

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

Small PHA Plan Update
Annual Plan for Fiscal Year: **2003**

Oliver Springs Housing Authority
113 Wagner Court
Oliver Springs, TN 37840

TN078v01

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

PHA Plan Agency Identification

PHAName: Oliver Springs Housing Authority

PHANumber: TN078

PHAFiscalYearBeginning:(mm/yyyy) 10/01/03

PHA Plan Contact Information:

Name: Juanita Blasingame, Executive Director

Phone: 865-435-1711

TDD:

Email(if available): oshousing@aol.com

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered :

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

Annual PHA Plan
Fiscal Year 20 03
 [24CFR Part 903.7]

i. Table of Contents

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

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ii. Executive Summary

[24CFR Part 903.79 (r)]

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

Not Required

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.

No significant changes are proposed

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ **220,471.00**

C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment **C**

(2) Capital Fund Program Annual Statement

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

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 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 <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

A. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 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 down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

Not Applicable

[24CFR Part 903.7(m)]

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

A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$

Not Applicable

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. **Not Applicable**

D. Yes No: The PHDEP Plan is attached as Attachment **Not Applicable**

6. Other Information

[24CFR Part 903.79(r)]

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

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached as Attachment (Filename) **Not Applicable**

3. In what manner did the PHA address those comments? (select all that apply) **Not Applicable**

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 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: (provide name here)

State of Tennessee

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)

Please refer to the Executive Summary of the Consolidated Plan for the State of Tennessee as submitted by the Tennessee Housing Development Agency.

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:

- 1. Significant changes to rent or admissions policies or organization of the waiting list.**
- 2. Addition of non-emergency work, items (items not included in the 5-Year Action Plan) exceeding 10% of the total grant or a change in the use of replacement reserve funds under the Capital Fund.**

3. Any change with regard to demolition, disposition, designation, homeownership programs or conversion to voucher activities.

B. Significant Amendment or Modification to the Annual Plan:

1. Significant changes to rent or admissions policies or organization of the waiting list.
2. Addition of non-emergency work, items (items not included in the Annual Plan or 5-Year Action Plan) exceeding 10% of the total grant or a change in the use of replacement reserve funds under the Capital Fund.
3. Any change with regard to demolition, disposition, designation, homeownership programs or conversion to voucher activities.

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 Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	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 jurisdiction 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 <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
NA	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
NA	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
NA	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
NA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
NA	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	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
NA	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
NA	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
NA	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
NA	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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: Oliver Springs Housing Authority	Grant Type and Number Capital Fund Program: TN37P07850103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: FY 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
1	Total Non-CFP Funds	\$0.00			
2	1406 Operations	\$47,836.00			
3	1408 Management Improvements	\$12,500.00			
4	1410 Administration	\$500.00			
5	1411 Audit	\$0.00			
6	1415 Liquidated Damages	\$0.00			
7	1430 Fees and Costs	\$31,300.00			
8	1440 Site Acquisition	\$0.00			
9	1450 Site Improvement	\$12,000.00			
10	1460 Dwelling Structures	\$97,835.00			
11	1465.1 Dwelling Equipment — Nonexpendable	\$0.00			
12	1470 Non-dwelling Structures	\$18,500.00			
13	1475 Non-dwelling Equipment	\$0.00			
14	1485 Demolition	\$0.00			
15	1490 Replacement Reserve	\$0.00			
16	1492 Moving to Work Demonstration	\$0.00			
17	1495.1 Relocation Costs	\$0.00			
18	1498 Mod Used for Development	\$0.00			
19	1502 Contingency	\$0.00			
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$220,471.00			
21	Amount of line 20 Related to LBP Activities	\$0.00			
22	Amount of line 20 Related to Section 504 Compliance	\$0.00			
23	Amount of line 20 Related to Security	\$0.00			
24	Amount of line 20 Related to Energy Conservation Measures	\$0.00			

