

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear:2003

ROYSECITYHOUSINGAUTHORITY

RoyseCity,Texas

**NOTE:THISPHAPLANSTEMPLATE(HUD 50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHAPlan
AgencyIdentification**

PHAName: RoyseCityHousingAuthority

PHANumber: TX247v01

PHAFiscalYearBeginning:(mm/yyyy) 10/03

PHAPlanContactInformation:

Name:VivianHicks

Phone:(972)635 -2933

TDD:

Email(ifavailable):roypha@onlineisp.net

PublicAccessToInformation

Informationregardinganyactivitiesoutlinedinthisplancanbeobtainedbycontacting:(selectallthat apply)

- MainadministrativeofficeofthePHA
- PHAdevelopmentmanagementoffices

DisplayLocationsForPHAPlansandSupportingDocuments

ThePHAPlans(includingattachments)areavailableforpublicinspectionat:(selectallthatapply)

- MainadministrativeofficeofthePHA
- PHAdevelopmentmanagementoffices
- Mainadministrativeofficeofthelocal,countyorStategovernment
- Publiclibrary
- PHAwebsite
- Other(listbelow)

PHAPlanSupportingDocumentsareavailableforinspectionat:(selectallthatapply)

- MainbusinessofficeofthePHA
- PHAdevelopmentmanagementoffices
- Other(listbelow)

PHAProgramsAdministered :

PublicHousingandSection8 Section8Only XXPublicHousingOnly

Annual PHA Plan

Fiscal Year 2003

[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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X	Other (List below, providing each attachment name)	
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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

Optional

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.

Royse City Housing Authority has updated Personnel Policy.
All other policies are current at this time.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

A. Yes: 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? \$ 76,193.00

C. Yes: 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 B

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment C

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

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

1. 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. X 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 PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meetings specified requirements prior to receipt of PHDEP funds.

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

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

C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

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

1. 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) _____ E

3. In what manner did the PHA address those comments? (select all that apply)

The PHA change 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 _____.

XX Other: (list below) Approved plan is.

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 Texas

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

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)

- A. Promote adequate and affordable housing
- B. Promote economic opportunity
- C. Promote a suitable living environment without discrimination.

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.SubstantialDeviationfrom the5 -yearPlan:

SubstantialDeviationfromthe5 -yearPlan:

AnychangetoMissionstatementsuchas:

50%deletionfromoradditiontothegoalsandobjectivesasawhole

50%ormoredecreaseinthequantifiablemeasurementofanyindividualgoalorobje ctive.

Nochangeshavebeenmadeatthistime.

B.SignificantAmendmentorModificationtotheAnnualPlan:

50%varianceinthefundsprojectedintheCapitalFundProgramAnnualStatement.

AnyIncreaseordecreaseover50%inthefundsprojectedin theFinancialResourcestatementand/orthe CapitalFundProgramannualStatement

Anychangeinapolicyorprocedurethatrequiresaregulatory30 -dayposting

AnysubmissiontoHUDthatrequiresaseparatenotificationtoresidents,suchasHopeVI,Public

HousingConversion, Demolition/Disposition, designatedHousingorHomeownershipprograms.

Nochangeshavebeenmadeatthistime.

Attachment A

SupportingDocumentsAvailableforReview

PHAsaretointicatewhichdocumentsareavailableforpublicreviewbyplacingamarkinthe“Applicable&OnDisplay” columnintheappropriaterows.Alllisteddocumentsmustbeondisplayifapplicabletotheprogramactivitiesconductedby thePHA.

ListofSupportingDocumentsAvailableforReview		
Applicable & OnDisplay	SupportingDocument	RelatedPlan Component
X	PHAPlanCertificationsofCompliancewiththePHAPlansand RelatedRegulations	5YearandAnnual Plans
X	State/LocalGovernmentCertificationofConsistencywiththe ConsolidatedPlan	5YearandAnnual Plans
X	FairHousingDocumentationSupportingFairHousing Certifications: RecordsreflectingthatthePHAhasexaminedits programsorproposedprograms,identifiedanyimpedimentstofair housingchoiceinthoseprograms,addressedorisaddressing thoseimpedimentsinareasonablefashioninviewoftheresources available,andworkedorisworkingwithlocaljurisdictionsto implementanyofthejurisdictions’initiativestoaffirmatively furtherfairhousingthatrequirethePHA’sinvolvement.	5YearandAnnual Plans
X	HousingNeedsStatementoftheConsolidatedPlanforthe jurisdiction/sinwhichthePHAislocatedandanyadditional backupdatatosupportstatementofhousingneedsinthe jurisdiction	AnnualPlan: HousingNeeds
X	Mostrecentboard -approvedoperatingbudgetforthepublic housingprogram	AnnualPlan: FinancialResources

