

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2003

OakRidgeHousingAuthority
tn088v01

Version1 – SubmittedtoHUD
July11,2003

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

PHA Plan Agency Identification

PHAName: OAKRIDGEHOUSINGAUTHORITY

PHANumber: TN088 -Version1

PHAFiscalYearBeginning:(mm/yyyy) 10/2003

PHA Plan Contact Information:

Name: JamesA.Carson

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TDD: 865-482-1006

Email(ifavailable): jaCar25@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.

Contents		<u>Page#</u>
Annual Plan		
i. Executive Summary (optional)	N/A	2
ii. Annual Plan Information		1
iii. Table of Contents		1
1. Description of Policy and Program Changes for the Upcoming Fiscal Year		2
2. Capital Improvement Needs		2
3. Demolition and Disposition		2
4. Homeownership: Voucher Homeownership Program		3
5. Crime and Safety: PHDEP Plan		4
6. Other Information:		4
A. Resident Advisory Board Consultation Process		4
B. Statement of Consistency with Consolidated Plan		5
C. Criteria for Substantial Deviations and Significant Amendments		5
Attachments		
<input checked="" type="checkbox"/> Attachment A: Supporting Documents Available for Review		
<input checked="" type="checkbox"/> Attachment__: Capital Fund Program Annual Statement (tn088a01)		
<input checked="" type="checkbox"/> Attachment__: Capital Fund Program 5 Year Action Plan (tn088b01)		
<input type="checkbox"/> Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement		
<input checked="" type="checkbox"/> Attachment B: Public Housing Drug Elimination Program (PHDEP) Plan		
<input checked="" type="checkbox"/> Attachment C: Resident Membership on PHA Board or Governing Body		
<input checked="" type="checkbox"/> Attachment D: Membership of Resident Advisory Board or Boards		
<input checked="" type="checkbox"/> Attachment E: Capacity to Administer a Section 8 Homeownership Program		
<input checked="" type="checkbox"/> Attachment F: Voluntary Conversion Initial Assessment		
<input checked="" type="checkbox"/> Attachment G: Resident Comments		
<input checked="" type="checkbox"/> P&E Report, dated 3/31/2003, for TN37 -PO88-501-02 (tn088c01)		
<input checked="" type="checkbox"/> P&E Report, dated 3/31/2003, for TN37 -PO88-501-01 (tn088d01)		
<input checked="" type="checkbox"/> P&E Report, dated 3/31/2003, for TN37 -PO88-501-00 (tn088e01)		
<input checked="" type="checkbox"/> Deconcentration Policy (tn088f01)		

ii. Executive Summary

[24CFR Part 903.79(r)]

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

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

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

Community Service Requirements per PIH Notice 3 -17, dated June 20, 2003

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? \$ **218,451 -estimate**
- 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 **tn088b01**

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment **tn088a01**

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 24CFR part 982? (If "No", skip 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 home ownership 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

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHA 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?
\$0.00
- C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. Yes No: The PHDEP Plan is attached at Attachment_B_

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 at Attachment (Filename) **G**
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 end of the RAB Comments in Attachment **G**.
- 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: (**CITY OF OAK RIDGE**)

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 City of Oak Ridge

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:

The following are considered to be significant amendments or modifications:

- 1) **Changes to rent or admissions policies or organization of the waiting list**
- 2) **Additions of non-emergency work items (items not included in the current Annual Statement or 5-year Action plan) or change in use of replacement reserve funds under the Capital Fund**
- 3) **Additions of new activities not included in the current PHDEP Plan (if applicable)**
- 4) **Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities**

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD.

B. Significant Amendment or Modification to the Annual Plan:

Same as "A" above.

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
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 type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input 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
X	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
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved 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
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	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
N/A	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
X	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
X	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 checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Deconcentration Information	Annual Plan

PHA Public Housing Drug Elimination Program Plan Report of 2001 Funding

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ 0.00

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R X _____

C. FFY in which funding is requested N/A

D. Executive Summary of Annual PHDEP Plan

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

The ORHAPHDEP Plan is preventive in nature. It provides for quality alternative activities for children and youth, as well as for parenting and drug prevention education for adults. It also provides for improved security at the Wade Lane site (TN88 -002)

E. Target Areas

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

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
TN37PO88001	48	98
TN37PO88002	78	124

