

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

---

SmallPHAPlanUpdate  
AnnualPlanforFiscalYear: **2003**

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

**PHA Plan  
Agency Identification**

**PHAName:** SpringfieldHousingAuthority

**PHANumber:** VT004

**PHAFiscalYearBeginning:(mm/yyyy)** 10/2003

**PHA Plan Contact Information:**

Name: William F. Morlock, III

Phone: 802 -885-4905

TDD: 802 -885-4905

Email(if available): bmsa@vermontel.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

FiscalYear20 03

[24CFRPart903.7]

## i.TableofContents

ProvideatableofcontentsforthePlan ,includingattachments,andalistofsupportingdocumentsavailablefor publicinspection . ForAttachments,indicatewhichattachmentsareprovidedbyselectingallthatapply.Providethe attachment'sname(A,B,etc.)inthespacetotheleftofthenameoftheattachment.Iftheattachmentisprovidedasa **SEPARATE**filesubmissionfromthePHAPPlansfile,providethefilenameinparenthesisinthespacetothe right ofthetitle.

<b>Contents</b>	<u>Page#</u>
<b>AnnualPlan</b>	
i. ExecutiveSummary(optional)	1
ii. AnnualPlanInformation	1
iii. TableofContents	1
1. DescriptionofPolicyandProgramChangesfortheUpcomingFiscalYear	2
2. CapitalImprovementNeeds	5
3. DemolitionandDisposition	2
4. Homeownership:VoucherHomeownershipProgram	3
5. CrimeandSafety:PHDEPPlan	N/A
6. OtherInformation:	
A. ResidentAdvisoryBoardConsultationProcess	4
B. StatementofConsistencywithConsolidatedPlan	5
C. CriteriaforSubstantialDeviationsandSignificantAmendments	5
<b>Attachments</b>	
<input checked="" type="checkbox"/> AttachmentA:SupportingDocumentsAvailableforReview	
<input checked="" type="checkbox"/> AttachmentB:CapitalFundProgramAnnualStatement	
<input checked="" type="checkbox"/> AttachmentC:CapitalFundProgram5YearActionPlan	
<input type="checkbox"/> Attachment__:CapitalFundProgramReplacementHousingFactor AnnualStatement	
<input type="checkbox"/> Attachment__:PublicHousingDrugEliminationProgram(PHDEP)Plan	
<input checked="" type="checkbox"/> AttachmentD:ResidentMembershiponPHABoardorGoverningBody	
<input checked="" type="checkbox"/> AttachmentE:MembershipofResidentAdvisoryBoardorBoards	
<input checked="" type="checkbox"/> AttachmentE:CommentsofResidentAdvisoryBoardorBoards& ExplanationofPHAResponse(mustbeattachedifnotincludedinPHA Plantext)	
<input checked="" type="checkbox"/> Other(Listbelow,providingeachattachmentname) <u>CommentsfromPublicHearing –AttachmentE</u>	

## ii.ExecutiveSummary

[24CFRPart903.79(r)]

AtPHAoption,provideabriefoverviewoftheinformationintheAnnualPlan

The Springfield Housing Authority (SHA) does not have any substantial deviation to its five -year plan or its policies. The SHA continues to be ranked as a high performer by HUD with a 98 on its last PHAS score. The four indicators that comprise that score were all above 90. On May 30, 2003, HUD finally issued the SHA SEMAP score. The SHA's score was 96%, which made it a high performer for the Section 8 program. The lease -up rate for the past year was 95.63%. This fell short of the SHA goal of 98%. Furthermore, the SHA plans to have at least one family participating in its Section 8 Homeownership program.

### **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.

**None**

### **2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 200,000 (est.)

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

D. Capital Fund Program Grant Submissions

#### **(1) Capital Fund Program 5 -Year Action Plan**

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

#### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

### **3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

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

1. Yes  No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

<b>Demolition/Disposition Activity Description</b> (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

**4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

A.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

**B.CapacityofthePHAtoAdministeraSection8HomeownershipProgram**

ThePHAhasdemonstrateditscapacitytoadministertheprogramby(selectallthatapply):

Establishingaminimumhomeownerdownpaymentrequirementofatleast3percent andrequiringthatatleast1percentofthedownpaymentcomesfromthefamily’s resources

Requiringthatfinancingforpurchaseofahomeunderitssection8homeownership willbeprovided,insuredorguaranteedbythestateorFederalgovernment;comply withsecondarymortgagemarketunderwritingrequirements;orcomplywithgenerally acceptedprivatesectorunderwritingstandards

Demonstratingthatithasorwillacquireotherrelevantexperience(listPHA experience,oranyotherorganizationtobeinvolvedanditsexperience,below):

**5.SafetyandCrimePrevention:PHDEP Plan**

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmayskiptothenextcomponentPHAseligibleforPHDEPfundsmustprovidea PHDEPPlanmeetingspecifiedrequirementspriortoreceiptofPHDEPfunds.