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

PHAName: Oliver Springs Housing Authority		Grant Type and Number Capital Fund Program#: TN37P07850103 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: FY 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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Transfer funds to Operations	1406	1	\$47,836.00				
PHA Wide	Hire a VISTA worker for Resident Initiatives activities	1408	1	\$12,500.00				
PHA Wide	Cost of advertising for construction bids	1410	1	\$500.00				
PHA Wide	A/E Design fee	1430	1	\$16,000.00				
PHA Wide	A/E Inspection fee	1430	1	\$9,800.00				
PHA Wide	Environmental review	1430	1	\$1,500.00				
PHA Wide	Consulting fee for assistance in preparation of the Agency Plan	1430	1	\$4,000.00				
PHA Wide	Plant trees and shrubs and seed and straw bare areas.	1450	1	\$12,000.00				
TN078-001	Clean and regrout ceramic tile floors in bathrooms and replace missing tiles.	1460	29	\$2,900.00				
TN078-001	Install new gutter helmets and downspouts	1460	3660	\$18,300.00				
TN078-001	Paint porch ceilings.	1460	3000	\$10,500.00				
TN078-001	Replace attic access doors	1460	15	\$3,000.00				
TN078-001	Install new insulated steel entrance doors with new frames and thresholds.	1460	5	\$3,250.00				
TN078-001	Install new interior doors and hardware.	1460	15	\$2,625.00				
TN078-001	Scrape, patch and paint all walls and ceilings.	1460	26	\$39,000.00				
TN078-001	Install new ducted range hood with shelf above.	1460	27	\$6,345.00				
TN078-001	Replace countertops.	1465	392	\$7,840.00				
TN078-002E	Construct new maintenance space.	1470	1	\$15,000.00				
TN078-002E	Repair walls and ceiling in community room.	1470	1	\$3,000.00				

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

PHAName: Oliver Springs Housing Authority		Grant Type and Number Capital Fund Program#: TN37P07850103 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: FY 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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TN078-002R	Install new combination heat, light, vent in bathroom.	1460	16	\$3,200.00				
TN078-002R	Install new interior doors and hardware.	1460	5	\$875.00				
TN078-002R	Purchase misc. tools for maintenance.	1470	1	\$500.00				

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

PHAName: Oliver Springs Housing Authority				<input checked="" type="checkbox"/> Original 5 - Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA - Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHAFY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHAFY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHAFY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHAFY: 2007
	Annual Statement				
PHA Wide		\$0.00	\$0.00	\$0.00	\$0.00
TN37P078001		\$0.00	\$8,600.00	\$13,000.00	\$17,050.00
TN37P078002E		\$81,650.00	\$78,875.00	\$0.00	\$1,000.00
TN037078002R		\$64,300.00	\$17,680.00	\$70,020.00	\$129,330.00
TN037078003		\$0.00	\$0.00	\$68,810.00	\$30,730.00
CFP Funds Listed for 5 - year planning		\$145,950.00	\$105,155.00	\$151,830.00	\$178,110.00
Replacement Housing Factor Funds		NA	NA	NA	NA

**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: **Burley Jenkins**

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

- Elected
 Appointed

C. The term of appointment is (include the date term expires): **09/30/01 thru 09/30/05**

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? **Not Applicable**

- 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: **Not Applicable**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **Honorable Mayor, Edwin L. Kelly**

**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.)

Name	Address	Development
Don Roberts	210 Burney	TN078-001
Joan Roberts	210 Burney	TN078-001
Joe Moore	301 Deermont Lane	TN078-003
Elizabeth Upham	402 Deermont Lane	TN078-003
Burley Jenkins	109 Britain Village	TN078-002

ATTACHMENT F: (Submitted in 2002)

(B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments? **Not Applicable**
- 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)? **Not Applicable**
- c. How many Assessments were conducted for the PHA's covered developments? **Not Applicable**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
Submitted in 2002	

If the PHA has not completed the Required Initial Assessments, describe the status of these assessments. **Not Applicable**

ATTACHMENT G
Admission Policy for Deconcentration

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

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name :	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]
None			

ATTACHMENT H
PHA's Statement of Consistency with the Consolidated Plan

The Oliver Springs Housing Authority's FY 2002 Agency Plan is consistent with the State of Tennessee Consolidated Plan in that the activities proposed are consistent with the goals and policies of the Consolidated Plan.

ATTACHMENT I

PHA's Community Service Policy

COMMUNITY SERVICE – WORK REQUIREMENTS

The Quality Housing and Work Responsibility Act of 1998, requires that nonexempt residents of public housing perform community service. In order to be eligible for continued occupancy, each adult family member must contribute eight hours of community service per month or participate in an economic self-sufficiency program, or a combination of the two for eight hours per month, unless they are exempt from the requirement.

