

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: North Providence Housing Authority

PHA Number: RI017

PHA Fiscal Year Beginning: 04/2003

PHA Plan Contact Information:

Name: Donna M. Conway, Executive Director

Phone: 401-728-0930 ext. 102

TDD:

Email (if available): dconway@npha.necoxmail.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 businessoffice 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 2003
[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.

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<input checked="" type="checkbox"/> Attachment _D: Resident Membership on PHA Board or Governing Body	
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<input checked="" type="checkbox"/> Other Attachment G: Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments.	
Attachment H: Deconcentration and Income Mixing	

ii. Executive Summary

[24 CFR Part 903.7 9 (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.

The North Providence Housing Authority plans the following:

- Have applied for a ROSS (Resident Service Delivery Module) Grant to assist elderly residents aging in place
- Will submit Rhode Island Housing HOME Grant application to convert family public housing units to homeownership through the Housing Authority's section 5(h) Homeownership Program
- Will apply for a 202 elderly housing development grant for new construction of Elderly Housing on undeveloped property through the 2003 Super Nofa

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? \$ 195,508.00

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 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

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
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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

[24 CFR Part 903.7 9 (k)]

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

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

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

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

The North Providence Housing Authority has successfully completed a HUD Hope 1 Grant – Housing for People Everywhere – that resulted in a 5(h) Homeownership Program. To date, the Housing Authority has transferred ownership of three homes under the program.

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? \$ _____ N/A _____
- 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 F: Comments of Resident Advisory Board
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 F.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the 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: Rhode Island Consolidated Plan
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

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

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

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

- * **changes to rent or admissions policies or organization of the waiting list;**
- * **additions of non-emergency work items or change in use of replacement reserve funds under the Capital Fund;**
- * **and any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.**

B. Significant Amendment or Modification to the Annual Plan:

The North Providence Housing Authority has closed the Public Housing Waiting List after public notice and (30) day comment period in accordance with the North Providence Housing Authority Admission & Continued Occupancy Policy

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

List of Supporting Documents Available for Review

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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · 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 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
N/A	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: North Providence Housing Authority	Grant Type and Number Capital Fund Program: RI43P01750100 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 5)
 Performance and Evaluation Report for Period Ending: 09/30/2002
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Revision4	Revision 5	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	26,174.00	26,174.00	26,174.00	26,174.00
8	1440 Site Acquisition				
9	1450 Site Improvement	13,639.00	13,740.30	13,740.30	13,740.30
10	1460 Dwelling Structures	153,946.00	153,844.70	153,844.70	153,844.70
11	1465.1 Dwelling Equipment—Nonexpendable	8,340.00	8,340.00	8,340.00	8,340.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	4,075.00	4,075.00	4,075.00	4,075.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	206,174.00	206,174.00	206,174.00	206,174.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	13,639.00	13,639.00		

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

PHA Name: North Providence Housing Authority	Grant Type and Number Capital Fund Program: RI43P01750100 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 5)
 Performance and Evaluation Report for Period Ending: 09/30/2002
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security	60,805.00	57,585.00		
24	Amount of line 20 Related to Energy Conservation Measures	9,000.00	16,340.00		

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

PHA Name: North Providence Housing Authority	Grant Type and Number Capital Fund Program: RIRI43P01750101 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: 09/30/2002
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Revised #1	Revised #2	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	5,000.00	1,460.00	1,460.00	1,460.00
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	55,374.00	44,800.00	5,800.00	4,200.00
10	1460 Dwelling Structures	149,147.00	163,261.00	105,261.00	83,953.93
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	209,521.00	209,521	112,521.00	89,613.93
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	4,000.00	4,000.00		

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

PHA Name: North Providence Housing Authority	Grant Type and Number Capital Fund Program: RIRI43P01750101 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: 09/30/2002
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security	3,000.00	5,750.00		
24	Amount of line 20 Related to Energy Conservation Measures	71,000.00	98,478.29		

