

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear:2003

ATLANTAHOUSINGAUTHORITY

Atlanta,Texas

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

**PHAPlan
AgencyIdentification**

PHAName: AtlantaHousingAuthority

PHANumber: TX531v01

PHAFiscalYearBeginning:(mm/yyyy) 09/03

PHAPlanContactInformation:

Name:StellaWashington

Phone:903/796 -5065

TDD:

Email(ifavailable):atltxha@aol.com

PublicAccessToInformation

Informationregardinganyactivitiesoutlinedinthisplancanbeobtainedbycontacting:(selectallthat apply)

- Mainadministrative officeofthePHA
- PHAdevelopmentmanagementoffices

DisplayLocationsForPHAPlansandSupportingDocuments

ThePHAPlans(includingattachments)areavailableforpublicinspectionat:(selectallthatapply)

- Mainadministrativeof ficeofthePHA
- PHAdevelopmentmanagementoffices
- Mainadministrativeofficeofthelocal,countyorStategovernment
- Publiclibrary
- PHAwebsite
- Other(listbelow)

PHAPlanSupportingDocumentsareavailableforinspectionat:(selectallthatapply)

- MainbusinessofficeofthePHA
- PHAdevelopmentmanagementoffices
- Other(listbelow)

PHAProgramsAdministered :

PublicHousingandSec tion8 Section8Only PublicHousingOnly

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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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.

Atlanta Housing Authority has updated its Personal Policy, Income Limits and re-evaluated Flat Rents. Also no follow-up plan is required. REAC – all safety issues were corrected within twenty-four hours.

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? \$ 157,885.00
- 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 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: PHDE P Plan

[24CFR Part 903.7(m)]

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

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

2. If yes, the comments are attached as Attachment (_____ Filename)

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: (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. Substantial Deviation from the 5-year Plan:

Substantial Deviation from the 5 -year Plan:

Any change to Mission statements such as:

50% deletion from or addition to the goals and objectives as a whole

50% or more decrease in the quantifiable measurement of any individual goal or objective.

5-year plan has been revised – work items 2004 & 2005 has been completed 2000, 2001, 2002.

Roofs need to be replaced and has been included in the 2005 CFP

B. Significant Amendment or Modification to the Annual Plan:

50% variance in the funds projected in the Capital Fund Program Annual Statement.

Any 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 a regulatory 30 -day posting

Any submission to HUD that requires a separate notification to residents, such as Hope VI, Public Housing Conversion, Demolition/Disposition, designated Housing or Homeownership programs.

2000, 2001, 2002 are scheduled & due to low construction were able to move work items in 2004 and 2005 forward.

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	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
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
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 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
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
N/A	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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
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
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, PIH 99 -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 the need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) ; check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

ATTACHMENT B

Annual Statement/Performance and Evaluation Report

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

PHAName: Atlanta Housing Authority	Grant Type and Number TX21P53150103 Capital Fund Program: CFP Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
------------------------------------	--	------------------------------

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	4,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,365.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	128,520.00			
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)	\$157,885.00			
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				

ATTACHMENT B

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement

Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHAName: Atlanta Housing Authority		Grant Type and Number Capital Fund Program#: TX21P53150103 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	
TX531-001								
531-001-1	Replace tub & surround including plumbing and provide access to plumbing.	1460	42 units site AA, and 16 units, site AB	113,520.00				
531-001-2	Make units ready to rent	1460		15,000.00				
	SUBTOTAL	1460		\$128,520.00				
	TX531-001 TOTAL			\$128,520.00				

ATTACHMENT B

Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages

PHAName: Atlanta Housing Authority		Grant Type and Number Capital Fund Program#: TX21P53150103 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	
TX531-HA								
531-HA-1	Hire a part time help	1410		2,000.00				
531-HA-2	Provide funds for sundry items	1410		2,000.00				
	SUBTOTAL	1410		\$4,000.00				
531-HA-3	Hire a consultant to assist with annual plan	1430		5,500.00				
531-HA-4	Provide funds for inspector	1430		5,000.00				
531-HA-5	Hire an architect to develop plans and specifications	1430		13,865.00				
531-HA-6	Provide funds for reproduction of prints	1430		1,000.00				
	SUBTOTAL	1430		\$25,365.00				
	HAWIDENEEDSTOTAL			\$29,365.00				