F. Duration of Program

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

12 Months _____ 18 Months _____ 24 Months X

G. PHDEP Program History

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

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						
FY2000						
FY2001	31,449	N37DEPO880101	8,449.00		7/01/2001	6-03

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

Our plan has three major goals:

- 1) **To provide children and youth with alternative activities to those which might encourage drug use.**

- 2) **To provide parents and other adults with information and educational opportunities which will serve as a tool to guide their children and make intelligent choices for themselves. Our primary partner is Girls, Inc. We also provide scholarships for post-secondary or technical education.**

- 3) **To increase site security on an as-needed basis, beginning with the Wade Lane Site.**

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY2001 PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 -Reimbursement of Law Enforcement	
9115 -Special Initiative	
9116 -Gun Buyback TAMatch	
9120 -Security Personnel	
9130 -Employment of Investigators	
9140 -Voluntary Tenant Patrol	
9150 -Physical Improvements	8,449
9160 -Drug Prevention	23,000
9170 -Drug Intervention	
9180 -Drug Treatment	
9190 -Other Program Costs	
TOTAL PHDEP FUNDING	31,449

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise —not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 -ReimbursementofLawEnforcement N/A					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9115 -SpecialInitiative N/A					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch N/A					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel N/A					TotalPHDEPFunding:\$		
------------------------------------	--	--	--	--	-----------------------------	--	--

Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					N/A			Total PHDEP Funding: \$	
Goal(s)									
Objectives									
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators		
1.									
2.									
3.									

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

9150 - Physical Improvements					Total PHDEP Funding: \$8,449				
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Goal(s)	To make the Wade Lanes site as secure as possible						
Objectives	To increase security measures						
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1. Improved site lighting & security			7-01	7-03	5,625	N/A	Improved safety/security
2. Environmental Design			7-01	7-03	2,824	N/A	Improved safety/security

9160 -Drug Prevention					Total PHDEP Funding: \$23,000		
Goal(s)	To prevent drug use						
Objectives	Alternative Activities for Children, Youth and Prevention Education for Adults						
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1. Girls, Inc. –afterschool	20	Children	7-01	7-03	20,000	N/A	Improvement in school performance – parent report
2. VISTA Activities	10	Youth	7-01	7-03	2,000	N/A	Attendance –self report
3. Scholarships	2	Adults	7-01	7-03	1,000	N/A	Self-report

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

9180 -Drug Treatment					N/A					Total PHDEP Funding: \$	
Goal(s)											

Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9190 -Other Program Costs					N/A			Total PHEDEP Funds:\$
Goal(s)								
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators	
1.								
2.								
3.								

Required Attachment C: 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 fulltime 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: 8/2003

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

CITY COUNCIL OF OAKRIDGE

**Required Attachment D: 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.)

**Oak Ridge Housing Authority has declared that all of the
residents of Oak Ridge Housing Authority are members of the
Resident Advisory Board.**

Required Attachment E: Capacity To Administer a Section 8 Homeownership Program

Oak Ridge Housing Authority has the capacity to administer a Section 8 Homeownership Program using the following financial requirements:

The proposed financing terms must be submitted to and approved by Oak Ridge Housing Authority (ORHA) prior to close of escrow. ORHA shall determine the affordability of the family's proposed financing. In making such determination, ORHA may take into account other family expenses, including but not limited to child care, unreimbursed medical expenses, education and training expenses and the like. Certain types of financing, including but not limited to, balloon payment mortgages, unless convertible to a variable rate mortgage, are prohibited and will not be approved by ORHA. Seller-financing mortgages shall be considered by ORHA on a case-by-case basis. If a mortgage is not FHA-insured, ORHA will require the lender to comply with generally accepted mortgage underwriting standards consistent with those of HUD/FHA, Ginnie Mae, Fannie Mae, Freddie Mac, California Housing Finance Agency (CHFA), USDA Rural Housing Services, the Federal Home Loan Bank, or other private lending institution.

The Oak Ridge Housing Authority provides financial fitness training and evaluation services to its clients as they approach the threshold requirements for entering the homeownership program. ORHA partners with the Housing Development Corporation of the Clinch Valley to provide homeownership counseling, including pre-purchase coaching and post-purchase coaching.

Oak Ridge Housing Authority currently has one participant in this homeownership program with three who have already purchased homes through this program.