Eligible activities for completion of your Community Service Requirement will include eight hours per month contributed to any of the following activities or organizations:

1. Resident Organizations
2. Neighborhood Patrols
3. Participation in Adult Education Programs
4. Food Program
5. Youth Activities (sponsored through the local community centers)
6. Participation in any approved job-training program (JTPA or other State Program)
7. Senior Citizens Center (meals on wheels)
8. Adult Learning Center
9. Participation in Community Action Councils or Committees (Drug Task Force)
10. Participation in AA or other substance abuse programs

If you are participating in a program that is not listed, contact the Housing Authority office with the name of the program in which you are participating. This list is not meant to be all-inclusive and other programs may be added, as we become aware of them.

You will be required to bring in verification of hours completed each month. The administrator of the program in which you are participating must sign your verification of hours worked. The Housing Authority will maintain a time sheet on each Resident that is required to do community service, and will track the hours completed. You may complete more than eight hours in one month toward your total of 96 hours per year, therefore, completing your requirement earlier than the twelve months allowed. You must only have eight hours for each month in which you do not qualify for an exemption. Exemption request forms are available at the Housing Authority business office.

Anyone who does not complete the required hours in a calendar year, will not be eligible for continued assistance from the Housing Authority, and their lease will be terminated. Residents who have completed their required hours shall have their lease automatically renewed, unless terminated for other good cause.

COMMUNITY SERVICE – EXEMPTION REQUEST

All adults (over 18) members of resident families are required to perform eight hours of community service each month, unless they qualify for exempt status with the Housing Authority. To qualify for an exemption, each adult family member must complete and return an exemption request, along with proper documentation, to verify that they are exempt from the community service requirement.

Exempt individuals are those who meet one or more of the following criteria. An adult who:

1. Is 62 years of age or older – Verification: Birth Certificate
2. Is a blind or disabled individual, as defined under the Social Security Act, and who certifies that because of this disability he or she is unable to comply with the community service requirements – Verification: Social Security or SSI award letter
3. Can provide documentation from a licensed physician that they have a disabling condition, which would prevent them from completing the community service requirement – Verification: Letter from Physician
4. Is a family member who is primary caregiver for someone who is blind and disabled as set forth above – Verification: Award letter from affected person
5. Is a family member who is employed, whether full-time or part-time – Verification: Check stubs or Income Verification form
6. Is a full-time student (in high school or college with 12 credit hours or more) – Verification: Enrollment Form
7. Is a family member who is exempt from work activity under Part A of Title IV of the Social Security Act or under any other State welfare program – Verification: Letter or notice from DHS
8. Is a family member receiving assistance, benefits or services under a State program funded under Part A of Title IV of the Social Security Act or under any other State welfare program, and who is in compliance with that program – Verification: Families First PRP or benefit letter

In order to qualify for the exemption, you must turn in verification of your exemption with your request form. All new residents are exempt for the partial month when they first move in, after which an exemption must be requested if one is desired. If an exemption is not requested, it will be assumed that you do not desire one and you will be required to perform the required community service hours. Please fill in required information below.

I do hereby request an exemption from performing my eight hours of community service each month, because I qualify for one of the exemptions listed above.

Name _____

Address _____

Development _____

ATTACHMENT J

Statement of Deconcentration

I. DECONCENTRATION POLICY

- A. The objective of the Deconcentration Policy for the Oliver Springs Housing Authority (OSHA) is to achieve the goal that families are housed in a manner that will prevent a concentration of poverty families and/or a concentration of higher income families in any one development or census tract. The OSHA will take actions as necessary to achieve the goal that no individual development has a concentration of higher income or lower income families. To ensure that the OSHA does not concentrate families with higher or lower income levels in any one development, the OSHA will track the status of family income, by development, on a monthly basis utilizing income reports generated by the OSHA's computer system.
 - 1. The OSHA will periodically compare the relative incomes of its developments to the relative incomes of the census tracts in which they are located. Where significant differences are identified, income targeting will be applied.

