

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2004

**NOTE: THIS PHA PLANS TEMPLATE (HUD-50075 Small PHA) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHA Name:** Housing Authority of the City of Sedro Woolley

**PHA Number:** WA030

**PHA Fiscal Year Beginning: (mm/yyyy)** 07/2003

**PHA Plan Contact Information:**

Name: Judi Jones

Phone: 206-574-1152

TDD: 206-574-1108

Email (if available): judij@kcha.org

**Public Access to Information**

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

- Main administrative office of the PHA
- PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

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

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

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

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

**PHA Programs Administered:**

- Public Housing and Section 8       Section 8 Only       Public Housing Only

# Annual PHA Plan

## Fiscal Year 20

[24 CFR 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 file name in parentheses in the space to the right of the title.

<b>Contents</b>	<b>Page #</b>
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<b>Attachments</b>	
<input checked="" type="checkbox"/> Attachment <b>A</b> : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment <b>B</b> : Capital Fund Program Annual Statement ( <i>Filename: wa030b01.doc</i> )	
<input checked="" type="checkbox"/> Attachment <b>C</b> : Capital Fund Program 5 Year Action Plan ( <i>Filename: wa030c01.doc</i> )	
<input type="checkbox"/> Attachment <b>_</b> : Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment <b>_</b> : Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment <b>D</b> : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment <b>E</b> : Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment <b>_</b> : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text) ( <i>included in Plan text</i> )	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
⇒ <i>Organizational Chart</i>	<i>(Filename: wa030f01.xls)</i>
⇒ <i>Capital Fund/CIAP P&amp;E Report – FY 2000</i>	<i>(Filename: wa030g01.xls)</i>
⇒ <i>Capital Fund/CIAP P&amp;E Report – FY 2001</i>	<i>(Filename: wa030h01.doc)</i>
⇒ <i>Capital Fund/CIAP P&amp;E Report – FY 2002</i>	<i>(Filename: wa030i01.doc)</i>
⇒ <i>Voluntary Conversion – Initial Assessment</i>	<i>(Filename: wa030j01.xls)</i>

## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

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

*The Housing Authority elects not to provide this OPTIONAL summary.*

### **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.

*As a Small, High-Performing Housing Authority (80 Public Housing units), the Sedro Woolley Housing Authority has seen little impact from recent changes in Federal Regulations. As a result, Agency Plan policies and procedures have remained relatively unchanged from those adopted in April 2000, 2001 and 2002.*

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

[24 CFR Part 903.7 9 (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? \$ 117,000 (estimated)

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**

(Filename: wa030c01.doc)

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

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

(Filename: wa030b01.doc)

### 3. Demolition and Disposition

[24 CFR Part 903.7 9 (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 (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
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**

[24 CFR Part 903.7 9 (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. 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 downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

#### **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR 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 meeting specified requirements prior to receipt of PHDEP funds.

*Not applicable for current fiscal year due to Congressional actions completed in 2001.*

- A.  Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_
- 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**

[24 CFR Part 903.7 9 (r)]

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

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)

<b>Agency Plan Comments from the Resident Advisory Board</b>		
<b>Subject</b>	<b>Comment</b>	<b>Housing Authority Response</b>
	<i>None received this fiscal year.</i>	

<b>Board of Commissioner's PUBLIC HEARING - Comments</b>		
<b>Thursday, April 17th, 2003- Hillsvie Apartments Community Room</b>		
<b>**Note:</b> All comments received after Public Hearing was closed.		
<b>Speaker</b>	<b>Comment</b>	<b>Housing Authority Response</b>

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 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) *The State of Washington*
  
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)

*The Sedro Woolley Housing Authority will continue to utilize the activities and strategies outlined in detail in the 5-year Plan (which began July 1, 2000) and the Annual Plan for the Plan year beginning July 1, 2000. Specifically, detailed information is located within Section B (Goals) of the 5-year Plan and within Sections 1, 3, 4, 7, and 9 of the Annual Plan for the Plan year beginning July 1, 2000.*

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)

*The Sedro Woolley Housing Authority will consult with the appropriate Consolidated Plan agency, the Washington State Department of Community, Trade and Economic Development, to finalize the PHA Plan and to ensure consistency between the Consolidated Plan and the PHA Plan. The Sedro Woolley Housing Authority will participate, where requested, in the future development of the Consolidated Plan to ensure actions and commitments within the PHA Plan and the Consolidated Plan remain consistent and mutually supportive. Strategies for housing identified in the most recent State of Washington Consolidated Plan which have been identified as supportive of this PHA Plan include:*

- ↳ Increase the availability and affordability of housing for renter households earning 80% of median income or less, with an emphasis on the very low-income.*
- ↳ Provide a continuum of housing and services for homeless people, and forestall further homelessness through prevention activities;*
- ↳ Provide a continuum of housing and related services for people with special needs.*

## 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 Housing Authority is required to identify in its Annual Plan the basic criteria that will be used to determine what constitutes a “substantial deviation” from the Five Year Plan and/or a “significant amendment or modification” to either the Five Year Plan or the Annual Plan.*

*After approval of the Agency Plan, a Housing Authority may not “substantially deviate” from its Five Year Plan or implement any amendment or modification which is a significant amendment or modification to the Annual Plan until:*

