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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

Housing Authority of McColl

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

PHA Plan
Agency Identification

PHA Name: Housing Authority of McColl

PHA Number: SC048

PHA Fiscal Year Beginning: (10/2003)

PHA Plan Contact Information:

Name: Cynthia W. Williams
Phone: 843/669-4163
TDD: 1-800-735-8583
Email (if available): Cwilliams@HAFSC.org

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]

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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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

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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.

After further study on housing a law enforcement officer within our community with a Board approved pre-determined rent, it has been determined that this would not be possible during this five-year period of time. The staff of local officers is small and there is no interest from them.

There are no other plans to make any changes other than HUD mandated.

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? $ 66,500 (Pending Federal Budget Approval)

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)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition ☐ Disposition ☐
3. Application status (select one) Approved ☐ Submitted, pending approval ☐ Planned application ☐
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) ☐ Part of the development ☐ Total development
7. Relocation resources (select all that apply) ☐ Section 8 for units ☐ Public housing for units ☐ Preference for admission to other public housing or section 8 ☐ 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

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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 NOT APPLICABLE

[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

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

1. ☐ Yes ☒ No: Didhe 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)

   The following State Consolidated Plan Goals are consistent with the Housing Authority Plan:

   - Support the development and availability of safe, decent and affordable Housing.
   - Support the preservation of existing housing stock.

   The State Consolidated Plan also supports through financing or technical assistance the efforts of the Housing Authority consistent with the objective of Federal programs that encourage homeownership, self-sufficiency, and youth development.

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 is defined as actions taken by the Housing Authority that are authorized by the board as being in the best

interest of the Housing Authority that were not included in the original goals and objectives of the Five-year plan.

B. Significant Amendment or Modification to the Annual Plan: Significant Amendment or Modification is defined as actions taken by the Housing Authority that are authorized by the board as being in the best interest of the Housing Authority that were not included in the original Annual Plan.

Attachment_A_
Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
x	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
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
x	Any policy governing occupancy of Police Officers in Public Housing ☐ check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Public housing rent determination policies, including the method for setting public housing flat rents ☐ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
x	Schedule of flat rents offered at each public housing development ☐ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
x	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
x	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
x	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 ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
x	Public housing grievance procedures ☐ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures ☐ 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
	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
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
	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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
	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
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
	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
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
x	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
x	PHDEP-related documentation: · 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) ☐ check here if included in the public housing A & O Policy	Pet Policy
x	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Attachment "B", FY 2002 Capital Fund Program Annual Statement

See Attachment File **SC048a01, SC048b01, SC048c01**

Attachment "C", FY 2002 Capital Fund Program 5-Year Action Plan

See Attachment File **SC048d01**

Attachment "D",

Component 10 (B) Voluntary Conversion Initial Assessments

a) How many of the PHA's developments are subject to the Required Initital Assessments? **ONE**

b) How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? **NONE**

c) How many Assessments were conducted for the PHA's covered developments? **ONE**

d) Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: **NONE**

e) If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: **N/A**

Required Attachment "E": 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:

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

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

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: May, 2004

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mayor Gary A. Quick, Sr., Town of McColl

Required Attachment ”F”: 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.)

Ms. Carol Dimery
202-20 Gilchrist Avenue
McColl, SC 29570

Ms. Slyvia Sloan
204-33 Gilchrist Avenue
McColl, SC 29570

Ms. Linda Graham
204-32 Gilchrist Avenue
McColl, SC 29570

Attachment "G" Brief Statement of Progress in Meeting the 5-Year Plan Mission and Goals

Year Three of the Plan. The mission of the Housing Authority of McColl remains the same: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

In our efforts to "Increase the availability of decent, safe, and affordable housing", we have provided on-going staff training to improve the quality of Assisted Housing. Specialized training through workshops, colleges & universities, tech and adult education, on-site training, and other educational facilities has been provided and utilized by our staff in all departments. Our computer software and hardware have been upgraded. We hope to provide better and faster service to our clients.

In our efforts to "Improve community quality of life and economic vitality" and to "Promote self-sufficiency and asset development of families and individuals", we have installed heating/air units on this site by using our Capital Funds. We have hired an on-site manager for Public Housing/Section 8 for both our 55 units in Clio and our 34 units in McColl as well as our 125 Section 8 units in Marlboro County. This will give our residents and clients better access to our manager. We have also hired a Part-time Resident Services Coordinator who is providing numerous resident opportunity programs through contracts with other agencies (i.e. recreational/educational). We are providing a much-needed Community Policing Program through the use of our PHDEP funds as long as funds are available. We are concerned that with the elimination of this grant, we will not have the necessary funds to support this program at the level needed. We are continuing to maintain affirmative measures that all applicants and/or program participants are treated equally regardless of race, color, religion, national origin, sex, familial status, and disability. We are also seeking problem-solving partnerships with PHA, residents, community, and government leadership as needed.

