

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

PHAName: Falfurrias Housing Authority	Grant Type and Number TX59P201501 -01 Capital Fund Program Grant No: 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:)
X Performance and Evaluation Report for Period Ending: 03/31/03 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	20,000.00		20,000.00	20,000.00
3	1408 Management Improvements	5,000.00		5,000.00	5,000.00
4	1410 Administration	20,000.00		20,000.00	20,000.00
5	1411 Audit	3,000.00		3,000.00	3,000.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000.00		15,000.00	15,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000.00		5,000.00	5,000.00
10	1460 Dwelling Structures	155,145.00		155,145.00	150,248.29
11	1465.1 Dwelling Equipment — Nonexpendable	10,000.00		10,000.00	10,000.00
12	1470 Non Dwelling Structures	27,000.00		27,000.00	27,000.00
13	1475 Non Dwelling Equipment	2,000.00		2,000.00	2,000.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	262,145.00		262,145.00	257,248.29
22	Amount of line 21 Related to LBP Activities				

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

PHAName: Falfurrias Housing Authority	Grant Type and Number TX59P201501 -01 Capital Fund Program Grant No: 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:)

X Performance and Evaluation Report for Period Ending: 03/31/03
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs	7,200.00			
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHAName: Falfurrias Housing Authority		Grant Type and Number Capital Fund Program Grant No: TX59P20150101 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	
Tx201-1,2,4	PHAWiderepairsandsupplies	1406		20,000.00		20,000.00	20,000.00	
Tx201,1,2,4	Computers,Softwareupgrades	1408		5,000.00		5,000.00	5,000.00	
Tx201,1,2,4	AdministrativeSalaries,Training	1410		20,000.00		20,000.00	20,000.00	
Tx201,1,2,4	Audit	1411		3,000.00		3,000.00	3,000.00	
Tx201,1,2,4	FeesandCostsA/E	1430		15,000.00		15,000.00	15,000.00	
Tx201,1,2,4	SiteImprovements	1450		5,000.00		5,000.00	5,000.00	
Tx201,1,2,4,	PHAWidePainting,doors,windows, cabinets,kitchen/bathroomfixtures	1460		155,145.00		155,145.00	150,248.29	

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

PHAName: Falfurrias Housing Authority		Grant Type and Number Capital Fund Program Grant No: TX59P20150101 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	
Tx201,1,2,4	Refrigerators, stoves, heaters, fans	1465		10,000.00		10,000.00	10,000.00	
Tx201,1,2,4	Upgrade Maintenance Warehouse	1470		27,000.00		27,000.00	27,000.00	
Tx201,1,2,4	Mowers, Lawn equipment	1475		2,000.00		2,000.00	2,000.00	

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

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear:2003

**NOTE:THISPHAPLANSTEMPLATE(HUD -50075SmallPHA)ISTOBECOMPLETEDIN
ACCORDANCEWIT HINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

PHA Plan Agency Identification

PHAName: **Falfurrias Housing Authority**
PHANumber: TX201
PHAFiscalYearBeginning: 10/2003

PHAPlanContactInformation:
Name: Gloria Nino, Executive Director
Phone: 361 -325-5631

TDD:
Email (if available): falha@granderiver.net

Public Access to Information

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

- Main administrative office of the PHA
 PHA development management offices

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered:

Public Housing and Section 8 Section 8 Only Public Housing Only

AnnualPHAPlan
FiscalYear2003
 [24CFRPart903.7]

i. TableofContents

ProvideatableofcontentsforthePlan ,includingattachments,anda listofsupportingdocumentsavailablefor publicinspection . ForAttachments,indicatewhichattachmentsareprovidedbyselectingallthatapply.Providethe attachment'sname(A,B,etc.)inthespacetotheleftofthenameoftheattachment.Ifthea ttachmentisprovidedasa **SEPARATE**filesubmissionfromthePHAPlansfile,providethefilenameinparenthesesinthespacetotheright ofthetitle.