A.  Yes  No: IsthePHA eligibletoparticipateinthePHDEPinthefiscalyearcoveredby thisPHAPlan?

B. WhatistheamountofthePHA’sestimatedoractual(ifknown)PHDEPgrantforthe upcomingyear? \$ \_\_\_\_\_

C.  Yes  No DoesthePHA plantoparticipateinthePHDEPintheupcomingyear?If yes,answerquestionD.Ifno,skiptonextcomponent.

D.  Yes  No: ThePHDEPPlanisattachedatAttachment \_\_\_\_\_

**6.OtherInformation**

[24CFRPart903.79 (r)]

**A. ResidentAdvisoryBoard(RAB)RecommendationsandPHAResponse**

1.  Yes  No: DidthePHAreceiveanycommentsonthePHAPlanfromtheResident AdvisoryBoard/s?

2. Ifyes,thecommentsareAttachedatAttachments(Filename) **E&F**

3. InwhatmannerdidthePHAaddressthosecomments?(selectallthatapply)

ThePHAchangedportionsofthePHAPlaninresponsecomments Alistofthesechangesisincluded

Yes  No: below r

Yes  No: attheendoftheRABCommentsinAttachments **E&F**.

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) Vermont

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Yes  No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

## C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

24CFR 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:

Any reduction in a development or in a program of greater than 25% of the units, or 25% of the residents served, which was not necessitated by a funding reduction over which the Authority had

no power, will be considered a substantial deviation. As well as, a change in the Capital Fund Program (CFP) which shifted greater than 50% of the total annual funding from a single CFPL line item to another, or from CFP to another program, such as Operating. In addition, applications for new program funding and initiation of a new program not included in the five-year plan will not be considered a substantial deviation.

**Given this definition the SHA has no substantial deviations from its five-year plan.**

**B. Significant Amendment or Modification to the Annual Plan:**

A significant amendment or modification to the Annual Plan will be when a budget revision in a program causes a shifting of over 50% of the funding (unless it is necessitated by a HUD funding shift). In other words, budget revisions entailing less than 50% of the total budget, or the addition of a new program of less than 50% of the total previous budget, will not be considered a significant amendment or modification.

**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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certification 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 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
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
	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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Schedule of flat rents offered 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
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 checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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
X	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program (section 21 of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	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
	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
	<p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· 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);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· 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.</li> </ul>	Annual Plan: Safety and Crime Prevention
	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p><input type="checkbox"/> check here if included in the public housing A&amp;O Policy</p>	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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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				
PHAName:		Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<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			





## Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 - Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Totalestimatedcostovernext5years</b>		

# PHA Public Housing 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. This 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 PHDEP funding allocated to each line item.

<b>FFY _____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
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	
<b>TOTAL PHDEP FUNDING</b>	

**C. PHDEP Plan Goals and Activities**

In the table 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 (add 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.

<b>9110 – Reimbursement of Law Enforcement</b>		<b>Total PHDEP Funding: \$</b>
Goal(s)		
Objectives		

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

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

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

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

<b>9130 –EmploymentofInvestigators</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

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

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

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators

1.							
2.							
3.							

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

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

<b>9190 -OtherProgramCosts</b>					<b>TotalPHDEPFunds:\$</b>		
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: **Beverly Corey**

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): **04/2003 -03/2008**

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:

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

## **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.)

Beverly Lique – Huber Building  
Tommy Wentzell – Huber Building  
Virginia Wornick – Huber Building  
Beverly Corey – Whitcomb Building  
Gert Beaudry – Whitcomb Building  
Beverly Abbott – Whitcomb Building

### **Comments from RAB Meetings**

#### **3/26/03 Meeting with the Huber Building's RAB:**

Comment: Would like to add three things to the capital budget – first, fence on the north side of the property; second, camera in the laundry room; and third, additional parking spaces.

Response: All these ideas will be added to the capital plan for the Board's review.

#### **3/27/03 Meeting with the Whitcomb Building's RAB:**

Comments: None

#### **The Public Hearing held on 6/5/03:**

Comments: None

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName:</b> Springfield Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: VT36-P004-501-01 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2003 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements soft costs	0.00	0.00	0.00	0.00
4	1410 Administration	0.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	9,990.00	10,897.50	10,897.50	10,897.50
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	155,097.00	124,923.82	124,923.82	124,923.82
11	1465.1 Dwelling Equipment — Nonexpendable	38,503.00	74,409.68	74,409.68	38,503.00
12	1470 Non dwelling Structures	0.00	0.00	0.00	0.00
13	1475 Non dwelling Equipment	6,641.00	0.00		
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 -20)	210,231.00	210,231.00	210,231.00	174,324.32
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security — Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security — Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