Required Attachment F: Voluntary Conversion Initial Assessment

- a. How many of the PHA's developments are subject to the Required Initial Assessments?

Two(2)

- 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)?

One(1)

- c. How many Assessments were conducted for the PHA's covered developments?

One, the initial assessment

- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

At this time, there are no developments that are appropriate for conversion at this time

Required Attachment G: Resident Comments

- One of the residents requested that something be done about the drainage in her yard.
(TN88-02 Honeysuckle Development)

The Oak Ridge Housing Authority did not have to change their 5-year plan because this item has already been included.

AnnualStatement/PerformanceandEvaluationReport						
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary						
PHAName:OakRidgeHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: TN37-PO88-501-03 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2003	
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno :) <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport						
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost		
		Original	Revised	Obligated	Expended	
1	Totalnon -CFPFunds					
2	1406Operations	1,000				
3	1408ManagementImprovements	60,000				
4	1410Administration	3,000				
5	1411Audit	0				
6	1415LiquidatedDamages	0				
7	1430FeesandCosts	8,000				
8	1440SiteAcquisition	0				
9	1450SiteImprovement	10,000				
10	1460DwellingStructures	90,000				
11	1465.1DwellingEquipment —Nonexpendable	16,500				
12	1470NondwellingStructures	0				
13	1475NondwellingEquipment	18,500				
14	1485Demolition	0				
15	1490ReplacementReserve	0				
16	1492MovingtoWorkDemonstration	0				
17	1495.1RelocationCosts	0				
18	1499DevelopmentActivities	0				
19	1501CollaterizationorDebtService	0				
20	1502Contingency	11,451				
21	AmountofAnnualGrant:(su moflines2 -20)	218,451				
22	Amountoffline21RelatedtoLBPActivities					
23	Amountoffline21RelatedtoSection504compliance					
24	Amountoffline21RelatedtoSecurity —SoftCosts					
25	AmountofLine21RelatedtoSecurity —HardCosts					
26	Amountoffline21RelatedtoEnergyConservationMeas.					

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartII:SupportingPages

PHAName: OakRidgeHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: TN37-PO88-501-03 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2003			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	Operations	1406	LS	1,000				
	FinancialOfficer	1408	1positi on	45,000				
	Security	1408	LS	5,000				
	ComputerUpgradeandtraining	1408	LS	10,000				
	Advertising	1410	LS	3,000				
	A/EServices	1430	LS	5,000				
	UpgradeAgencyPlan	1430	1	2,000				
	EnvironmentalReview	1430	1	1,000				
	Officeequ ipment	1475	LS	6,000				
	Maintenanceequipment	1475	LS	12,000				
	ResidentServices	1475	LS	500				
	Contingency	1502	LS	11,451				
TN88-001	Addlateralsidewalks	1450	LS	5,000				
TN88-002 (WadeLane)	Landscaping	1450	LS	5,000				
	Replace primedoors	1460	8ea.	5,000				
	Replacerefrigerators	1465.1	8ea.	5,000				
TN88-002 (IreneLane)	Replacelightfixtures(except kitchen/bath)	1460	10units	5,000				
	Replacekitchencabinets/countertops	1460	10ea.	25,000				
	HVAC	1460	10ea.	50,000				
	Replaceprimedoors	1460	10ea.	5,000				
	Replaceranges	1465.1	10ea.	3,500				
	Replacewaterheaters	1465.1	10ea.	3,000				
TN88-002 (KnollLane)	Replacerefrigerators	1465.1	10ea.	5,000				

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF) PartIII:ImplementationSchedule							
PHAName:OakRidgeHousingAuthority		GrantTypeandNumber CapitalFundProgramNo: TN37-PO88-501-03 ReplacementHousingFactorNo:				FederalFYofGrant: 2003	
DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuarterEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	03/31/2005			9/30/2006			
TN88-001	03/31/2005			9/30/2006			
TN88-002	03/31/2005			9/30/2006			

CapitalFundProgramFive -YearActionPlan

PartI:Summary

PHAName OakRidgeHousingAuthority		<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant: TN37-PO88-501-04 PHAFY:2004	WorkStatementforYear3 FFYGrant: TN37-PO88-501-05 PHAFY:2005	WorkStatementforYear4 FFYGrant: TN37-PO88-501-06 PHAFY:2006	WorkStatem entforYear5 FFYGrant: TN37-PO88-501-07 PHAFY:2007
	Annual Statement				
TN88-001		25,000	60,000	130,000	70,000
TN88-002		118,700	160,000	0	65,000
PHA-WIDE		99,500	124,500	139,,500	99,500
CFPFundsListedfor 5-yearplanning		243,200	344,500	269,500	234,500
ReplacementHousing FactorFunds					