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
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
N/A	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
N/A	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 checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	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
N/A	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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
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
N/A	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
N/A	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
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
N/A	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 PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <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)

ATTACHMENT B

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHAName: Royse City Housing Authority	Grant Type and Number TX21P24750103 Capital Fund Program: CFP 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				
3	1408 Management Improvements				
4	1410 Administration	4,430.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13,148.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	1,500.00			
10	1460 Dwelling Structures	41,399.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$60,477.00			
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				
24	Amount of line 20 Related to Energy Conservation Measures				

CapitalFundProgramFive -YearActionPlan

PartI:Summary

PHARoyseCityHousing Authority		<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/HA-Wide	Year1	WorkStatementforYear2 FFYGrant:2004 PHAFY:2004	WorkStatementforYear3 FFYGrant:2005 PHAFY:2005	WorkStatementforYear4 FFYGrant:2006 PHAFY:2006	WorkStatementforYear5 FFYGrant:2007 PHAFY:2007
	Annual Statement				
TX247-001		55,615.00	3,000.00	3,000.00	29,300.00
TX247-002		3,000.00	51,174.00	55,615.00	29,315.00
TX247-HA		17,578.00	22,019.00	17,578.00	17,578.00
CFPFundsListedfor 5-yearplanning		\$76,193.00	\$76,193.00	\$76,193.00	\$76,193.00
ReplacementHousing FactorFunds					

CapitalFundProgramFive -YearActionPlan

PartII:SupportingPages —WorkActivities

Activitiesfor Year1	ActivitiesforYear :2 FFYGrant:2004 PHAFY:2004			ActivitiesforYear:3 FFYGrant:2005 PHAFY:2005		
	Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
See	TX247 -001	Upgradeelectrica l	5,540.00	TX247-001	Refurbishunitsas needed	1,500.00
Annual		InstallnewA/C	40,075.00		Improvementsiteas needed	1,500.00
Statement		Install220voutletinall unitsandathruwall ventforadryer	10,000.00			
TotalCFPEstimatedCost			\$55,615.00			\$3,000.00

CapitalFundProgramFive -YearActionPlan

PartII:SupportingPages —WorkActivities

Activitiesfor Year1	ActivitiesforYear:4 FFYGrant:2006 PHAFY:2006			ActivitiesforYear:5 FFYGrant:2007 PHAFY:2007		
	Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
See	TX247-001	Refurbishunitsas needed	1,500.00	TX247-001	Replace/Repairflooring	14,650.00
Annual		Improvementsiteas needed	1,500.00		Replace/Repairroofing	14,650.00
Statement						
TotalCFPEstimatedCost			\$3,000.00			\$29,300.00

CapitalFundProgramFive -YearActionPlan

PartII:SupportingPages —WorkActivities

Activitiesfor Year1	ActivitiesforYear:4 FFYGrant:2006 PHAFY:2006			ActivitiesforYear:5 FFYGrant:2007 PHAFY:2007		
	Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
See	TX247 -002	InstallnewA/C	25,308.00	TX247 -002	Replace/Repairflooring	14,650.00
Annual		Install220voutletinall unitsand athruwall ventforadryer	5,000.00		Replace/Repairroofing	14,665.00
Statement		Removeexistingkitchen cabinetsintheirentirety, andinstallnewwood cabinetswithplastic laminatetopsandnew stainlesssteelsinks	25,307.00			
	TotalCFPEstimatedCost		\$55,615.00			\$29,315.00

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD50075 -PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

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

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

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

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

F. Duration of Program

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

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

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of

Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD or "W" for waivers.

-approved extensions or waivers. For grant extensions received, place "GE" in column

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 PHDEP 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 -OtherProgramCosts	
TOTALPHDEPFUNDING	

C. PHDEPPlanGoalsandActivities

Inthetablesbelow,provideinformat iononthePHDEPstrategysummarizedabovebybudgetlineitem.Eachgoalandobjectiveshouldbenumberedsequentiallyforeachbudget lineitem(whereapplicable).Useasmanyrowsasnecessarytolistproposedactivities(additionalrowsmaybeinsert edinthetables).PHAsarenotrequiredtoprovide informationinshadedboxes.Informationprovidedmustbeconcise —nottoexceedtwosentencesinanycolumn.TablesforlineitemsinwhichthePHAhasnoplannedgoalsor activitiesmaybedeleted.