Contents *Page#*

AnnualPlan

- i. ExecutiveSummary(optional)
- ii. AnnualPlanInformation
- iii. TableofCon tents
 - 1. DescriptionofPolicyandProgramChangesfortheUpcomingFiscalYear
 - 2. CapitalImprovementNeeds
 - 3. DemolitionandDisposition
 - 4. Homeownership:VoucherHomeownershipProgram
 - 5. CrimeandSafety:PHDEPPlan
 - 6. OtherInformation:
 - A. ResidentAdvisoryBoard ConsultationProcess
 - B. StatementofConsistencywithConsolidatedPlan
 - C. CriteriaforSubstantialDeviationsandSignificantAmendments

Attachments

- AttachmentA:SupportingDocumentsAvailableforReview
- AttachmentA:CapitalFundProgramAnnualStateme nt
- AttachmentA:CapitalFundProgram5YearActionPlan
- Attachment_:CapitalFundProgramReplacementHousingFactorAnnual Statement
- Attachment__:PublicHousingDrugEliminationProgram(PHDEP)Plan
- AttachmentB:ResidentMembershiponPHABoardorGoverningBody
- AttachmentC:MembershipofResidentAdvisoryBoardorBoards
- Attachment__:CommentsofResidentAdvisoryBoardorBoards& ExplanationofPHAResponse(mustbeattachedifnotincludedinPHA Plantext)
- Other(Listbelow,providingeachattachmentname)

ii. ExecutiveSummary

[24CFRPart903.79®]

AtPHAAoption,provideabriefoverviewoftheinformationintheAnnualPlan

- 1. SummaryofPolicyorProgramChangesfortheUpcom ingYear:
 CommunityServicerequirementsarereinstated
 EarnedIncomeDisallowance

- 2. CapitalImprovementNeeds

[24CFRPart903.79(g)]

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

- A. X 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? \$ 240,076.00
- C. X Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.
- D. Capital Fund Program Grant Submissions
 - (1) Capital Fund Program 5 -Year Action Plan
The Capital Fund Program 5 -Year Action Plan is provided as Attachment C
 - (2) Capital Fund Program Annual Statement
The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.79(h)]

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

- 1. Yes X 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: <u> (DD/MM/YY)</u>
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 <u> </u> units <input type="checkbox"/> Public housing for <u> </u> units <input type="checkbox"/> Preference for admission to other public <u> </u> housing or section 8 <input type="checkbox"/> Other housing for <u> </u> 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

[24CFRPart903.79(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 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 [24CFRPart903.7(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 this PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

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

- C. Yes No: Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. Yes No: The PHDEP Plan is attached at Attachment _____

- 6. Other Information [24CFRPart903.79@]

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)
- 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 _____.
 - Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of Texas/John L. Garvin, Director
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)

- X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- X 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)
- X Other: (list below)
Will address the need to provide safe, decent and sanitary housing for low income citizens

3. PHA Requests for support from the Consolidated Plan Agency
 Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions
24 CFR Part 903.7

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:
Any change to the Mission Statement; 50% deletion from or addition to the goals and objectives as a whole; and 50% or more decrease in the quantifiable measure of any individual goal and objective.
- B. Significant Amendment or Modification to the Annual Plan: An increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement; Any change in a policy or procedure that requires regulatory 30-day posting.

Attachment A

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in areas on a case-by-case basis in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <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 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 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
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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

PHA Name: Falfurrias Housing Authority	Grant Type and Number Capital Fund Program: TX59P20150103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	80,000.00			
3	1408 Management Improvements	10,000.00			
4	1410 Administration	22,000.00			
5	1411 Audit	5,000.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000.00			
10	1460 Dwelling Structures	48,076.00			
11	1465.1 Dwelling Equipment — Nonexpendable	2,000.00			
12	1470 Nondwelling Structures	40,000.00			
13	1475 Nondwelling Equipment	15,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	240,076.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security	16,800.00			

Annual Statement/Performance and Evaluation Report				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Par			t1: Summary	
PHAName: Falfurrias Housing Authority		Grant Type and Number Capital Fund Program: TX59P20150103 Capital Fund Program Replacement Housing Factor Grant No:		
		Federal FY of Grant: 2003		
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 Related to Energy Conservation Measures			

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

PHAName: Falfurrias Housing Authority		Grant Type and Number Capital Fund Program #: TX59P20150103 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Tx201-1,2,4	Kitchen cabinets, windows, doors	1460		38,076.00				
201,1,2,4	Paint interior and exterior	1460		10,000.00				
201,1,2,4	Refrigerators, Ranges, Water Heaters	1465		2,000.00				
201,1,2,4	Landscaping, Exterior lighting	1450		10,000.00				
201,1,2,4	Operations	1406		80,000.00				
201,1,2,4	Management Improvements/Computer Upgrades, Software, et.	1408		10,000.00				
201,1,2,4	Administration/Salaries to administer CFP, trainings	1410		22,000.00				
201,1,2,4	Fees & Costs	1430		8,000.00				
201,1,2,4	Audit	1411		5,000.00				
201,1,2,4	Non Dwelling Structures/Upgrade Community Centers for Residents Renovate Main Office	1470		40,000.00				
201,1,2,4	Non Dwelling Equipment: Maintenance vehicle maintenance, lawnequipment	1475		15,000.00				