II. INCOME TARGETING

- A. To accomplish the deconcentration goals, the Oliver Springs Housing Authority will take the following actions:
 - 1. At the beginning of each fiscal year the Oliver Springs Housing Authority will establish a numerical goal for admission of families whose incomes are at or below 30 percent of the area median income. The target annual goal will be calculated by taking 40 percent of the total number of move-ins from the previous PHA fiscal year.
 - 2. The OSHA will limit the number of admissions to ensure that not less than 40 percent of admissions are families with incomes at or below 30 percent of the area median income.
 - 3. The OSHA will skip families on the waiting list or skip developments to accomplish these goals.

The Oliver Springs Housing Authority will not hold units vacant to accomplish these goals.

Attachment K

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part I: Summary

PHAName: Oliver Springs Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37P07850100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:)
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: March 31, 2003		<input type="checkbox"/> Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds	\$0.00			
2	1406 Operations	\$46,123.00		\$46,123.00	\$46,123.00
3	1408 Management Improvements	\$0.00			
4	1410 Administration	\$0.00			
5	1411 Audit	\$0.00			
6	1415 Liquidated Damages	\$0.00			
7	1430 Fees and Costs	\$19,500.00		\$19,500.00	\$19,200.00
8	1440 Site Acquisition	\$0.00			
9	1450 Site Improvement	\$21,500.00		\$21,500.00	\$4,313.26
10	1460 Dwelling Structures	\$136,200.00		\$136,200.00	\$131,800.00
11	1465.1 Dwelling Equipment — Nonexpendable	\$0.00			
12	1470 Non Dwelling Structures	\$0.00			
13	1475 Non Dwelling Equipment	\$0.00			
14	1485 Demolition	\$0.00			
15	1490 Replacement Reserve	\$0.00			
16	1492 Moving to Work Demonstration	\$0.00			
17	1495.1 Relocation Costs	\$0.00			
18	1499 Development Activities	\$0.00			
19	1501 Collateralization or Debt Service	\$0.00			
20	1502 Contingency	\$0.00			
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$223,323.00		\$223,323.00	\$201,436.26
22	Amount of line 21 Related to LBP Activities	\$0.00			
23	Amount of line 21 Related to Section 504 compliance	\$0.00			
24	Amount of line 21 Related to Security – Soft Costs	\$0.00			
25	Amount of Line 21 Related to Security – Hard Costs	\$0.00			
26	Amount of line 21 Related to Energy Conservation Measures	\$0.00			

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

PHAName: Oliver Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P07850100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
TN078-001	Landscaping	1450		\$5,000.00		\$5,000.00	\$0.00	
Burney Drive	Repair Sidewalks	1450		\$2,500.00		\$2,500.00	\$2,440.00	
	Drainage Improvements	1450		\$1,500.00		\$1,500.00	\$0.00	
	Install HVAC	1460		\$46,200.00		\$46,200.00	\$41,800.00	
TN078-002	Landscaping	1450		\$5,000.00		\$5,000.00	\$392.35	
Brittain Village	Repair Sidewalks	1450		\$2,500.00		\$2,500.00	\$200.00	
	Install HVAC	1460		\$90,000.00		\$90,000.00	\$90,000.00	
	Roof	1460						
TN078-003	Landscaping	1450		\$5,000.00		\$5,000.00	\$1,280.91	
Benjamin Apts.								
PHA-WIDE Operations	Operating Funds	1406		\$46,123.00		\$46,123.00	\$46,123.00	
PHA-WIDE Fees & Costs	A/E Fees for Design and Inspection	1430		\$15,000.00		\$15,000.00	\$15,000.00	
	Consultant Fees for Env. Review	1430		\$1,500.00		\$1,500.00	\$1,200.00	
	Consultant Fees for PHA Plan Update	1430		\$3,000.00		\$3,000.00	\$3,000.00	

Attachment K Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Oliver Springs Housing Authority			Grant Type and Number Capital Fund Program No: TN37P07850100 Replacement Housing Factor No:			Federal FY of Grant: 2000	
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	
TN078-001 Burney Drive	03/31/02	NA	03/31/02	09/30/03			
TN078-002 Brittain Village	03/31/02	NA	03/31/02	09/30/03			
TN078-003 Benjamin Apts.	03/31/02	NA	03/31/02	09/30/03			
PHA-WIDE Operations	03/31/02	NA	03/31/02	09/30/03			
PHA-WIDE Fees & Costs	03/31/02	NA	03/31/02	09/30/03			

