU.**

# APRIL 2002

ANNUAL  
INSPECTIONS  
START  
APRIL 15, 2002

Volume 2, Issue 2  
APRIL 2002

THE MONTH OF MAY WILL BRING A LOT OF CONSTRUCTION AT ALLEGHENY VILLAGE AND THE TOWERS. PLEASE NOTIFY YOUR CLIENTS OF VERY LIMITED PARKING...

## OFFICE NEW STAFF

ON MAY 1, 2002 OUR PROJECT MANAGER, LINDA ABBOTT IS GOING ON FAMILY LEAVE FOR 12 WEEKS.

YOU WILL BE SEEING NEW FACES AND HEARING NEW VOICES ON THE PHONE. IT IS IMPORTANT THAT YOU MAKE SURE YOUR INFORMATION IS CLEAR AND FULLY UNDERSTOOD.

PLEASE GIVE YOUR FULL NAME AND FULL ADDRESS.

THE OFFICE IS CLOSED AT 4:30 PM BUT WE ASK THAT NO ONE COMES IN AFTER 4

REMEMBER DO NOT BRING IN CASH, PAY AT THE BANK.

IF YOU ARE TOLD TO PAY AT THE OFFICE BRING A CHECK OR MONEY ORDER.

## PARKING LOTS

WE ARE GOING TO HAVE TO DEAL WITH A GREAT DEAL OF INCONVENIENCES AT ALL THE SITES DUE TO PARKING LOT CURBING AND SIDEWALK REPLACEMENT.

### PATIENCE PLEASE!

PLEASE COOPERATE WITH THE WORKERS.

FAMILY SITE RESIDENTS WATCH YOUR CHILDREN YOU DON'T WANT TO HAVE TO PAY TO HAVE ANY CEMENT RE-DONE OR A CHILD INJURED.



## ANNUAL PLAN 2003



THE NEW ANNUAL PLAN WILL BE STARTED SOON. PLEASE GIVE US YOUR IDEAS.

EACH YEAR HUD REQUIRES HOUSING AUTHORITIES TO SUBMIT AN ANNUAL PLAN. EACH YEAR WE ASK RESIDENTS FROM EACH HOUSING SITE TO PARTICIPATE IN THE PLANNING. IF YOU ARE INTERESTED IN SERVING ON THE RESIDENT ADVISORY BOARD CONTACT PLEASE THE OFFICE, 723-2312.

AND EXPANDING SOME PARKING LOTS, SIDEWALKS AND CURBING AS WELL AS OTHER COSTS. AS MONEY ALLOWS WE HOPE TO DO ADDITIONAL HANDICAPPED SHOWERS.

WARREN COUNTY HOUSING	
TOWERS	132
ALLEGHENY	34
BRIKIN STRAW	12
HOUSE MANOR	37
CANTONBURY COURT	50
HODGUTE TOWERS	51
SECTION B VOUCHERS	75



## ANNUAL PLAN 2002 WORK PLANNED ITEMS

DEPENDING ON THE CAPITAL FUNDING RECEIVED FROM HUD:

FAMILY SITES  
REPLACE DOOR HANDLES  
ENLARGE PATIO SLABS  
LANDSCAPING/  
PLAYGROUND EQUIPMENT

### TOWERS & HOUSE MANOR

LANDSCAPING  
TOWERS  
SOME FLOOR TILE  
SOME FUNDING WILL BE USED TO OFF SET THE COST OF THE REPLACING

DON'T LOSE YOUR HOME BECAUSE OF A FRIEND. NO DRUGS, NO ALCOHOL ABUSE, NO VIOLENCE, NO CRIMINAL ACTIVITY. ON OR OFF THE SITE. WE CAN, AND WE DO BAR PEOPLE FROM THE HOUSING SITES.