Capital Fund Program Five - Year Action Plan

Part I: Summary

PHA Atlanta Housing Authority		<input checked="" type="checkbox"/> Original 5 - Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHAFY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHAFY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHAFY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHAFY: 2007
	Annual Statement				
TX531-001		128,520.00	128,520.00	128,520.00	128,520.00
TX531-HA		29,365.00	29,365.00	29,365.00	29,365.00
CFP Funds Listed for 5-year planning		\$157,885.00	\$157,885.00	\$157,885.00	\$157,885.00
Replacement Housing Factor Funds					

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						
Annual	TX531-001	Replacemetalroofing (SitesAA,AB&AC)	128,520.00	TX531-001	RemodelOffice	20,000.00
Statement					Correctfoundations	108,520.00
	TotalCFPEstimatedCost		\$128,520.00			\$128,520.00

PHA Public Housing using Drug Elimination Program Plan

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") **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. PHDEPProgramHistory

Indicate each FY that funding has been received under the PHDEPP 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 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 -EmploymentofInvestigators	
9140 -VoluntaryTenantPatrol	
9150 -PhysicalImprovements	
9160 -DrugPrevention	
9170 -DrugIntervention	
9180 -DrugTreatment	
9190 -OtherProgramCosts	
TOTALPHDEPFUNDING	

C. PHDEPPlanGoalsandActivities

Inthetablesbelow,provideinformationonthePHDEPstrategysummarizedabovebybudgetlineitem.Eachgoalandobjectiveshouldbenumberedsequentiallyforeachbudget lineitem(whereapplicable).Useasmanyrowsasnecessarytolistproposedactivities(additionalrowsmaybeinsertedinthetables).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)	PerformanceIndicators
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	OtherFunding (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:\$
-----------------------------	-----------------------------

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	TotalPHDEP Funding:\$
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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 Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -Other ProgramCosts					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:

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

Elected

Appointed

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

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

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain): PHA is aware of state law (392.031) as well as 24 CFR part 964. PHA did contact residents in writing requesting them to notify the office if they were interested in representing the residents. PHA also contacted Mayor, Kay Phillips, of Atlanta, in writing asking for her help.

B. Date of next term expiration of a governing board member: **October 2003**

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

Mayor, Kay Phillips

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.)

The Atlanta Housing Authority falls within the Federal Register 24 CFR 903 Guidelines. Residents were notified requesting volunteers to participate as Resident Advisory Board members in the development plan. We received no response to this request. The Housing Authority had made the proposed plan and all information relevant to the public hearing available to the public and residents for inspection at least 45 days before the hearing. A notice was published as to when the hearing would be held and invited resident and public comment. The Housing Authority conducted the hearing, no residents or members of the community attended. The Governing Board of Directors approved the 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 a PHA with fewer than 100 public housing units”.

ATTACHMENTG:VOLUNTARYCONVERSIONINITIALASSESSMENTS

- A. HowmanyofthePHA’sdevelopmentsaresubjecttotheRequiredInitial Assessments. Project001
- B. HowmanyofthePHA’sdevelopmentsarenotsubjecttotheRequiredInitial Assessmentsbasedonexempt ions(e.g.,elderlyand/ordisableddevelopmentsnot generaloccupancyprojects)? Allgeneraloccupancy
- C. HowmanyAssessmentswereconductedforthePHA’scovereddevelopments?
Onebasedonthe“CHAS”Report

- D. IdentifyPHAdependments thatmay beappropriateforconversionbasedonthe RequiredInitialAssessments:
NONE

DevelopmentName	NumberofUnits

- E. IfthePHAhasnotcompletedtheRequiredInitialAssessments,describethestatusof theseassessments .

Conversionatthistimewouldhaveadverseaffectontheavailabilityofaffordable housinginourcommunityatthistime.

**ATTACHMENTHAnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacement HousingFactor(CFP/CFPRHF)Part1:Summary**

PHAName:AtlantaHousingAuthority	GrantTypeandNumberTX21P53150102 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		TotalActualCost	
		Original	Revised	Obligated	Expended
1	TotalNon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements	2,500.00		2,500.00	2,500.00
4	1410Administration	4,000.00		3,500.00	
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	20,209.00		14,209.00	
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	131,176.00			
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$157,885.00		\$20,209.00	\$2,500.00
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504Compliance				
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20RelatedtoEnergyConservation Measures				

ATTACHMENTH
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousing **Factor(CFP/CFPRHF)**
PartII:SupportingPages

