

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: **2003**  
**ABBEVILLE HOUSING AUTHORITY**  
**ABBEVILLE, SOUTH CAROLINA**

**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: ABBEVILLE HOUSING AUTHORITY**

**PHA Number: SC0012**

**PHA Fiscal Year Beginning: 10/2003**

**PHA Plan Contact Information:**

Name: **MARY CHASE N. FORD**

Phone: **864-366-4549**

TDD: **864-366-4549**

Email (if available): **MARYCHASEF@WCTEL.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 2003**  
[24 CFR Part 903.7]

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**ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

The Annual Plan for the Abbeville Housing Authority, South Carolina covers the period beginning October 1, 2003 and ending September 30, 2004. The Annual

Plan for FFY 2003 updates the Five Year Capital Needs Plan and outlines plans for Capital Improvements to be covered in FFY 2003 Capital Funding Allocations.

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

Policies and programs consistent as outlined and no changes are anticipated.

## **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? \$ **191,221**

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 (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: (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):

**5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

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

- A.  Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_
- C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

**6. Other Information**

[24 CFR Part 903.7 9 (r)]

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

- 1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
- 2. If yes, the comments are Attached at Attachment (File name)
- 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 \_\_\_\_\_.

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: STATE OF SOUTH CAROLINA

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:**

**Substantial Deviation from the 5-year Plan is defined as changes in the objectives and goals of the Abbeville Housing Authority.**

**B. Significant Amendment or Modification to the Annual Plan:**

**Changes to rent or admission policies or organization of the waiting list.**

**Additions of non-emergency work items (not included in the Capital Fund Annual Statement or Five Year Action Plan).**

**Addition of new activities not included in the current plan.**

**Any changes or demolition, designation, homeownership programs, or conversion activities.**

**“Significant Amendment or Modifications” does not include any changes in HUD regulations or requirements.**

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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</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
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
<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
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
<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
	Section 8 informal review and hearing procedures <input 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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	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
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
<b>X</b>	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency

**List of Supporting Documents Available for Review**

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



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

PHA Name: ABBEVILLE HOUSING AUTHORITY 508 HAIGLER STREET ABBEVILLE, SOUTH CAROLINA 29620	Grant Type and Number <b>SC16P01250102</b> Capital Fund Program	Federal FY of Grant: <b>2002</b>
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Original Annual Statement (revision no: 1)
  Reserve for Disasters/ Emergencies
 Revised Annual Statement  
 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	23,938	23,938	0	0
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	10,000	10,000	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	205,441	205,441	41,802.54	41,802.54
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)	239,379	239,379		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	Small PHA Plan Update Page 6 Table Library			
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**ATTACHMENT B**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: ABBEVILLE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: SC16P01250102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-WIDE	OPERATIONS	1406		23,938	23,938	0	0	
	FEES AND COSTS	1430		10,000	10,000	0	0	
SC12-3	ELECTRICAL UPGRADES	1460	8	12,000	12,000	0	0	PLANNING
SC12-4	ELECTRICAL UPGRADES	1460	6	9,000	9,000	0	0	PLANNING
SC12-7	ELECTRICAL UPGRADES	1460	14	21,000	21,000	0	0	PLANNING
SC12-3,4,5,6,7&8	INSTALL KITCHEN CABINETS	1460	44	77,000	77,000	0	0	PLANNING

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

PHA Name: ABBEVILLE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: SC16P01250102 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	
SC12-1	REPLACE INTERIOR/EXTERIOR DOORS	1460	25	36,441	41,802.54	41,802.54	41,802.54	WORK COMPLE TE



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

PHA Name: ABBEVILLE HOUSING AUTHORITY 508 HAIGLER STREET ABBEVILLE, SOUTH CAROLINA 29620	<b>Grant Type and Number</b> Capital Fund Program #: SC16P01250102 Capital Fund Program Replacement Housing Factor #:	<b>Federal FY of Grant:</b> 2002
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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 I: Summary**