9110 –ReimbursementofLawEnforcement					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					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIn dicators
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)	PerformanceIndicators
1.							
2.							
3.							
9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFundi ng (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							
9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							
9140 – VoluntaryTenantPatrol					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							
9150 - PhysicalImprovements					TotalPHDEPFunding:\$		

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

9160 -DrugPrevention	TotalPHDEPFunding:\$
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Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9170 -DrugIntervention	TotalPHDEPFunding:\$
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Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

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

Required Attachment D: Resident Member on the PHA Governing Board

1. Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Michael Horn

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

- Elected
 Appointed

C. The term of appointment is (include the date term expires): 2 Year Term - October 2002
Until October 2004

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

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis
 the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
 Other (explain):

B. Date of next term expiration of a governing board member: October 2004

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

Mayor, Jimmie Melody

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.)

May 2003

Michael Horne
Harriet Frazier
Geneva Hannon
Genda Mack

Approved plan as is.

ATTACHMENT F: Deconcentration and Income Mixing

In accordance with the final rule 903(2)(b)(2) exempts “public housing developments operated by PHAs with fewer than 100 public housing units”.

ATTACHMENTG:VOLUNTARYCONVERSIONINITIALASSESSMENTS

- A. HowmanyofthePHA’sdevelopmentsaresubjecttotheRequiredInitial Assessments.Project001&002
- B. HowmanyofthePHA’sdevelopmentsarenotsubjecttotheRequiredInitial Assessmentsbasedonexemptions(e.g.,elderlyand/ordisableddevelopmentsnot generaloccupancyprojects)?Allgeneraloccupancy
- C. HowmanyAssessmen tswereconductedforthePHA’scovereddevelopments? One“CHAS”report
- D. IdentifyPHAdevelopmentsthatmaybeappropriateforconversionbasedonthe RequiredInitialAssessments:

NONE

DevelopmentName	NumberofUnits

- E. IfthePHAhasnotcompletedtheRequiredInitialAssessments,describethestatusof theseassessments.

Conversionatthistimewouldhaveadverseaffectontheavailabilityofaffordable housinginourcommunityatthistime.

**ATTACHMENTHAnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary**

PHAName:RoyseCityHousingAuthority	GrantTypeandNumberTX21P24750102 CapitalFundProgram: CFP CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2002
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OriginalAnnualStatement ReserveforDisasters/Emergencies RevisedAnnualStatement(revisionno: 1)
 PerformanceandEvaluationReportforPeriodEnding: 3/31/03 FinalPerformanceandEvaluationReport

Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		Total ActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration	4,430.00		4,430.0	
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	13,148.00		13,148.00	2,475.00
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	58,615.00		58,615.00	9,256.00
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipme nt				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$76,193.00		\$76,193.00	\$11,731.00
21	Amountofline20RelatedtoLBPActivities				
22	Amountofline20RelatedtoSection504Compliance				
23	Amountofline20RelatedtoSecurity				
24	Amountofline20RelatedtoEnergyConservation Measures				

ATTACHMENTH

AnnualStatement/PerformanceandEvaluationReport

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

PartII:SupportingPages

PHAName:RoyseCityHousingAuthority		GrantTypeandNu mber CapitalFundProgram#: TX21P24750102 CapitalFundProgramReplacementHousing Factor#:			FederalFYofGrant: 2002			
DevelopmentNumber Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX247-001								
247-001-1	Repairfoundation	1460	2bldgs	12,817.00		12,817.00		
247-001-2	Replaceall existinggutterswithnew	1460		10,920.00		10,920.00	9,256.00	
	SUBTOTAL	1460		\$23,737.00		\$23,737.00	\$9,256.00	
	TX247-001TOTAL			\$23,737.00		\$23,737.00	\$9,256.00	

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

PHAName:RoyseCityHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P24750102 CapitalFundProgramReplacementHousing Factor#:			FederalFYofGrant: 2002			
DevelopmentNumber Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX247-002								
247-002-1	Repairfoundation	1460	4bldgs	25,622.00		25,622.00		
247-002-2	Replaceroofsincludingdecking	1460	2bldgs	9,256.00		9,256.00		
	SUBTOTAL	1460		\$34,878.00		\$34,878.00		
	TX247-002TOTAL			\$34,878.00		\$34,878.00		

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

PHAName:RoyselCityHousingAuthority		GrantTypeandN umber CapitalFundProgram#: TX21P24750102 CapitalFundProgramReplacementHousing Factor#:			FederalFYofGrant: 2002			
DevelopmentNumber Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo .	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX247-HA								
247-HA-1	Hireparttimehelp	1410		3,430.00		3,430.00		
247-HA-2	Sundryitems	1410		1,000.00		1,000.00		
	SUBTOTAL	1410		\$4,430.00		\$4,430.00		
247-HA-3	Hireanarchitect	1430		9,604.00		9,604.00		
247-HA-4	Hireaninspector	1430		2,744.00		2,744.00	2,475.00	
247-HA-5	Fundsforreproductionofprints	1430		800.00		800.00		
	SUBTOTAL	1430		\$13,148.00		\$13,148.00	\$2,475.00	
	HAWIDENEEDSTOTAL			\$17,578.00		\$17,578.00	\$2,475.00	