PHAName:AtlantaHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P53150102 CapitalFundProgramReplacementHousing Factor#:			FederalFYofGrant: 2002			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX531-HA								
531-HA-1	Hireaconsultanttoassistwith annualplan	1408		2,500.00		2,500.00	2,500.00	
	SUBTOTAL	1408		\$2,500.00		\$2,500.00	\$2,500.00	
531-HA-2	Hireparttimehelp	1410		2,000.00		2,000.00		
531-HA-3	Providefundsfor sundryitems	1410		2,000.00		1,500.00		
	SUBTOTAL	1410		\$4,000.00		\$3,500.00		
531-HA-4	Providefundsforinspector	1430		5,000.00				
531-HA-5	Hireanarchitecttodevelopplans andspecifications	1430		14,209.00		14,209.00		
531-HA-6	Providefundsforreproductionof prints	1430		1,000.00				
	SUBTOTAL	1430		\$20,209.00		\$14,209.00		
	HAWIDENEEDSTOTAL			\$26,709.00		\$20,209.00	\$2,500.00	

ATTACHMENTH
AnnualStatement/PerformanceandEvaluationReport
CapitalFundPrograma ndCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

PHAName:AtlantaHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P53150102 CapitalFundProgramReplacementHousingFactor#:				FederalFYofGrant: 2002	
DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuartEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
TX531-001	9/30/04			9/30/05			

**ATTACHMENTHAnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramR eplacementHousingFactor(CFP/CFPRHF)Part1:Summary**

PHAName:AtlantaHousingAuthority	GrantTypeandNumberTX21P53150101 CapitalFundProgram: CFP CapitalFundProgramReplacementHousingFactorGrantNo:	FederalFYofGrant: 2001
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OriginalAnnualStatement
 ReserveforDisasters/Emergencies
 RevisedAnnualStatement(revisionno: 1)

PerformanceandEvaluationReportforPeriodEnding: 3/31/03
 FinalPerformanceandEvaluationReport

Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408Managem entImprovements				
4	1410Administration	3,400.00		3,400.00	
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	23,780.00		23,780.00	15,102.33
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	129,102.00		129,102.00	
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment	5,100.00		5,100.00	
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts	8,495.00		8,495.00	
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$169,877.00		\$169,877.00	\$15,102.33
21	Amountofline20RelatedtoLBPActivities				
22	Amountofline20RelatedtoSection504Compliance				
23	Amountofline20RelatedtoSecurity				
24	Amountofline20RelatedtoEnergyConservation Measures				

**ATTACHMENTHAnnualStatement/PerformanceandEvaluationReport
 CapitalFundProgra mandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
 PartII:SupportingPages**

PHAName:AtlantaHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P53150101 CapitalFundProgramReplac ement HousingFactor#:			FederalFYofGrant: 2001			
Development Number Name/HA-WideActivities	GeneralDescriptionofMajorWorkCategories	Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX531-HA								
531-HA-1	Sundryfundforadvertisementandcapitalfund relatedtravel	1410		3,400.00		3,400.00		
	SUBTOTAL	1410		\$3,400.00		\$3,400.00		
531-HA-2	HousingAuthority needsArchitect/Engineerto developdrawingsandspecifications,carryout bidprocurement,administercontractandmake onsiteobservationofworkinprogress	1430		17,359.00		17,359.00	15,102.33	
531-HA-3	HousingAuthorityneedsonsiteinspectorto monitorworkinprogress	1430		4,756.00		4,756.00		
531-HA-4	Reproductionofprints	1430		1,665.00		1,665.00		
	SUBTOTAL	1430		\$23,780.00		\$23,780.00		
531-HA-5	Removeexistingflooringandinstallnew(16 units)	1460		74,450.00		40,450.00		
531-HA-6	Removeexistingkitchencabinets,countertops, sinkandtrim.InstallnewALLWOODcabinets, culturedmarbletop,stainlesssinkandtrim(16 units)	1460		35,102.00		35,102.00		
531-HA-7	Removeexistingbathroomcabinetslavatories andtrim.Rep lacewithnewALLWOOD cabinets,culturedlavatorytopandtrim(16units)	1460		19,550.00		19,550.00		
531-HA-8	ReplaceexistingwindowswithnewThermoPane	1460		0.00		34,000.00		
	SUBTOTAL	1460		\$129,102.00		\$129,102.00		

ATTACHMENTHAnnualStatement/PerformanceandEvaluationReport
CapitalFundProgra mandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartII:SupportingPages

PHAName:AtlantaHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P53150101 CapitalFundProgramReplac ement HousingFactor#:			FederalFYofGrant: 2001			
Development Number Name/HA- WideActiv ities	GeneralDescriptionofMajorWorkCategories	Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
531-HA-9	Non-dwellingequipment	1475		5,100.00		5,100.00		
	SUBTOTAL	1475		\$5,100.00		\$5,100.00		
531-HA-10	Relocationcosts	1495		8,495.00		8,495.00		
	SUBTOTAL	1495		\$8,495.00		\$8,495.00		
	HAWIDENEEDSTOTAL			\$169,877.00		\$169,877.00	\$15,102.33	