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

PHA Name: North Providence Housing Authority		Grant Type and Number Capital Fund Program #: RI43P01750101 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	
HA Wide	Training	1408	100%	5,000.00	1,460.00	1,460.00	1,460.00	Complete
	Re-Key Locks	1460	100%	-0-	4,150.00	4,150.00	-0-	Ongoing
17-001	New Vinyl Siding	1460	100%	28,547.00	37,099.15	37,099.15	37,099.15	Complete
Charles Street	New Asphalt Roof Shingles	1460	100%	28,000.00	28,000.00	28,000.00	28,000.00	Complete
	Porch Renovations	1460	100%	-0-	8,552.15	8,552.15	8,552.15	Complete
	Repair Annex Entrance Windows	1460	100%	-0-	15,379.14	15,379.14	6,302.63	Ongoing
	Upgrade Gutters & Downspouts	1460	100%	8,000.00	-0-	-0-	-0-	Moved to 2000
	Install Hallway Handrails	1460	100%	4,000.00	4,000.00	4,000.00	4,000.00	Complete
17-002 Allendale	Encapsulate Floors	1460	50%	46,000.00	-0-	-0-	-0-	Moved to 2003
17-005 Sunset	Tree Pruning/Removal	1450	100%	4,200.00	4,200.00	4,200.00	4,200.00	Complete
17-006	Replace/Refinish Kitchen Cabinets	1460	100%	15,000.00	18,540.00	-0-	-0-	Pending
Wentworth	Install Air Conditioner Sleeves	1460	50%	8,000.00	-0-	-0-	-0-	Moved to 2003
	Renovate Bathrooms	1460	100%	-0-	30,540.56	8,080.56	-0-	Pending
	Upgrade Asphalt/Sidewalks	1450	100%	22,174.00	20,000.00	-0-	-0-	Pending
17-007	Replace/Refinish Kitchen Cabinets	1460	100%	5,000.00	5,000.00	-0-	-0-	Pending
Andover	Install Air Conditioner Sleeves	1460	100%	3,000.00	-0-	-0-	-0-	Moved to 2003

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

PHA Name: North Providence Housing Authority		Grant Type and Number Capital Fund Program #: RI43P01750101 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	
	Upgrade Asphalt/Sidewalks	1450	100%	18,000.00	10,000.00	-0-	-0-	Pending
	Deck Renovations	1460	100%	10,000.00	4,000.00	-0-	-0-	Pending
	Install Fence	1450	100%	1,600.00	1,600.00	1,600.00	-0-	Complete
	Repair/Replace Trash Enclosures	1450	100%	2,000.00	2,000.00	-0-	-0-	Pending
17-008 Marieville	Repave Parking Areas	1450	100%	9,000.00	9,000.00	-0-	-0-	Pending

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

PHA Name: North Providence Housing Authority	Grant Type and Number Capital Fund Program: RI43P01750102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 09/30/02
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	24,000.00	27,000.00	413.31	413.31
8	1440 Site Acquisition				
9	1450 Site Improvement	65,000.00	83,000.00	1,700.00	1,700.00
10	1460 Dwelling Structures	95,600.00	83,000.00	6,045.00	2,045.00
11	1465.1 Dwelling Equipment—Nonexpendable	6,000.00	-0-	-0-	-0-
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	4,908.00	2,508.00	1,323.00	1,323.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	195,508.00	195,508.00	9,481.31	5,481.31
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	5,000.00	5,000.00		

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

PHA Name: North Providence Housing Authority	Grant Type and Number Capital Fund Program: RI43P01750102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 09/30/02
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security	5,000.00	5,000.00		
24	Amount of line 20 Related to Energy Conservation Measures	75,000.00	55,000.00		

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

PHA Name: North Providence Housing Authority		Grant Type and Number Capital Fund Program #: RI43P01750102 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	
HA Wide	Architect/Engineer	1430	1	20,000.00	20,000.00	413.31	413.31	Ongoing
	Clerk of Works	1430	1	4,000.00	7,000.00	-0-	-0-	Ongoing
17-001	Upgrade Asphalt/Sidewalks	1450	100%	28,000.00	46,000.00	-0-	-0-	Pending
Charles Street	Upgrade Landscaping/Sitework	1450	100%	8,000.00	30,000.00	1,700.00	1,700.00	Ongoing
	Upgrade Kitchen Floors	1460	100%	11,000.00	-0-	-0-	-0-	Moved to 2003
	Bathroom Upgrade	1460	100%	40,000.00	-0-	-0-	-0-	Moved to 2003
17-002	Upgrade Landscaping/Sitework	1450	100%	10,000.00	4,000.00	-0-	-0-	Pending
Allendale	Interior/Exterior Painting	1460	25%	3,600.00	1,000.00	450.00	450.00	Ongoing
17-005	Install Screen House	1450	100%	5,000.00	-0-	-0-	-0-	Moved to 2003
Sunset	Interior/Exterior Painting	1460	50%	7,000.00	7,000.00	1,595.00	1,595.00	Ongoing
17-006	New Kitchen Appliances	1465.1	100%	6,000.00	-0-	-0-	-0-	Moved to 2003
Wentworth	Upgrade Baseboard Heat	1460	100%	15,000.00	16,000.00	-0-	-0-	Pending
	Upgrade Landscaping/Sitework	1450	100%	10,000.00	2,000.00	-0-	-0-	Pending
	Hallway Renovations	1460	100%	-0-	11,000.00	-0-	-0-	Pending
	Kitchen Upgrade	1460	100%	-0-	17,000.00	-0-	-0-	Pending
17-007	Upgrade Baseboard Heat	1460	100%	6,000.00	6,000.00	-0-	-0-	Pending
Andover	Upgrade Apartment Lighting	1460	100%	8,000.00	8,000.00	-0-	-0-	Pending