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name: Housing Authority of McColl	**Grant Type and Number** Capital Fund Program Grant No: SC16P04850100 Replacement Housing Factor Grant No:	**Federal FY of Grant:** 2000

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☐**Revised Annual Statement (revision no:**)
☒**Performance and Evaluation Report for Period Ending:** 3/31/03 ☒**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	$1,500		$1,500	$1,500
4	1410 Administration	$604		$604	$604
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$6,035		$6,035	$6,035
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	$58,465		$58,465	$58,465
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 Collaterization or Debt Service				

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

PHA Name: Housing Authority of McColl	**Grant Type and Number** Capital Fund Program Grant No: SC16P04850100 Replacement Housing Factor Grant No:	**Federal FY of Grant:** 2000

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☐**Revised Annual Statement (revision no:)**
☒**Performance and Evaluation Report for Period Ending:** 3/31/03 ☒**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	$66,604		$66,604	$66,604
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security –Soft Costs				
25	Amount of line 21 related to Security-- Hard Costs	$1,500		$1,500	$1,500
26	Amount of line 21 Related to Energy Conservation Measures	$46,000		$46,000	$46,000

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

PHA Name: Housing Authority of McColl		**Grant Type and Number** Capital Fund Program Grant No: SC16P04850100 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Mgmt	Security Patrols	1408	1 Officer	$1,500		$1,500	$1,500	Complete
HA Wide Admin	IFB/RFP Advertising Costs	1410	N/A	$604		$604	$604	Complete
HA Wide Fees/Costs	A&E Services / 48-1 HVAC	1430	1 A&E	$6,035		$6,035	$6,035	Complete
48-1 Eastcrest	1) HVAC – Heat Pumps 2) Interior Doors	1460 1460	22 Units 34 Units	$46,000 $12,465		$46,000 $12,465	$46,000 $12,465	Complete Complete

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

PHA Name: Housing Authority of McColl	**Grant Type and Number** Capital Fund Program No: SC16P04850100 Replacement Housing Factor No:	**Federal FY of Grant:** 2000

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide Management	3/31/02		3/31/02	9/30/03		12/31/02	
HA Wide Administration	3/31/02		9/30/01	9/30/03		12/31/01	
HA Wide Fees/Costs	3/31/02		3/31/01	9/30/03		9/30/02	
48-1 Eastcrest	3/31/02		9/30/01	9/30/03		3/31/02	

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name: Housing Authority of McColl	**Grant Type and Number** Capital Fund Program Grant No: SC16P04850101 Replacement Housing Factor Grant No:	**Federal FY of Grant:** 2001

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:**)
☒ **Performance and Evaluation Report for Period Ending:** 3/31/03 ☐ **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	$18,613		$18,613	$9,446
3	1408 Management Improvements	$5,000		$5,000	$3,124
4	1410 Administration	$1,489		$1,489	$1,489
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$408		$408	$408
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	$42,444		$42,444	$42,444
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 Collaterization or Debt Service				

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

PHA Name: Housing Authority of McColl	**Grant Type and Number** Capital Fund Program Grant No: SC16P04850101 Replacement Housing Factor Grant No:	**Federal FY of Grant:** 2001

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☐**Revised Annual Statement (revision no:**)
☒**Performance and Evaluation Report for Period Ending:** 3/31/03 ☐**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	$67,954		$67,954	$56,911
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security –Soft Costs				
25	Amount of line 21 related to Security-- Hard Costs	$5,000		$5,000	$3,124
26	Amount of line 21 Related to Energy Conservation Measures	$17,613		$17,613	$17,613