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

PHAName: Oliver Springs Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37P07850101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: **1**)
 Performance and Evaluation Report for Period Ending: **March 31, 2003**
 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	\$0.00		\$0.00	\$0.00
2	1406 Operations	\$59,201.00	\$59,201.00	\$59,201.00	\$0.00
3	1408 Management Improvements	\$12,500.00	\$13,908.00	\$0.00	\$0.00
4	1410 Administration	\$500.00	\$500.00	\$500.00	\$500.00
5	1411 Audit	\$0.00		\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00		\$0.00	\$0.00
7	1430 Fees and Costs	\$28,300.00	\$28,300.00	\$28,300.00	\$21,297.61
8	1440 Site Acquisition	\$0.00		\$0.00	\$0.00
9	1450 Site Improvement	\$33,395.00	\$10,660.00	\$33,395.00	\$0.00
10	1460 Dwelling Structures	\$89,181.00	\$105,516.00	\$89,181.00	\$12,015.00
11	1465.1 Dwelling Equipment — Nonexpendable	\$3,500.00	\$3,500.00	\$0.00	\$0.00
12	1470 Non dwelling Structures	\$1,275.00	\$7,675.00	\$1,275.00	\$0.00
13	1475 Non dwelling Equipment	\$0.00		\$0.00	\$0.00
14	1485 Demolition	\$0.00		\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00		\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00		\$0.00	\$0.00
17	1495.1 Relocation Costs	\$0.00		\$0.00	\$0.00
18	1499 Development Activities	\$0.00		\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$0.00		\$0.00	\$0.00
20	1502 Contingency	\$0.00		\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$227,852.00	\$227,852.00	\$211,852.00	\$33,812.61
22	Amount of line 21 Related to LBPA Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 21 Related to Section 504 compliance	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 21 Related to Security – Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of Line 21 Related to Security – Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00

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

PHAName: Oliver Springs Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37P07850101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: **1**)
 Performance and Evaluation Report for Period Ending: **March 31, 2003**
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

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

PHA Name: Oliver Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P07850101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Transfer funds to operations	1406	1	\$59,201.00	\$59,201.00	\$59,201.00	\$0.00	
	Hire VISTA worker for Resident Initiatives activities	1408	1	\$12,500.00	\$12,500.00	\$0.00	\$0.00	
	Cost of advertising for construction bids	1410	1	\$500.00	\$500.00	\$500.00	\$500.00	
	AE design fee	1430	1	\$14,500.00	\$14,500.00	\$14,500.00	\$14,500.00	
	AE inspection fee	1430	1	\$9,800.00	\$8,600.00	\$8,600.00	\$1,597.00	
	Consulting fee for assistance in preparation of the Agency Plan	1430	0	\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00	
TN078-001	Environmental review	1430	1	\$0.00	\$1,200.00	\$1,200.00	\$1,200.00	
	Plant trees and shrubs and seed and straw bare areas	1450	1	\$12,000.00	\$6,245.00	\$6,245.00	\$0.00	
	Repair or replace benches at playground	1450	2	\$1,700.00	\$0.00	\$0.00	\$0.00	
	Replace deteriorated sidewalks	1450	400	\$3,200.00	\$0.00	\$0.00	\$0.00	
	Replace sunken sidewalks and install new drains under walks	1450	50	\$500.00	\$0.00	\$0.00	\$0.00	
	Install new combination heat, light, vent in bathroom	1460	31	\$6,200.00	\$0.00	\$0.00	\$0.00	
	Clean and regrout ceramic tile floors in bathrooms and replace missing tiles	1460	29	\$2,900.00	\$0.00	\$0.00	\$0.00	
	Install interchangeable core deadbolt, passage set and door saver on exterior doors	1460	54	\$8,100.00	\$0.00	\$0.00	\$0.00	
	Install new insulated steel entrance doors and frames	1460	5	\$3,250.00	\$0.00	\$0.00	\$0.00	
	Install new interior doors and hardware	1460	15	\$2,625.00	\$0.00	\$0.00	\$0.00	
	Paint entry doors	1460	54	\$2,700.00	\$2,700.00	\$2,700.00	\$0.00	