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

PHA Name: North Providence Housing Authority		Grant Type and Number Capital Fund Program #: RI43P01750102 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	
	Hallway Renovations	1460	100%	-0-	5,000.00	-0-	-0-	Pending
	Kitchen Upgrade	1460	100%	-0-	8,000.00	-0-	-0-	Pending
17-008	Automatic Door Openers	1460	100%	5,000.00	5,000.00	4,000.00	-0-	Ongoing
Marieville	Upgrade Computer	1475	100%	4,921.00	2,508.00	1,323.00	1,323.00	Ongoing
	Upgrade Landscaping/Sitework	1450	100%	4,000.00	-0-	-0-	-0-	Moved to 2003

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

PHA Name: North Providence Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P01750103 Replacement Housing Factor Grant No:		Federal FY of Grant: 2003	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	73,000.00			
10	1460 Dwelling Structures	99,108.00			
11	1465.1 Dwelling Equipment—Nonexpendable	8,400.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	195,508.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	57,608.00			

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

PHA Name: North Providence Housing Authority	Grant Type and Number Capital Fund Program Grant No: RI43P01750103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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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
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs	10,000.00			
26	Amount of line 21 Related to Energy Conservation Measures	8,400.00			

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

PHA Name: North Providence Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P01750103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Architect/Engineer/Consultant	1430	1	10,000.00				
	Physical Needs Assessment	1430	100%	5,000.00				
17-001	Upgrade Kitchen Floors	1460	100%	10,500.00				
Charles Street								
17-002	Interior/Exterior Painting	1460	25%	3,000.00				
Allendale Manor	Install Screen Gazebo	1450	1	5,000.00				
	Upgrade Site Drainage	1450	100%	45,000.00				
17-005	Community Room Addition	1470	100%	20,000.00				
Sunset Terrace	Install Bocce Court	1450	1	5,000.00				
	Exterior Painting	1460	100%	15,000.00				
	Interior/Exterior Painting	1460	50%	3,000.00				
	Upgrade Boilers	1460	25%	40,000.00				
17006 Wentworth	New Kitchen Appliances	1465.1	100%	6,000.00				
17-007 Andover	New Kitchen Appliances	1465.1	100%	2,400.00				
17-008	Upgrade Parking	1450	100%	8,000.00				
Marieville	Kitchen Renovations	1460	100%	7,608.00				
	Landscaping/Sitework	1450	100%	10,000.00				

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

PHA Name North Providence Housing Authority		<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 2007
	Annual Statement				
HA-Wide		22,000.00	22,000.00	15,000.00	35,000.00
17-001		60,508.00	20,000.00	22,000.00	50,000.00
17-002		10,000.00	48,508.00	45,000.00	25,000.00
17-005		40,000.00	40,000.00	50,508.00	48,508.00
17-006		35,000.00	35,000.00	35,000.00	11,000.00
17-007		15,000.00	20,000.00	15,000.00	10,000.00
17-008		13,000.00	10,000.00	13,000.00	16,000.00
CFP Funds Listed for 5-year planning		195,508.00	195,508.00	195,508.00	195,508.00
Replacement Housing Factor Funds					