PHA Name: ABBEVILLE HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P01250103 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2003
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>		

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	19,922			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	159,299			
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	199,221			
22	Amount of line 21 Related to LBP Activities				

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

PHA Name: ABBEVILLE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: SC16P01250103 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
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: ABBEVILLE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: SC16P01250103 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	
SC12-1	RENOVATIONS-UNIT INTERIORS	1460	35	35,000				PLANNING
SC12-2	RENOVATIONS-UNIT INTERIORS	1460	50	50,000				PLANNING
SC12-2,3,4,5, 6,7, & 8	REPLACE INTERIOR AND EXTERIOR DOORS	1460	44	52,800				PLANNING
SC12-3,4,5, 6, 7, & 8	ROOFING	1460	6 SITES	21,499				PLANNING
HA-WIDE SC12-1 THRU 8	OPERATIONS FEES AND COATS	1406 1430		19,922 20,000				



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

PHA Name: ABBEVILLE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: SC16P01250103 Replacement Housing Factor No:					Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
SC12-1THRU 8	09/30/20 04			09/30/2006				

**ATTACHMENT B**

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

PHA Name: ABBEVILLE HOUSING AUTHORITY 508 HAIGLER STREET ABBEVILLE, SOUTH CAROLINA 29620		Grant Type and Number Capital Fund Program: <b>SC16P01250100</b> Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2000</b>	
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Original Annual Statement (revision no: )
  Reserve for Disasters/ Emergencies
  Revised Annual Statement

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				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	18,000	18,000	18,000	18,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	222,273	222,273	222,273	222,273
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)	240,273	240,273	240,273	240,273

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

<b>PHA Name:</b> ABBEVILLE HOUSING AUTHORITY 508 HAIGLER STREET ABBEVILLE, SOUTH CAROLINA 29620	<b>Grant Type and Number</b> Capital Fund Program: <b>SC16P01250100</b> Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2000</b>
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**Original Annual Statement** (revision no: )
  **Reserve for Disasters/ Emergencies**
 **Revised Annual Statement**

**Performance and Evaluation Report for Period Ending:**
 **Final Performance and Evaluation Report**

<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
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 III: Implementation Schedule**

PHA Name: ABBEVILLE HOUSING AUTHORITY 508 HAIGLER STREET ABBEVILLE, SOUTH CAROLINA 29620	<b>Grant Type and Number</b> SC16P01250100 Capital Fund Program Capital Fund Program Replacement Housing Factor #:	<b>Federal FY of Grant:</b> <p style="text-align: right;"><b>2000</b></p>
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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	
SC 12	09/30/20 02	06/05/20 02	6/5/200 2	12/31/2002	12/30/2002	09/30/02	

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

PHA Name: ABBEVILLE HOUSING AUTHORITY 508 HAIGLER STREET ABBEVILLE, SOUTH CAROLINA 29620	<b>Grant Type and Number</b> SC16P01250100 Capital Fund Program Capital Fund Program Replacement Housing Factor #:	<b>Federal FY of Grant:</b> <p style="text-align: right;"><b>2000</b></p>
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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	

**ATTACHMENT B**

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

<b>PHA Name:</b> ABBEVILLE HOUSING AUTHORITY 508 HAIGLER STREET ABBEVILLE, SOUTH CAROLINA 29620	<b>Grant Type and Number</b> Capital Fund Program: <b>SC16P01250101</b> Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2001</b>
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Original Annual Statement (revision no: )  Reserve for Disasters/ Emergencies  Revised Annual Statement  
 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	0	24,418	24,418	24,418
3	1408 Management Improvements				
4	1410 Administration	15,000	0	0	0
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	10,000	18,000	18,000	18,000
8	1440 Site Acquisition				
9	1450 Site Improvement		28,115	28,115	28,115
10	1460 Dwelling Structures	219,181	173,648	173,648	173,648
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				