PHAName: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: VT36-P004-501-01 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development No. 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	
VT4 -1	Replace exterior doors;(2)exit doors, (2)maint.doubled doors,not the front or rear doors.	1460		11,765.00	11,765.00	11,765.00	11,765.00	
VT4 -1	Replace stoves and refrigerators	1465.1		17,501.00	17,501.00	17,501.00	17,501.00	Completed
VT4 -1	Insulate the over the entrance driveway or possible carpet floor above (2) apts.	1460		9,000.00	0.00	0.00	0.00	
VT4 -1	Install cove base in apartments	1460		8,475.00	8,475.00	8,475.00	8,475.00	
VT4 -1	Install emerg door latch release, apt dtrs	1460		21,346.00	21,346.00	21,346.00	21,346.00	
VT4 -1	Replace exterior window panels	1460		45,000.00	24,000.00	24,000.00	24,000.00	
VT4 -2	Additional funds needed to complete the replacement of windows, started FY99	1460		0.00	0.00	0.00	0.00	
VT4 -2	Replace stoves and refrigerators	1465.1		21,002.00	21,002.00	21,002.00	21,002.00	
VT4 -2	Brick/caulking work	1460		25,000.00	18,185.82	18,185.82	18,185.82	
VT4 -2	Remove underground oil tank	1475		6,641.00	0.00	0.00	0.00	
HA-Wide	Arch/Eng contract to develop plans and specs for construction bid documents, inspect work and certify completion of design.	1430		9,990.00	10,897.50	10,897.50	10,897.50	
	Contingency	1502		0.00	0.00	0.00	0.00	
	<i>New Work Items</i>							
VT4 -1	Repl knob door handles w/levert type	1460		34,511.00	34,511.00	34,511.00	34,511.00	
VT4 -1	Elevator repair/upgrade (share w/FY02)	1465.1		0.00	35,906.68	35,906.68	0.00	
VT4 -2	Remove underground oil tank	1460		0.00	6,641.00	6,641.00	6,641.00	



**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName:</b> Springfield Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: VT36P00450102 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements soft costs	0.00	0.00	0.00	0.00
4	1410 Administration	0.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	12,000.00	12,000.00	12,000.00	17,703.86
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	64,448.68	0.00	0.00
10	1460 Dwelling Structures	10,000.00	9,095.00	9,095.00	9,095.00
11	1465.1 Dwelling Equipment — Nonexpendable	183,703.00	120,159.32	113,993.32	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00

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

<b>PHAName:</b> Springfield Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: VT36P00450102 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2002
--	--	-------------------------------------

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
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 20-26)	205,703.00	205,703.00	135,088.32	26,798.86
22	Amount of line 21 Related to LBP Activities				
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				
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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: VT36P00450102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
VT4 -1	Renovate Common area kitchen	1460		10,000.00	9,095.00	9,095.00	9,095.00	
	Elevator update	1465.1		183,703.00	120,159.32	113,993.32	0.00	
HA-Wide	Arch/Eng contract to develop plans and specs for construction bid documents, inspect work and certify completion of design	1430		12,000.00	12,000.00	12,000.00	17,703.86	
	New Work Item							
VT4 -2	Excavate and construct a parking lot	1450		0.00	64,448.68	0.00	0.00	





**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName:</b> Springfield Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: VT36P00450103 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements soft costs	\$7,000.00	0.00	0.00	0.00
4	1410 Administration	0.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	\$11,220.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	\$180,000.00	0.00	0.00	0.00
10	1460 Dwelling Structures	0.00	0.00	0.00	0.00
11	1465.1 Dwelling Equipment — Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00

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

<b>PHAName:</b> Springfield Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: VT36P00450103 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  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
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 20-26)	198,220.00	0.00	0.00	0.00
22	Amount of line 21 Related to LBP Activities				
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				
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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: VT36P00450103 Replacement Housing Factor Grant No:			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 Work
				Original	Revised	Funds Obligated	Funds Expended	
VT4 -1	No Work Items							
VT4 -2	Construct new parking lot (started in FY02)	1450		\$180,000.00				
HA-Wide	Arch/Eng contract to develop plans and specs for construction bid documents, inspect work and certify completion of design	1430		\$11,220.00				
	Purchase camera/computer	1408		\$7,000.00				



**CapitalFundProgramFive -YearActionPlan**  
**PartI:Summary**

PHAName SpringfieldHarborHousing Authority					
		<input type="checkbox"/> Original5 -YearPlan <input checked="" type="checkbox"/> RevisionNo:3			
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2004 PHAFY:	WorkStatementforYear3 FFYGrant: 2005 PHAFY:	WorkStatementforYear4 FFYGrant:2006 PHAFY:	WorkStatementforYear5 FFYGrant:2007 PHAFY:
	Annual Statement				
VT4 -1,HuberBldg		91,000	111,500	14,500	20,000
VT4 -2,Whitcomb Bldg		115,300	34,000	171,300	122,500
CFPFundsListedfor 5-yearplanning		218,678.00	154,230.00	196,948.00	151,050.00
ReplacementHousing FactorFunds		0	0	0	0