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

PHAName: Falurrias Housing Authority		Grant Type and Number Capital Fund Program #: TX59P20150103 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

CFP5 -YearActionPlan

<input checked="" type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement			
Development Number	DevelopmentName (orindicatePHAwide)		
TX201-1,2,4	PHAWide		
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)	
Operations	24,000.00	2004	
ManagementImprovements	15,000.00	2004	
Administration	22,000.00	2004	
Feesand Costs	15,000.00	2004	
SiteImprovements:Landscaping,fencing	3,000.00	2004	
DwellingStructures:Replaceroofs,replacestoragerooms,painting,replace windows,replacedoors,replacekitchenandbathroomcabinets	82,076.00	2004	
NonDwellingStructures:UpgradecommunityCenterTx201 -1Upgrade WarehouseandCommunityCenters	45,000.00	2004	
NonDwellingEquipment -Mower,weedeaters,lawnequipment	20,000.00	2004	
DwellingEquipment:Nonexpendable,WallHeaters,Refrigerators,Stoves	10,000.00	2004	
Audit	4,000.00	2004	
Operations	25,000.00	2005	
ManagementImprovements	5,000.00	2005	
Administration	20,000.00	2005	
FeesandCosts	15,000.00	2005	
SiteImprovement/Landsc aping	10,000.00	2005	
DwellingUnits/Replaceroofs,replacestoragerooms,paint,replacewindows, replaceddoors,replacekitchenandbathroomcabinets,railings,newflooring	154,145.00	2005	
DwellingEquipment -Nonexpendable,WallHeater,Refrigerators,Stoves	20,000.00	2005	
Non-DwellingStructures:Re -doCommunityCenter(Tx201 -2)	10,000.00	2005	
Audit	3,000.00	2005	
Operations	25,000.00	2006	
ManagementsImprovements	10,000.00	2006	
Administration	20,000.00	2006	
FeesandCosts	15,000.00	2006	
SiteImprovements:Landscaping,fencing,lighting	10,000.00	2006	
DwellingUnits:Replaceroofs, replacestoragerooms,paint,replacewindows, replacefloors,newflooring	149,145.00	2006	
NonDwellingStructures/upgradecommunitycenterTx201 -2,4	20,000.00	2006	
Dwellingequipment/Nonexpendable,Wallheaters,Refrigerators,Stoves,	10,000.00	2006	
Audit	3,000.00	2006	
Operations	25,000.00	2007	
ManagementImprovements	10,000.00	2007	
Administration	20,000.00	2007	
FeesandCosts	15,000.00	2007	
SiteImprovements/Landscaping	10,000.00	2007	
DwellingStructures/Replaceroofs,replacestoragerooms,painting,replace doors,replacekitchenandbathroomfixtures	138,145.00	2007	
NonDwellingStructures/UpgradeCommunityCenterTx201 -4	10,000.00	2007	
DwellingEquipmentRefri gerators,stoves	20,000.00	2007	
NonDwellingEquipmentLawnequipment	10,000.00	2007	
Audit	4,000.00	2007	
Totalestimated5yearplan		1,288,656.00	
SmallPHAPlanUpdatePage 9		form HUD-50075	SmallIPHA (03/2003)

PHAPu blicHousingDrugEliminationProgramPlan

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____
B. Eligibility type (Indicate with an "x") NI _____ N2 _____ R _____
C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

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

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

F. Duration of Program

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

12 Months _____ **18 Months** _____ **24 Months** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs havenot 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						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

FFY ____ 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	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

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 – Reimbursement of Law Enforcement						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDE P Funding	Other Funding (Amount/ Source)	
1.							
2.							
3.							

9115 - Special Initiative						Total PHDEP Funding: \$	
Goal(s)							
Objectives							

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	
1.							
2.							
3.							

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

9120 -SecurityPersonnel						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

9130 -EmploymentofInvestigators						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActiv ities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

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

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

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

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

9180 -DrugTreatment						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

9190 -OtherProgramCosts						TotalPHDEPFunds:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