CapitalFundProgramFive -YearActionPlan
PartII:SupportingPages —WorkActivities

Activitiesfor Year1	ActivitiesforYear:_2_ __ FFYGrant:TN37 -PO88-501-04 PHAFY:2004			ActivitiesforYear:_3__ FFYGrant:TN37 -PO88-501-05 PHAFY:2005		
	Development Name/Number	MajorWorkCategories	EstimatedCost	Development Name/Number	MajorWorkCategories	EstimatedCost
See	TN88-001	Expandparking@office -LS	25,000	TN88-001	Flooring(52units)	60,000
Annual						
		SUB-TOTAL	25,000		SUB-TOTAL	60,000
Statement						
	TN88-002 (LaSalleLn)	Replacranges -10ea.	3,500			
		Replacekitchen cabinets/countertops -10ea.	25,000			
		Replacelightfixtures(except kitchen)10units	5,000			
		HVAC -10ea.	50,000			
		Replacewaterheaters -10ea.	3,000			
		Replacerefrigerators -10ea.	5,000			
	TN88-002 (HoneysuckleLn.)	Replacecarpet -32units	27,200	TN88-002 (HoneysuckleLane)	HVAC -32units	160,000
		SUBTOTAL	118,700		SUB-TOTAL	160,000
	PHA-Wide	Operations	1,000	PHA-Wide	Operations	1,000
		FinancialOfficer	45,000		FinancialOfficer	45,000
		Advertising	3,000		Advertising	3,000
		A/EServices	10,000		A/EServices	10,000
		UpgradeAgencyPlan	2,000		UpgradeAgencyPlan	2,000
		EnvironmentalReview	1,000		EnvironmentalReview	1,000
		Officeequipment	6,000		Officeequipment	6,000
		Maintenanceequipment	6,000		Maintenanceequipmen t	6,000
		ResidentServices	500		ResidentServices	500
		Contingency	25,000		Maint.Contractformowing	25,000
					Contingency	25,000
		SUB-TOTAL	99,500		SUB-TOTAL	124,500
	TotalCFPEstimatedCost		\$243,200			\$344,500

CapitalFundProgramFive -YearActionPlan
PartII:SupportingPages —WorkActivities

ActivitiesforYear:_4_			ActivitiesforYear:_5_		
FFYGrant:TN37 -PO88-501-06			FFYGrant:TN37 -PO88-501-07		
PHAFY:2006			PHAFY:2007		
Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
TN88-001	Re-Roofing(52units)	130,000	TN88-001	Replaceexteriordoors	70,000
	SUB-TOTAL	130,000		SUB-TOTAL	70,000
			TN88-002 (HoneysuckleLane)	HVAC@Com munity Building	10,000
				Replaceexteriordoors @CommunityBuilding	5,000
				Repairsitedrainage	50,000
				SUB-TOTAL	65,000
PHA-Wide	Operations	1,000	PHA-Wide	Operations	1,000
	FinancialOfficer	45,000		FinancialOfficer	45,000
	Advertising	3,000		Advertising	3,000
	A/EServices	10,000		A/EServices	10,000
	UpgradeAgencyPlan	2,000		UpgradeAgencyPlan	2,000
	EnvironmentalReview	1,000		EnvironmentalReview	1,000
	Officeequipment	6,000		Officeequipment	6,000
	Maintenanceequipment	6,000		Maintenanceequipment	6,000
	ResidentServices	500		ResidentServices	500
	MaintenanceVehicle	40,000			
	Contingency	25,000		Contingency	25,000
	SUB-TOTAL	139,500		SUB-TOTAL	99,500
TotalCFPEstimatedCost		\$269,500			\$234,500