ATTACHMENTH
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFund ProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

PHAName:RoyseCityHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P24750102 CapitalFundProgramReplacementHousingFactor#:				FederalFYofGrant: 2002	
DevelopmentNumber Name/HA-WideActivities	AllFundObligated (QuartEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
TX247-001	9/29/04		10/31/02	9/29/05			

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

PHAName: Royse City Housing Authority	Grant Type and Number TX21P24750101 Capital Fund Program: CFP Capital Fund Program 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: 3/31/03
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	2,000.00		2,000.00	
4	1410 Administration	4,430.00		4,430.00	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13,148.00		13,148.00	
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	57,540.00		57,540.00	134.23
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment	5,000.00		5,000.00	929.00
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)	\$82,118.00		\$82,118.00	\$1,063.23
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHAName: RoyselCityHousingAuthority		Grant Type and Number Capital Fund Program#: TX21P24750101 Capital Fund Program Replacement Housing Factor#:			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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX247-HA								
247-HA-1	Upgrade computers software	1408		2,000.00		2,000.00		
	SUBTOTAL	1408		\$2,000.00		\$2,000.00		
247-HA-2	Hire part time help	1410		3,430.00		3,430.00		
247-HA-3	Provide funds for sundry items	1410		1,000.00		1,000.00		
	SUBTOTAL	1410		\$4,430.00		\$4,430.00		
247-HA-4	Hire an architect to develop plans and specifications	1430		9,604.00		9,604.00		
247-HA-5	Hire an on site inspector	1430		2,744.00		2,744.00		
247-HA-6	Provide funds for reproduction	1430		800.00		800.00		
	SUBTOTAL	1430		\$13,148.00		\$13,148.00		
247-HA-7	Purchase a computer and printer	1475		5,000.00		5,000.00	929.00	
	SUBTOTAL	1475		\$5,000.00		\$5,000.00	\$929.00	
	HAWIDENEEDSTOTAL			\$24,578.00		\$24,578.00	\$929.00	

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

PHAName: Royse City Housing Authority		Grant Type and Number Capital Fund Program#: TX21P24750101 Capital Fund Program Replacement Housing Factor#:					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	
TX247	9/30/03		12/31/01	9/30/04			

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

PHA Name: Royse City Housing Authority	Grant Type and Number TX21P24750100 Capital Fund Program: CFP Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 3/31/03
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	16,000.00		16,000.00	
4	1410 Administration	3,430.00		3,430.00	694.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,948.00		12,948.00	10,204.20
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000.00		10,000.00	
10	1460 Dwelling Structures	38,141.00		38,141.00	36,018.86
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$80,519.00		\$80,519.00	\$46,917.06
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHAName:RoyselCityHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P24750100 CapitalFundProgramReplacement HousingFactor#:			FederalFYofGrant: 2000			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev. AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
247-HA-1	Providefundsforsecurity	1408		13,000.00		13,000.00		
247-HA-2	Hireaconsultanttoassistwithplan	1408		3,000.00		3,000.00		
	SUBTOTAL	1408		\$16,000.00		\$16,000.00		
247-HA-3	HousingAuthorityneedsparttimehelp duringtheCIAPincludingnontechnical help	1410		3,430.00		3,430.00	694.00	
247-HA-4	HousingAuthorityneedssundryfunds	1410		0.00		0.00	0.00	
	SUBTOTAL	1410		\$3,430.00		\$3,430.00	\$694.00	
247-HA-5	HousingAuthorityneedsanon -site inspectortomonitorworkinprogress	1430		2,744.00		2,744.00	1,921.00	
247-HA-6	HousingAuthorityneeds Architect/Engineertodevelopdrawings andspecifications	1430		9,604.00		9,604.00	7,683.20	
247-HA-7	Providefundsforreproduction	1430		600.00		600.00	600.00	
	SUBTOTAL	1430		\$12,948.00		\$12,948.00	\$10,204.20	
247-HA-8	Replaceexistingsewercapsthroughoutthe sites.	1450		10,000.00		10,000.00		
	SUBTOTAL	1450		\$10,000.00		\$10,000.00		
	HAWIDENEEDSTOTAL			\$42,378.00		\$42,378.00	\$10,898.20	

**ATTACHMENTHAnnualStatement/PerformanceandEvaluationReport
 CapitalFundProgramandCapitalFundProgramReplaceme ntHousingFactor(CFP/CFPRHF)
 PartIII:ImplementationSchedule**

PHAName:RoyseCityHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P24750100 CapitalFundProgramReplacementHousingFactor#:				FederalFYo fGrant: 2000	
DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuartEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
TX247	9/30/02		6/30/02	9/30/03			