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

PHAName: Oliver Springs Housing Authority		Grant Type and Number				Federal FY of Grant:		
		Capital Fund Program Grant No: TN37P07850101				2001		
		Replacement Housing Factor Grant No:						
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	
	Install new ducted range hood with shelf above	1460	27	\$6,345.00	\$6,345.00	\$0.00	\$0.00	
	Replace countertops	1460	392	\$7,840.00	\$7,840.00	\$0.00	\$0.00	
	Install new windows shades and shade/curtain rod brackets	1460	208	\$3,120.00	\$2,043.00	\$0.00	\$0.00	
	Replace refrigerators	1465	10	\$3,500.00	\$3,500.00	\$0.00	\$0.00	
TN078-002E	Remove large trees	1450	3	\$1,050.00	\$0.00	\$0.00	\$0.00	
	Restripe parking spaces	1450	19	\$1,425.00	\$1,425.00	\$1,425.00	\$0.00	
	Seal parking lot	1450	12550	\$11,295.00	\$11,295.00	\$11,295.00	\$0.00	
	Paint site railing	1450	25	\$875.00	\$895.00	\$895.00	\$0.00	
	Repair sidewalks	1450	5	\$50.00	\$0.00	\$0.00	\$0.00	
	Replace trash cans	1450	16	\$800.00	\$800.00	\$800.00	\$0.00	
	Paint, repair, replace wood siding	1460		\$0.00	\$12,920.00	\$12,920.00	\$0.00	
	Stain brexeway	1460		\$0.00	\$1,000.00	\$1,000.00	\$0.00	
	Replace gutter	1460		\$0.00	\$1,200.00	\$1,200.00	\$0.00	
	Replace bath linoleum	1460		\$0.00	\$3,000.00	\$3,000.00	\$0.00	
TN078-002R	Fill drop offs around sidewalks	1450	50	\$500.00	\$0.00	\$0.00	\$0.00	
	Fill cracks in concrete porch slab at front and rear of unit with expansion joint sealer	1460	50	\$7,500.00	\$0.00	\$0.00	\$0.00	
	Paint wood siding and porch ceilings	1460	9036	\$31,626.00	\$31,466.00	\$31,466.00	\$0.00	
	Paint porch ceilings/entry door	1460	1000	\$500.00	\$500.00	\$500.00	\$0.00	
	Install new interior doors and hardware	1460	5	\$875.00	\$0.00	\$0.00	\$0.00	
TN078-002R	Paint entry doors	1460	62	\$3,100.00	\$3,100.00	\$3,100.00	\$0.00	
	Gutter/gutter topper	1460		\$0.00	\$27,380.00	\$27,380.00	\$0.00	
	Replace deteriorated siding	1460		\$0.00	\$2,562.00	\$2,562.00	\$0.00	
	Replace deteriorated window trim	1460		\$0.00	\$2,000.00	\$2,000.00	\$0.00	
	Pressure wash buildings	1460		\$0.00	\$1,460.00	\$1,460.00	\$0.00	

Attachment L Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Oliver Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P07850101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Replace carpet in management building	1470	50	\$1,100.00	\$7,500.00	\$7,500.00	\$0.00	
	Replace carpet with vinyl flooring	1470	100	\$175.00	\$175.00	\$175.00	\$0.00	
TN078-003	Install new tub valves and showerheads	1460	10	\$2,500.00	\$0.00	\$0.00	\$0.00	

Attachment L Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Oliver Springs Housing Authority			Grant Type and Number Capital Fund Program No : TN37P07850101 Replacement Housing Factor No:			Federal FY of Grant: 2001	
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	
TN078-001	03/31/03		03/31/03	09/30/04			
TN078-002E	03/31/03		03/31/03	09/30/04			
TN078-002R	03/31/03		03/31/03	09/30/04			
TN078-003	03/31/03		03/31/03	09/30/04			
VISTA Worker	03/31/03		03/31/03	09/30/04			Deleted