AnnualStatement/PerformanceandEvaluationReport						
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary						
PHAName:OakRidgeHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: TN37-PO88-501-02 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2002	
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno :) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 03/31/2003 <input type="checkbox"/> FinalPerformanceandEvaluationReport						
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCo st		
		Original	Revised	Obligated	Expended	
1	Totalnon -CFPFunds					
2	1406Operations	1,000		0.00	0.00	
3	1408ManagementImprovements	40,000		0.00	0.00	
4	1410Administration	3,000		0.00	0.00	
5	1411Audit	0				
6	1415LiquidatedDamages	0				
7	1430FeesandCosts	13,000		500.00	500.00	
8	1440SiteAcquisition	0				
9	1450SiteImprovement	5,000		0.00	0.00	
10	1460DwellingStructures	127,000		0.00	0.00	
11	1465.1DwellingEquipment —Nonexpendable	5,200		0.00	0.00	
12	1470NondwellingStructures	0				
13	1475NondwellingEquipment	14,900		0.00	0.00	
14	1485Demolition	0				
15	1490ReplacementReserve	0				
16	1492MovingtoWorkDemonstration	0				
17	1495.1RelocationCosts	0				
18	1499DevelopmentActivities	0				
19	1501CollaterizationorDebtS ervice	0				
20	1502Contingency	9,351		0.00	0.00	
21	AmountofAnnualGrant:(sumoflines2 –20)	218,451		500.00	500.00	
22	Amountoffline21RelatedtoLBPActivities					
23	Amountoffline21RelatedtoSection504compliance					
24	Amountoffline2 1RelatedtoSecurity –SoftCosts					
25	AmountofLine21RelatedtoSecurity – HardCosts					
26	Amountoffline21RelatedtoEnergyConservationMeas.					

AnnualStatement/PerformanceandEvaluationReport								
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)								
PartII:SupportingPages								
PHAName: OakRidgeHousingAuthority			GrantTypeandNumber CapitalFundProgramGrantNo: TN37-PO88-501-02 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2002		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		StatusofWork
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	Operations	1406	LS	1,000		0.00	0.00	NoWorktoDate
	FinancialOfficer	1408	1position	40,000		0.00	0.00	NoWorktoDate
	Advertising	1410	LS	3,000		0.00	0.00	NoWorktoDate
	A/EServices	1430	LS	10,000		0.00	0.00	NoWorktoDate
	UpgradeAgencyPlan	1430	1	2,000		0.00	0.00	NoWorktoDate
	EnvironmentalReview	1430	1	1,000		500.00	500.00	WorkComplete
	TermiteTreatment	1460	AsNeeded	18,000		0.00	0.00	NoWorktoDate
	Security	1460	LS	12,000		0.00	0.00	NoWorktoDate
	Officeequipment	1475	LS	8,400		0.00	0.00	NoWorktoDate
	Maintenanceequipment	1475	LS	6,000		0.00	0.00	NoWorktoDate
	ResidentServices	1475	LS	500		0.00	0.00	NoWorktoDate
	Contingency	1502	LS	9,351		0.00	0.00	NoWorktoDate
TN88-001	Replacesidewalkinfrontofoffice	1450	LS	5,000		0.00	0.00	NoWorktoDate
	Replacelightfixtures(exceptbath)	1460	52units	25,000		0.00	0.00	NoWorktoDate
TN88-002 (AppleLane)	Replacelightfixtures(except kitchen/bath)	1460	8units	4,000		0.00	0.00	NoWorktoDate
	Replacekitchencabinets/countertops	1460	8ea.	20,000		0.00	0.00	NoWorktoDate
	HVAC	1460	8ea.	48,000		0.00	0.00	NoWorktoDate
	Replaceranges	1465.1	8ea.	2,800		0.00	0.00	NoWorktoDate
	Replacewaterheaters	1465.1	8ea.	2,400		0.00	0.00	NoWorktoDate

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF) PartIII:ImplementationSchedule							
PHAName:OakRidgeHousingAuthority		GrantTypeandNumber CapitalFundProgramNo: TN37-PO88-501-02 ReplacementHousingFactorNo:				FederalFYofGrant: 2002	
DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuarterEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	03/31/2004			9/30/2005			
TN88-001	03/31/2004			9/30/2005			
TN88-002	03/31/2004			9/30/2005			