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

<b>PHA Name:</b> ABBEVILLE HOUSING AUTHORITY 508 HAIGLER STREET ABBEVILLE, SOUTH CAROLINA 29620	<b>Grant Type and Number</b> Capital Fund Program: <b>SC16P01250101</b> Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2001</b>
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**Original Annual Statement** (revision no: )
  **Reserve for Disasters/ Emergencies**
 **Revised Annual Statement**

**Performance and Evaluation Report for Period Ending:**
 **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
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)	244,181		244,181	
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	28,115		28,115	
24	Amount of line 20 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> ABBEVILLE HOUSING AUTHORITY 508 HAIGLER STREET ABBEVILLE, SOUTH CAROLINA 29620			<b>Grant Type and Number</b> Capital Fund Program #: <b>SC16P01250101</b> Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> <b>2001</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	
SC12-001	REPLACE INTERIOR DOORS	1460	35		55,498	55,498	0	WORK COMPLE TE

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

PHA Name: ABBEVILLE HOUSING AUTHORITY 508 HAIGLER STREET ABBEVILLE, SOUTH CAROLINA 29620		Grant Type and Number Capital Fund Program #: <b>SC16P01250101</b> Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: <b>2001</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	
SC12-002	REPLACE KITCHEN CABINETS	1460	26		65,147.54	65,147.54	0	WORK COMPLE TE
SC12-001, 002, 003, 007	SITE IMPROVEMENT	1450	4 SITES		28,115	28,115	0	WORK COMPLE TE
SC12-001	ELECTRICAL UPGRADES	1460	35		53,002.46	53,002.46	0	PLANNIN G
SC12	FEES AND COSTS	1430		10,000	18,000	18,000	18,000	
	OPERATIONS	1406		0	24,418	24,418	24,418	
	ADMINISTRATION	1410		15,000	0	0	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: ABBEVILLE HOUSING AUTHORITY 508 HAIGLER STREET ABBEVILLE, SOUTH CAROLINA 29620		<b>Grant Type and Number</b> Capital Fund Program #: <b>SC16P01250101</b> Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> <b>2001</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		
						244,181	244,181	244,181	COMPLE TE

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

PHA Name: ABBEVILLE HOUSING AUTHORITY 508 HAIGLER STREET ABBEVILLE, SOUTH CAROLINA 29620	<b>Grant Type and Number</b> Capital Fund Program #: <b>SC16P01250101</b> Capital Fund Program Replacement Housing Factor #:	<b>Federal FY of Grant:</b> <p style="text-align: right;"><b>2001</b></p>
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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	
SC12-1 THRU SC12-8		04/30/20 03			09/30/2003	04/30/200 3	

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

PHA Name: ABBEVILLE HOUSING AUTHORITY 508 HAIGLER STREET ABBEVILLE, SOUTH CAROLINA 29620	<b>Grant Type and Number</b> Capital Fund Program #: <b>SC16P01250101</b> Capital Fund Program Replacement Housing Factor #:	<b>Federal FY of Grant:</b> <p style="text-align: right;"><b>2001</b></p>
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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	

**ATTACHMENT C**

**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>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
SC 12-1	CALHOUN APARTMENTS 600 HAIGLER STREET ABBEVILLE. SOUTH CAROLINA 29620 (35 UNITS)	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
LANDSCAPING/SITE IMPROVEMENT/PLAYGROUND	36,000	2003
ELECTRICAL UPGRADES	50,000	2004
RENOVATIONS - UNIT INTERIORS	35,000	2005
ROOFING	46,000	2006
<b>Total estimated cost over next 5 years</b>	<b>222,498</b>	

**ATTACHMENT C**

<b>CFP 5-Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
SC 12-2	CARVER APARTMENTS 506 BRANCH STREET ABBEVILLE, SOUTH CAROLINA 29620 UNITS)	(50
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>