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

Activities for Year 1	Activities for Year :_2__ FFY Grant: 2004 PHA FY: 2004			Activities for Year: _3__ FFY Grant: 2005 PHA FY: 2005		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	HA Wide	Architect/Clerk	22,000.00	HA Wide	Architect/Clerk/Consult	22,000.00
Annual	17-001	Upgrade Parking Upgrade Site Lighting Community Room Addition/Maintenance Office Bathroom Upgrade	60,508.00	17-001	Upgrade Baseboard Heat Interior/Exterior Painting	20,000.00
Statement	17-002	Abate Asbestos Flooring	10,000.00	17-002	Upgrade Bathrooms Interior/Exterior Painting Abate Asbestos Flooring	48,508.00
	17-005	Replace Outdoor Benches Upgrade Boilers	40,000.00	17-005	Interior/Exterior Painting Upgrade Boilers	40,000.00
	17-006	New Vinyl Siding Upgrade Gutters & Downspouts New Asphalt Roof Shingles	35,000.00	17-006	Replace Windows Replace Entrance Doors	35,000.00
	17-007	New Vinyl Siding Upgrade Gutters & Downspouts New Asphalt Roof Shingles	15,000.00	17-007	Replace Windows Replace Entrance Doors	20,000.00
	17-008	Upgrade Community Room & Office AC Units	13,000.00	17-008	Upgrade Site Lighting Upgrade Landscaping	10,000.00

Total CFP Estimated Cost

\$195,508.00

\$195,508.00

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

Activities for Year : <u> 4 </u> FFY Grant: 2006 PHA FY: 2006			Activities for Year: <u> 5 </u> FFY Grant: 2007 PHA FY: 2007		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
HA Wide	Management Needs Assessment Clerk/Training	15,000.00	HA Wide	Architect/Clerk Computer Upgrade	35,000.00
17-001	Replace Refrigerators Abate Asbestos Flooring	22,000.00	17-001	Update Boilers Exterior Painting Abate Asbestos Flooring	50,000.00
17-002	Replace Refrigerators Upgrade Boilers	45,000.00	17-002	Upgrade Landscaping/Sitework Exterior Painting	25,000.00
17-005	Upgrade Baseboard Heat Upgrade Bathroom Plumbing	50,508.00	17-005	Replace Stoves & Refrigerators Exterior Painting	48,508.00
17-006	Upgrade Apartment Lighting Replace Closet & Interior Doors	35,000.00	17-006	Interior/Exterior Painting Replace Stoves & Refrigerators	11,000.00
17-007	Upgrade Apartment Lighting Replace Closet & Interior Doors	15,000.00	17-007	Interior/Exterior Painting Replace Stoves & Refrigerators	10,000.00
17-008	Interior/Exterior Painting Install Apartment Entrance Portico	13,000.00	17-008	Replace Stoves & Refrigerators Paint Office Interior	16,000.00
Total CFP Estimated Cost		\$195,508.00			\$195,508.00

PHA Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an “x”) N1 _____ N2 _____ R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

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

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

F. Duration of Program

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

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

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

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

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

	Served			Date	Funding	Source)	
1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
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.							

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

9120 - Security Personnel					Total PHDEP Funding: \$		
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.							

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

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

9150 - Physical Improvements					Total PHEDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHEDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total 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	Target	Start	Expected	PHEDEP	Other Funding	Performance Indicators

	Person s Served	Population	Date	Complete Date	Funding	(Amount /Source)	
1.							
2.							
3.							

Required Attachment D: Resident Member on the PHA Governing Board

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

A. Name of resident member(s) on the governing board: N/A

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

Elected

Appointed

C. The term of appointment is (include the date term expires): N/A

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: 01/01/2004

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

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

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

Rita V. Grant	Public Housing	Allendale Manor
Joyce Malone	Public Housing	Allendale Manor
Carole J. Rathbun	Public Housing	Charles Street Manor
Rose Bungerio	Public Housing	Charles Street Manor
Raymond Renaud	Public Housing	Sunset Terrace
Angels Samantis	Section 8 Housing	
Paul K. Imondi	Section 8 Housing	
Lois Waldron	Section 8 Housing	
Stephanie Kruwell	Section 8 Housing	

Required Attachment F: Comments of Resident Advisory Board or Boards

Comment: Please consider the installation of an automatic handicap door for the front door.

Response: The Housing Authority will put automatic handicap door installation for the main doors of all elderly buildings into the 2004 Capital Fund Program Grant Application.

Comment: Residents should be involved in the design phase of the proposed 202 Elderly Housing Development Grant if it is approved.

Response: The Housing Authority will hold public hearings relative to the design and construction, with the architect and consultant, if the 202 application is approved.

Comment: The Housing Authority should have a store or thrift shop on site.

Response: The Housing Authority supports all resident initiatives and would assist any resident association in development of the above ideas.

Required Attachment __H__ : Deconcentration and Income Mixing.

- a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]