AnnualStatement/PerformanceandEvaluationReport						
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary						
PHAName:OakRidgeHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: TN37-PO88-501-01 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2001	
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno :) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 03-31-2003 <input type="checkbox"/> FinalPerformanceandEvaluationReport						
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCo st		
		Original	Revised	Obligated	Expended	
1	Totalnon -CFPFunds					
2	1406Operations	1,000		0.00	0.00	
3	1408ManagementImprovements	52,500		40,000.00	21,756.00	
4	1410Administration	3,000		0.00	0.00	
5	1411Audit	0				
6	1415LiquidatedDamages	0				
7	1430FeesandCosts	9,667		2,500.00	2,500.00	
8	1440SiteAcquisition	0				
9	1450SiteImprovement	25,000		0.00	0.00	
10	1460DwellingStructures	107,355		1,433.49	1,433.49	
11	1465.1DwellingEquipment —Nonexpendable	8,500		0.00	0.00	
12	1470Nondw ellingStructures	2,500		253.60	253.60	
13	1475NondwellingEquipment	15,000		0.00	0.00	
14	1485Demolition	0				
15	1490ReplacementReserve	0				
16	1492MovingtoWorkDemonstration	0				
17	1495.1RelocationCosts	0				
18	1499DevelopmentActivities	0				
19	1501CollaterizationorDebtService	0				
20	1502Contingency	9,355		0.00	0.00	
21	AmountofAnnualGrant:(sumoflines2 –20)	233,877		44,187.09	25,943.09	
22	Amountoffline21RelatedtoLBPActivities					
23	Amountoffline21RelatedtoSec tion504compliance					
24	Amountoffline21RelatedtoSecurity –SoftCosts					
25	AmountofLine21RelatedtoSecurity – HardCosts					
26	Amountoffline21RelatedtoEnergyConservationMeas.					

TN37-PO88-501-01
P&EReport,Dated3/31/2003

AnnualStatement/PerformanceandEvaluationReport								
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)								
PartII:SupportingPages								
PHAName: OakRidgeHousingAuthority			GrantTypeandNumber CapitalFundProgramGrantNo: TN37-PO88-501-01 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		StatusofWork
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	Operations	1406	LS	1,000		0.00	0.00	NoWorkToDate
	VISTA	1408	1position	12,500		0.00	0.00	NoWorkToDate
	FinancialOfficer	1408	1position	40,000		40,000.00	21,756.00	WorkInProgress
	Advertising	1410	LS	3,000		0.00	0.00	NoWorkToDate
	A/EServices	1430	LS	6,667		0.00	0.00	NoWorkToDate
	UpgradeAgencyPlan	1430	1	2,000		2,000.00	2,000.00	WorkComplete
	EnvironmentalReview	1430	1	1,000		500.00	500.00	WorkComplete
	Officefurniture,equipment,computers	1475	LS	15,000		0.00	0.00	NoWorkToDate
	Contingency	1502	LS	9,355		0.00	0.00	NoWorkToDate
TN88-001	Paintscreendoors/doorcasings@entry doors	1460		3,000		0.00	0.00	NoWorkToDate
	Replacefloorcovering@JoelLane CommunityCenter	1470	LS	2,500		253.60	253.60	WorkInProgress
TN88-002	KnollLane							
	Ditchrepair	1450	LS	10,000		0.00	0.00	NoWorkToDate
	Replacekitchencabinets/countertops	1460	10ea.	25,000		735.50	735.50	WorkInProgress
	HVAC	1460	10ea.	59,355		697.99	697.99	WorkInProgress
	Replacerranges	1465.1	10ea.	3,500		0.00	0.00	NoWorkToDate
TN88-002	WadeLane							
	Landscaping	1450	LS	15,000		0.00	0.00	NoWorkToDate
	Carpeting	1460	8units	10,000		0.00	0.00	NoWorkToDate
	HVAC	1460	LS	10,000		0.00	0.00	NoWorkToDate
	Dishwashers	1465.1	8ea.	5,000		0.00	0.00	NoWorkToDate

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF) PartIII:ImplementationSchedule							
PHAName:OakRidgeHousingAuthority		GrantTypeandNumber CapitalFundProgramNo: TN37-PO88-501-01 ReplacementHousingFactorNo:				FederalFYofGrant: 2001	
DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuarterEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	03/31/2003			9/30/2004			
TN88-001	03/31/2003			9/30/2004			
TN88-002	03/31/2003			9/30/2004			