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

PHAName : Oliver Springs Housing Authority	Grant Type and Number Capital Fund Program: TN37P07850102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: FY 2002
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Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: **March 31, 2003** 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	\$0.00		\$0.00	\$0.00
2	1406 Operations	\$41,666.00		\$0.00	\$0.00
3	1408 Management Improvements	\$12,500.00		\$0.00	\$0.00
4	1410 Administration	\$500.00		\$0.00	\$0.00
5	1411 Audit	\$0.00		\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00		\$0.00	\$0.00
7	1430 Fees and Costs	\$29,500.00		\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00		\$0.00	\$0.00
9	1450 Site Improvement	\$15,500.00		\$0.00	\$0.00
10	1460 Dwelling Structures	\$114,305.00		\$0.00	\$0.00
11	1465.1 Dwelling Equipment — Nonexpendable	\$3,500.00		\$0.00	\$0.00
12	1470 Nondwelling Structures	\$3,000.00		\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00		\$0.00	\$0.00
14	1485 Demolition	\$0.00		\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00		\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00		\$0.00	\$0.00
17	1495.1 Relocation Costs	\$0.00		\$0.00	\$0.00
18	1498 Mod Used for Development	\$0.00		\$0.00	\$0.00
19	1502 Contingency	\$0.00		\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$220,471.00		\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities	\$0.00		\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Compliance	\$0.00		\$0.00	\$0.00
23	Amount of line 20 Related to Security	\$4,500.00		\$0.00	\$0.00
24	Amount of line 20 Related to Energy Conservation Measures	\$0.00		\$0.00	\$0.00

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

PHAName: Oliver Springs Housing Authority		Grant Type and Number Capital Fund Program#: TN37P07850102 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: FY 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work Proposed
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Transfer funds to Operations	1406	1	\$41,666.00		\$0.00	\$0.00	
PHA Wide	Hire a VISTA worker for Resident Initiatives activities	1408	1	\$12,500.00		\$0.00	\$0.00	
PHA Wide	Cost of advertising for construction bids	1410	1	\$500.00		\$0.00	\$0.00	
PHA Wide	A/E Design fee	1430	1	\$15,000.00		\$0.00	\$0.00	
PHA Wide	A/E Inspection fee	1430	1	\$10,000.00		\$0.00	\$0.00	
PHA Wide	Consulting fee for assistance in preparation of the Agency Plan	1430	1	\$4,500.00		\$0.00	\$0.00	
TN078-001	Restripe handicap parking spaces	1450	3	\$4,500.00		\$0.00	\$0.00	
TN078-001	Install sign at Learning Center	1450	1	\$3,000.00		\$0.00	\$0.00	
TN078-001	Fill cracks in concrete porch slab at front and rear of unit with expansion joint sealer	1460	25	\$3,750.00		\$0.00	\$0.00	
TN078-001	Remove existing and install new heavy-duty security screen door	1460	54	\$16,200.00		\$0.00	\$0.00	
TN078-001	Install wall mounted exterior light fixtures with unit address for 911	1460	27	\$2,025.00		\$0.00	\$0.00	
TN078-001	Replace kitchen light fixtures with florescent	1460	27	\$2,160.00		\$0.00	\$0.00	
TN078-001	Install decorative fence and gate around compressor and garbage pad	1460	26	\$11,700.00		\$0.00	\$0.00	
TN078-001	Install new window shades and shade/curtain rod brackets	1460	208	\$3,120.00		\$0.00	\$0.00	
TN078-001	Replace refrigerators	1465	10	\$3,500.00		\$0.00	\$0.00	
TN078-002R	Repair cracked and broken porch slab	1460	250	\$8,750.00		\$0.00	\$0.00	

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

PHAName: Oliver Springs Housing Authority		Grant Type and Number Capital Fund Program#: TN37P07850102 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: FY 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work Proposed
				Original	Revised	Funds Obligated	Funds Expended	
TN078-002R	Paint screen doors	1460	63	\$3,150.00		\$0.00	\$0.00	
TN078-002R	Remove existing and install new 125 or 150 amp breaker panel entrance cable	1460	48	\$48,000.00		\$0.00	\$0.00	
TN078-002R	Purchase new computer equipment	1470	1	\$3,000.00		\$0.00	\$0.00	
TN078-003	Replace damaged site lighting	1470	5	\$8,000.00		\$0.00	\$0.00	
TN078-003	Install new gutter helmets and downspouts	1450	1500	\$7,500.00		\$0.00	\$0.00	
TN078-003	Fill cracks in concrete porch slab at front and rear of unit with expansion joint sealer	1460	25	\$3,750.00		\$0.00	\$0.00	
TN078-003	Replace broken porch step caps	1460	350	\$4,200.00		\$0.00	\$0.00	