<b>ELECTRICAL UPGRADES</b>		
<b>SITE IMPROVEMENT, FENCING</b>	<b>25,000</b>	<b>2003</b>
<b>REPLACE KITCHEN CABINETS/PAINT KITCHENS</b>	<b>105,000</b>	<b>2003</b>
<b>REPLACE EXTERIOR DOORS</b>	<b>30,000</b>	<b>2004</b>
<b>REPLACE INTERIOR DOORS</b>	<b>72,000</b>	<b>2005</b>
<b>RENOVATIONS – UNIT INTERIORS/BATHROOMS</b>	<b>176,000</b>	<b>2006</b>
<b>ROOFING</b>	<b>100,000</b>	<b>2007</b>
<b>Total estimated cost over next 5 years</b>	<b>508,000</b>	

**ATTACHMENT C**

<b>CFP 5-Year Action Plan</b>	
<input type="checkbox"/> Original statement	<input checked="" type="checkbox"/> Revised statement

Development Number	Development Name (or indicate PHA wide)		
SC 12-3	<b>BOWIE STREET APARTMENTS</b> <b>145 BOWIE STREET</b> <b>DONALDS, SOUTH CAROLINA 29638</b>	<b>(8 UNITS)</b>	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)	
<b>REPLACE EXTERIOR DOORS/SIDING</b> <b>ELECTRICAL UPGRADES</b> <b>REPLACE INTERIOR DOORS</b> <b>REPLACE KITCHEN CABINETS/PAINT KITCHENS</b> <b>ROOFING</b>	<b>10,000</b> <b>18,000</b> <b>16,000</b> <b>18,000</b> <b>10,000</b>	<b>2003</b> <b>2005</b> <b>2006</b> <b>2006</b> <b>2007</b>	
<b>Total estimated cost over next 5 years</b>	<b>72,000</b>		

**ATTACHMENT C**

<b>CFP 5-Year Action Plan</b>		
<input type="checkbox"/> <b>Original statement</b> <input checked="" type="checkbox"/> <b>Revised statement</b>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
SC 12-4	<b>ROBINSON STREET APARTMENTS 162 ROBINSON STREET DONALDS, SOUTH CAROLINA 29638</b>	<b>(6 UNITS)</b>
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>

<b>REPLACE EXTERIOR DOORS/SIDING</b>	<b>12,000</b>	<b>2003</b>
<b>REPLACE INTERIOR DOORS</b>	<b>12,000</b>	<b>2004</b>
<b>REPLACE KITCHEN CABINETS/PAINT KITCHENS</b>	<b>13,500</b>	<b>2005</b>
<b>ELECTRICAL UPGRADES</b>	<b>12,000</b>	<b>2006</b>
<b>ROOFING</b>	<b>7,500</b>	<b>2007</b>
<b>Total estimated cost over next 5 years</b>	<b>57,000</b>	

**ATTACHMENT C**

<b>CFP 5-Year Action Plan</b>	
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>

<b>SC 12-5</b>	<b>WASHINGTON STREET APARTMENTS 7 WASHINGTON STREET DUE WEST, SOUTH CAROLINA 29639 (6 UNITS)</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>REPLACE EXTERIOR DOORS/SIDING</b>	<b>10,000</b>	<b>2003</b>
<b>REPLACE INTERIOR DOORS</b>	<b>12,000</b>	<b>2004</b>
<b>REPLACE KITCHEN CABINETS/PAINT KITCHENS</b>	<b>13,500</b>	<b>2005</b>
<b>RENOVATIONS – UNIT INTERIORS DOORS</b>	<b>11,500</b>	<b>2006</b>
<b>ROOFING</b>	<b>7,500</b>	<b>2007</b>
<b>Total estimated cost over next 5 years</b>	<b>54,500</b>	