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

PHA Name: Housing Authority of McColl		**Grant Type and Number** Capital Fund Program Grant No: SC16P04850101 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Operations	1406	N/A	$18,613		$18,613	$9,446	Ongoing Expenditure
HA Wide Mgmt	Security Patrols	1408	1 Officer	$5,000		$5,000	$3,124	Ongoing Expenditure
HA Wide Admin	1) IFB/RFP Advertising Costs 2) Salary Prorate of MOD Coordinator	1410 1410	N/A 1 Staff	$289 $1,200		$289 $1,200	$289 $1,200	Complete Complete
HA Wide Fees/Costs	Energy Audit – 5 Year Update	1430	1 Audit	$408		$408	$408	Complete
48-1 Eastcrest	1) Bathroom Vanity Tops 2) Exterior Window Shutters 3) HVAC – Heat Pumps	1460 1460 1460	34 Units 16 Bldg 22 Units	$23,400 $1,839 $17,205		$23,400 $1,839 $17,205	$23,400 $1,839 $17,205	Complete Complete Complete

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

PHA Name: Housing Authority of McColl	**Grant Type and Number** Capital Fund Program No: SC16P04850101 Replacement Housing Factor No:	**Federal FY of Grant:** 2001

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide Operations	3/31/03		3/31/02	9/30/04			
HA Wide Management	3/31/03		12/31/01	9/30/04			
HA Wide Administration	3/31/03		6/30/02	9/30/04		9/30/02	
HA Wide Fees/Costs	3/31/03		12/31/01	9/30/04		3/31/02	
48-1 Eastcrest	3/31/03		6/30/02	9/30/05		12/31/02	

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Housing Authority of McColl	Capital Fund Program Grant No: SC16P04850102 Replacement Housing Factor Grant No:	2002

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** 3/31/03 ☐ **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	$1,500		$1,500	0
3	1408 Management Improvements	$5,000		$5,000	0
4	1410 Administration	$1,500		$1,200	$623
5	1411 Audit	$1,500		$1,500	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	$57,000		0	0
10	1460 Dwelling Structures				
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 Collaterization or Debt Service				

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

PHA Name: Housing Authority of McColl	**Grant Type and Number** Capital Fund Program Grant No: SC16P04850102 Replacement Housing Factor Grant No:	**Federal FY of Grant:** 2002

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☐**Revised Annual Statement (revision no:)**
☒**Performance and Evaluation Report for Period Ending:** 3/31/03 ☐**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	$66,500		$9,200	$623
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security –Soft Costs				
25	Amount of line 21 related to Security-- Hard Costs	$62,000		$5,000	0
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: Housing Authority of McColl	**Grant Type and Number** Capital Fund Program Grant No: SC16P04850102 Replacement Housing Factor Grant No:	**Federal FY of Grant:** 2002

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Operations	1406	N/A	$1,500		$1,500	0	Ongoing Expenditure
HA Wide Mgmt	Security Patrols	1408	1 Officer	$5,000		$5,000	0	Contract Signed
HA Wide Admin	1) IFB/RFP Advertising Costs 2) Salary Prorate of MOD Coordinator	1410 1410	N/A 1 Staff	$300 $1,200		0 $1,200	0 $623	Obligate as Needed Staff in Place
HA Wide Audit	Audit Costs	1411	3 Year	$1,500		$1,500	0	Contract Signed
HA Wide Site	Security Fence	1450	1 Fence	$57,000		0	0	Preparing IFB

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

PHA Name: Housing Authority of McColl	**Grant Type and Number** Capital Fund Program No: SC16P04850102 Replacement Housing Factor No:	**Federal FY of Grant:** 2002

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide Operations	9/30/04		12/31/02	9/30/06			
HA Wide Management	9/30/04		12/31/02	9/30/06			
HA Wide Administration	9/30/04			9/30/06			
HA Wide Audit	9/30/04		12/31/02	9/30/06			
HA Wide Site	9/30/04			9/30/06			

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Housing Authority of McColl	Capital Fund Program Grant No: SC16P04850103 Replacement Housing Factor Grant No:	2003

☒ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations	$8,000			
3	1408 Management Improvements	$5,000			
4	1410 Administration	$2,000			
5	1411 Audit	$1,500			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	$10,000			
10	1460 Dwelling Structures	$35,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	$5,000			
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				
		Original	**Revised**	**Obligated**	**Expended**

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

PHA Name:	**Grant Type and Number**	**Federal FY of Grant:**
Housing Authority of McColl	Capital Fund Program Grant No: SC16P04850103 Replacement Housing Factor Grant No:	2003

☒ **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**	
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	$66,500			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security –Soft Costs				
25	Amount of line 21 Related to Security-- Hard Costs	$5,000			
26	Amount of line 21 Related to Energy Conservation Measures	$15,000			