ATTACHMENTH
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

PHAName:AtlantaHousingAuthority		GrantT ypeandNumber CapitalFundProgram#: TX21P53150101 CapitalFundProgramReplacementHousingFactor#:					FederalFYofGrant: 2001
DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuartEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
TX531	9/30/03		8/26/03	9/30/04			

CIAP BUDGET/Progress Report

PART I: Summary

Comprehensive Improvement Assistance Program (CIAP)

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

OMB Approval No. 2577 -004

Public Reporting Burden for this collection of information is estimated to average 12.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and the Office of Management and Budget, Paperwork Reduction Project (2577-0044), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

HANA me Atlanta Housing Authority	Modernization Project Number TX21P53150100	FFY of Grant Approval 2000
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Original CIAP Budget
 Revised CIAP Budget/Revision Number 1
 Progress Report for Period Ending 3/31/03
 Final Progress Report

Line No.	Summary by Development Account	Total Funds Approved		Total Funds	
		Original	Revised	Obligated	Expended
1	Total Non -CIAP Funds				
2	1408 Management Improvements				
3	1410 Administration		1,665.00		1,665.00
4	1415 Liquidated Damages				
5	1430 Fees and Costs		23,300.00		23,300.00
6	1440 Site Acquisition				
7	1450 Site Improvements				
8	1460 Dwelling Structures		128,201.00		128,201.00
9	1465.1 Dwelling Equipment -Nonexpendable				
10	1470 Nondwelling Structures				
11	1475 Nondwelling Equipment		5,000.00		5,000.00
12	1495.1 Relocation Cost		8,325.00		8,325.00
13	Amount of CIAP Grant (Sum of lines 2 -12)		\$166,491.00		\$166,491.00
14	Amount of line Related to LBPA Testing				
15	Amount of line 13 Related to LBPA Abatement				
16	Amount of line 13 Related to Section 504 Compliance				

Development Number	DescriptionofWorkItems	Development Account Number	FundsApproved			Funds Obligated	Funds Expended
			Original	Revised	Difference		
531-HA-1	SundryfundsforadvertismentandCapitalfundrelated traveling	1410	1,665.00			1,665.00	
	SUBTOTAL	1410	\$1,665.00			\$1,665.00	
531-HA-2	HousingAuthorityneedArchitect/Engineertodevelop drawingsandspecifications,carryoutbidprocurement, administercontractandmakeonsiteobservationofworkin progress	1430	17,000.00			17,000.00	15,470.00
531-HA-3	HousingAuthorityneedsonsiteinsp ectortomonitorwork inprogress	1430	4,650.00			4,650.00	1,004.46
531-HA-4	Reproductions	1430	1,650.00			1,650.00	763.98
	SUBTOTAL	1430	\$23,300.00			\$23,300.00	\$17,238.44
531-HA-5	Removeexistingflooring.Installnew.	1460	44,000.00			44,000.00	16,983.00
531-HA-6	Removeexistingkitchencabinet,countertop,sinkandtrim. ReplacewithALLWOODcabinet,culturedmarbletop, stainlesssteelsink&trim(22units)	1460	35,376.00			35,376.00	29,488.57
531-HA-7	Removeexistingwallhunglavatories.Ins tallallwood cabinets,culturemarbletopandlavatory&trim(21units)	1460	4,825.00			4,825.00	
531-HA-8	ReplaceexistingwindowswithnewThermoPane	1460	44,000.00			44,000.00	12,035.07
	SUBTOTAL	1460	\$128,201.00			\$128,201.00	\$55,506.64
531-HA-9	Nondwellingequipment	1475	5,000.00			5,000.00	
	SUBTOTAL	1475	\$5,000.00			\$5,000.00	
531-HA-10	Relocationcost	1495	8,325.00			8,325.00	751.09
	SUBTOTAL	1495	\$8,325.00			\$8,325.00	\$751.09
	HAWIDENEEDSTOTAL		\$166,491.00			\$166,491.00	\$76,496.17

CIAPBUDGET/ProgressReport
PARTIII: ImplementationSchedule
 ComprehensiveImprovementAssistanceProgram(CIAP)

U.S.DepartmentofHousing
 andUrbanDevelopment
 OfficeofPublicandIndianHousing

Development Number	FirstArchitect/EngineerContractAwarded			AllFundsObligated			AllFundsExpended		
	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual
TX531-001			N/A	9/30/02		5/24/02	9/30/03		