**ATTACHMENT C**

<b>CFP 5-Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
SC 12-6	MOFFAT STREET APARTMENTS 12 MOFFATT STREET DUE WEST, SOUTH CAROLINA 29639	(6 UNITS)
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
REPLACE EXTERIOR DOORS/SIDING	10,000	2003
REPLACE INTERIOR DOORS	12,000	2004
KITCHEN CABINETS/PAINT KITCHENS	13,500	2005
RENOVATIONS – UNIT INTERIORS	11,500	2006
SITE IMPROVEMENTS	15,000	2007
<b>Total estimated cost over next 5 years</b>	<b>62,000</b>	

**ATTACHMENT C**

<b>CFP 5-Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
SC 12-7	LOUISE STREET APARTMENTS 135 LOUISE STREET LOWNDESVILLE, SOUTH CAROLINA 29659 (14 UNITS)	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>

<b>REPLACE EXTERIOR DOORS/SIDING</b>	<b>28,000</b>	<b>2003</b>
<b>REPLACE INTERIOR DOORS</b>	<b>11,200</b>	<b>2004</b>
<b>REPLACE KITCHEN CABINETS/PAINT KITCHENS</b>	<b>30,000</b>	<b>2005</b>
<b>ELECTRICAL UPGRADES</b>	<b>21,000</b>	<b>2006</b>
<b>RENOVATIONS-UNIT INTERIORS/BATHROOMS</b>	<b>18,000</b>	<b>2007</b>
<b>Total estimated cost over next 5 years</b>	<b>108,200</b>	

**ATTACHMENT C**

<b>CFP 5-Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
SC 12-8	BELL STREET APARTMENTS 252 & 266 BELL STREET LOWNDESVILLE, SOUTH CAROLINA 29659	(4 UNITS)
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
REPLACE EXTERIOR DOORS/SIDING	8,000	2003
REPLACE INTERIOR DOORS	5,200	2004
REPLACE KITCHEN CABINETS/PAINT KITCHENS	8,500	2005
RENOVATIONS – UNIT INTERIORS/BATHROOMS	6,000	2006
ROOFING	6,000	2007
<b>Total estimated cost over next 5 years</b>	<b>33,700</b>	

<b>CFP 5-Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
SC 12	PHA WIDE	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>

<b>FEES AND COSTS</b>	<b>18,000</b>	<b>2002</b>
<b>ADMINISTRATION</b>	<b>3,600</b>	<b>2002</b>
<b>FEES AND COSTS</b>	<b>14,400</b>	<b>2003</b>
<b>OPERATIONS</b>	<b>20,000</b>	<b>2003</b>
<b>FEES AND COSTS</b>	<b>10,000</b>	<b>2004</b>
<b>MANAGEMENT IMPROVEMENTS</b>	<b>10,000</b>	<b>2004</b>
<b>FEE AND COSTS</b>	<b>10,000</b>	<b>2005</b>
<b>OPERATIONS</b>	<b>15,000</b>	<b>2005</b>
<b>FEES AAND COSTS</b>	<b>10,000</b>	<b>2006</b>
<b>OPERATIONS</b>	<b>15,000</b>	<b>2006</b>
<b>Total estimated cost over next 5 years</b>	<b>126,000</b>	

## 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.

<b>Fiscal Year of Funding</b>	<b>PHDEP Funding Received</b>	<b>Grant #</b>	<b>Fund Balance as of Date of this Submission</b>	<b>Grant Extension s or Waivers</b>	<b>Grant Start Date</b>	<b>Grant Term End Date</b>
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.

<b>FFY _____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback 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	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							

2.							
3.							

<b>9130 – Employment of Investigators</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	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.							

<b>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$</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.							

## 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:

ELLEN WILLIS

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

Elected

Appointed

C. The term of appointment is (include the date term expires): MARCH 2001-MARCH 2006

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: MARCH 2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): HAROLD E. MCNEILL, MAYOR OF THE CITY OF ABBEVILLE, SOUTH CAROLINA

## **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.)

FANNIE RUTH ANDERSON  
JOYCE STARKS  
VERONICA JORDAN  
BARBARA SMITH  
SANDRA YOUNG  
KRISTI MOORE