AnnualStatement/PerformanceandEvaluationReport						
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary						
PHAName:OakRidgeHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: TN37-PO88-501-00 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2000	
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno :) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 03/31/2003 <input type="checkbox"/> FinalPerformanceandEvaluationReport						
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost		
		Original	Revised	Obligated	Expended	
1	Totalnon -CFPFunds					
2	1406Operations	76,283		76,283.00	76,283.00	
3	1408ManagementImprovements	12,500		12,500.00	12,500.00	
4	1410Administration	3,000		3,000.00	328.25	
5	1411Audit					
6	1415LiquidatedDamages					
7	1430FeesandCosts	9,512		9,512.00	9,512.00	
8	1440SiteAcquisition					
9	1450SiteImprovement	20,000		20,000.00	8,818.95	
10	1460DwellingStructures	105,200		105,200.00	89,949.97	
11	1465.1DwellingEquipment —Nonexpendable	2,800		2,800.00	2,224.00	
12	1470NondwellingStructures					
13	1475NondwellingEquipment					
14	1485Demolition					
15	1490ReplacementReserve					
16	1492MovingtoWorkDemonstration					
17	1495.1RelocationCosts					
18	1499DevelopmentActivities					
19	1501CollateralizationorDebtService					
20	1502Contingency					
21	AmountofAnnualGrant:(sumoflines2 –20)	229,295		229,295.00	199,616.17	
22	Amountoffline21RelatedtoLBPActivities					
23	Amountoffline21RelatedtoSection504comp liance					
24	Amountoffline21RelatedtoSecurity –SoftCosts					
25	AmountofLine21RelatedtoSecurity –HardCosts					
26	Amountoffline21RelatedtoEnergyConservationMeasures					

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartII:SupportingPages

PHAName: OakRidgeHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: TN37-PO88-501-00 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2000			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		StatusofWork
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406	LS	76,283		76,283.00	76,283.00	WorkComplete
	VISTAWorker	1408	1position	12,500		12,500.00	12,500.00	WorkComplete
	Advertisement	1410	LS	3,000		3,000.00	328.25	WorkinProgress
	A/EFees&Costs	1430	LS	7,512		7,512.00	7,512.00	WorkComplete
	UpgradeAgencyPlan	1430	LS	2,000		2,000.00	2,000.00	
TN88-002	RepairditchatWadeLane	1450	LS	10,000		10,000.00	632.70	WorkinProgress
	LandscapingatWadeLane	1450	LS	5,000		5,000.00	8,186.25	WorkinProgress
	RipRapditchbehindshop	1450	LS	5,000		5,000.00	0	WorkinProgress
TN88-001	Tub/Showerinserts	1460	50ea.	40,000		40,000.00	40,000.00	WorkinProgress
	CarbonMonoxideSensors/hardwire smokedetectors	1460	50ea.	5,000		5,000.00	0	WorkinProgress
TN88-002	CarbonMonoxideSensors/hardwire smokedetectors	1460	8ea.	800		800.00	0	WorkinProgress
	Securebrickscreenwallstobuildingsat allsites	1460	LS	5,000		5,000.00	45.35	WorkinProgress
	Replacekitchencabinets/countertopsat WadeLane	1460	8ea.	20,000		20,000.00	16,639.62	WorkinProgress
	HVAC@WadeLane	1460	8ea.	32,000		32,000.00	29,569.00	WorkinProgress
	Replacewaterheaters@WadeLane	1460	8ea.	2,400		2,400.00	3,696.00	WorkComplete
	Replaceranges@WadeLane	1465	8ea.	2,800		2,800.00	2,224.00	WorkinProgress

OAKRIDGEHOUSINGAUTHORITY DECONCENTRATIONPOLICY

The Oak Ridge Housing Authority's policy to provide for deconcentration of poverty will consist of the following:

- A. Targeting: The income levels of families on the waiting list will be analyzed so that not less than 40% of admissions in any fiscal year will be families whose income does not exceed 30% of median income for the area.
- B. Income Mixing: Prior to the beginning of each fiscal year the ORHA will analyze the income levels of families residing in each development to bring higher income families into lower income developments and lower income families into higher income developments.

The ORHA will strive to insure that no individual development has a concentration of higher or lower income families. The ORHA may skip families on the waiting list to reach other families with a lower or higher income. This will be accomplished in a uniform and non-discriminatory manner.

The ORHA will affirmatively market public housing to all eligible income groups. If necessary, the ORHA will determine the level of additional marketing strategies and deconcentration incentives to implement the objective of this policy.