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

PHA Name: Housing Authority of McColl		**Grant Type and Number** Capital Fund Program Grant No: SC16P04850103 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Operations	1406	N/A	$8,000				
HA Wide Mgmt	Security Patrols	1408	1 Officer	$5,000				
HA Wide Administration	1) IFB/RFP Advertising Costs 2) Salary Prorate of MOD Coordinator	1410 1410	N/A 1 Staff	$800 $1,200				
HA Wide Audit	CFP Audit Costs	1411	4 Year	$1,500				
HA Wide Site	Landscaping	1450	1 Site	$10,000				
48-1 Eastcrest	1) Laundry Connections 2) Lighting Fixtures	1460 1460	34 Units 34 Units	$20,000 $15,000				
HA Wide Non-Dwelling Equip.	Prorate PM Vehicle	1475	1 Vehicle	$5,000				

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

PHA Name: Housing Authority of McColl	**Grant Type and Number** Capital Fund Program No: SC16P04850103 Replacement Housing Factor No:	**Federal FY of Grant:** 2003

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide Operations	9/30/05			9/30/07			
HA Wide Management	9/30/05			9/30/07			
HA Wide Administration	9/30/05			9/30/07			
HA Wide Audit	9/30/05			9/30/07			
HA Wide Site	9/30/05			9/30/07			
48-1 Eastcrest	9/30/05			9/30/07			
HA Wide Non-Dwelling Equipment	9/30/05			9/30/07			

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

PHA Name Housing Authority of McColl				☒ **Original 5-Year Plan** ☐ **Revision No:**	
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 Operations		$8,000	$8,000	$8,000	$8,000
HA Wide Management		$5,000	$5,000	$5,000	$5,000
HA Wide Administration		$2,000	$2,000	$2,000	$2,000
HA Wide Audit		$1,500	$1,500	$1,500	$1,500
HA Wide Fees & Costs		0	0	$500	$3,000
HA Wide Site		$50,000	0	0	0
48-1 Eastcrest		0	$24,000	$46,500	$47,000
HA Wide Dwelling Equipment		0	$16,000	0	0
HA Wide Non-Dwelling Structures		0	$10,000	$3,000	0
CFP Funds listed for 5-year planning		$66,500	$66,500	$66,500	$66,500
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**
Annual						
Statement	HA Wide Operations	Operations	$8,000	HA Wide Operations	Operations	$8,000
	HA Wide Management	Security Patrols	$5,000	HA Wide Management	Security Patrols	$5,000
	HA Wide Administration	1) IFB/RFP Advertising 2) MOD Coord. Salary	$800 $1,200	HA Wide Administration	1) IFB/RFP Advertising 2) MOD Coord. Salary	$800 $1,200
	HA Wide Audit	CFP Audit Costs	$1,500	HA Wide Audit	CFP Audit Costs	$1,500
	HA Wide Site	1) 504 Accessibility 2) Clothespole Pads	$44,000 $6,000	48-1 Eastcrest	1) Security Screen Door 2) On-Demand 504	$20,000 $4,000
				HA Wide Dwelling Equipment	Appliances	$16,000
				HA Wide Non-Dwelling Structures	AMC Bldg. Renovation	$10,000
		Total Estimated Cost	$66,500			$66,500

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

Activities for Year 1	Activities for Year : 4 FFY Grant: 2006 PHA FY: 2006			Activities for Year: 5 FFY Grant: 2007 PHA FY: 2007		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
Annual						
Statement	HA Wide Operations	Operations	$8,000	HA Wide Operations	Operations	$8,000
	HA Wide Management	Security Patrols	$5,000	HA Wide Management	Security Patrols	$5,000
	HA Wide Administration	1) IFB/RFP Advertising 2) MOD Coord. Salary	$800 $1,200	HA Wide Administration	1) IFB/RFP Advertising 2) MOD Coord. Salary	$800 $1,200
	HA Wide Audit	CFP Audit Costs	$1,500	HA Wide Audit	CFP Audit Costs	$1,500
	HA Wide Fees & Costs	Energy Audit Update	$500	HA Wide Fees & Costs	A&E Services / HVAC	$3,000
	48-1 Eastcrest	Replacement Windows	$46,500	48-1 Eastcrest	1) HVAC @ Elderly 2) Roofing	$27,000 $20,000
	HA Wide Non-Dwelling Structures	Maint. Storage Bldg.	$3,000			
		Total Estimated Cost	$66,500			$66,500