- ☐ The Resident Advisory Board has had the opportunity to review and make recommendations on the amendment or modification;*
- ☐ The amendment or modification has been adopted at a duly called meeting of the Housing Authority Board of Commissioners; and,*
- ☐ Notification of the amendment or modification, along with a copy of the recommendations made by the Resident Advisory Board and a description of the manner in which the Housing Authority addressed the recommendations, is submitted to HUD and approval is received from HUD.*

### A. Substantial Deviation from the 5-year Plan:

*The Housing Authority considers a “substantial deviation” from the 5-year Plan as a discretionary change that alters the mission of the Housing Authority or significantly alters the written goals and objectives.*

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

*The Housing Authority considers a “significant amendment or modification” as a discretionary change which results in a material change in the Authority’s rent or admissions policies which cover how applicants are selected for housing. In addition, a “significant amendment or modification” would include either of the following two (2) changes:*

- ☐ The addition of new types of activities not previously included in the current PHDEP plan;*
- ☐ Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities not previously identified in the Agency Plan.*

***NOTE:** An exception to the definitions of “substantial deviation” and “significant amendment or modification” shown above will be made only to the extent that the modification is the result of changes in HUD regulatory requirements. Such changes will not be considered a substantial deviation from the Five Year plan, nor a significant amendment or modification of the Annual Plan.*

## 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>
XX	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
XX	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
XX	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
XX	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
XX	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
XX	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
XX	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

### List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
XX	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
XX	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
XX	Public housing grievance procedures <input 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
XX	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
XX	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
XX	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 homeownership programs/plans	Annual Plan: Homeownership

### List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
XX	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
XX	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
XX	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 (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <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 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);</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
XX	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
XX	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
XX	Other supporting documents (optional) (list individually; use as many lines as necessary) <ul style="list-style-type: none"> <li>☒ Facility Use Policy</li> <li>☒ Pet Policies:                             <ul style="list-style-type: none"> <li>⇒ Family Development</li> <li>⇒ Mixed Population Development</li> </ul> </li> <li>☒ Voluntary Conversion – Initial Assessment</li> </ul>	(specify as needed)









## 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.

CFP 5-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>Total estimated cost over next 5 years</b>		

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# 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. 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).

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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 Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date 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
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

**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.

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

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<b>9110 – Reimbursement of Law Enforcement</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

<b>9115 - Special Initiative</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>9116 - Gun Buyback TA Match</b>				<b>Total PHDEP Funding: \$</b>			
Goal(s)							
Objectives							

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

<b>9120 - Security Personnel</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>9130 – Employment of Investigators</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							

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

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**Table Library**

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	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

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Small PHA Plan Update

**Table Library**

<b>9180 - Drug Treatment</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>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$</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.							

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Small PHA Plan Update

**Table Library**



**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):

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

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

*Sharon Dillon, Mayor  
City of Sedro Woolley, Washington*

**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.)

***Sedro Woolley Housing Authority***  
***Resident Advisory Board Members***

**Ms. Nancy Parker**  
**Ms. Wanda Cromeenes**  
**Ms. Grace Johnson**

## 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>
XX	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
XX	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
XX	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
XX	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
XX	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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
XX	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
XX	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
XX	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
XX	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
XX	Public housing grievance procedures <input 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
XX	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
XX	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
XX	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 homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
XX	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
XX	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
XX	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**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	PHDEP-related documentation: <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 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);</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
XX	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
XX	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
XX	Other supporting documents (optional) (list individually; use as many lines as necessary) <ul style="list-style-type: none"> <li>↳ Facility Use Policy</li> <li>↳ Pet Policies:                             <ul style="list-style-type: none"> <li>⇒ Family Development</li> <li>⇒ Mixed Population Development</li> </ul> </li> <li>↳ Voluntary Conversion – Initial Assessment</li> </ul>	(specify as needed)

# 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 1: Summary</b>					
<b>PHA Name: Housing Authority of the City of Sedro Woolley</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: WA19P030501-03 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2003
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/01</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
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 Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	10,500			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,800			
8	1440 Site Acquisition				
9	1450 Site Improvement	6,812			
10	1460 Dwelling Structures	70,700			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	13,000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	<b>116,812</b>			
	Amount of line 20 Related to LBP Activities	0			
	Amount of line 20 Related to Section 504 compliance	0			
	Amount of line 20 Related to Security –Soft Costs	0			
	Amount of line 20 Related to Security—Hard Costs	0			
	Amount of line 20 Related to Energy Conservation Measures	0			
	Collateralization Expenses or Debt Service	0			

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

PHA Name: Housing Authority of the City of Sedro Woolley		Grant Type and Number Capital Fund Program Grant No: WA19P030501-03 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	Obligated	Expended	
WA 30-1 Cedar Grove	a) Replace roofing for all residential buildings at Site I, II & III	1460	5	70,700				
<b>Sites I, II, III</b>	b) Replace roofing for the recreation building	1470	1	13,000				
	c) Replace asphalt parking lot paving and water mains (partial work)	1450	3	6,812				
	SUBTOTAL			<b>90,512</b>				
PHA WIDE	ADMINISTRATION							
	Non-Technical Salaries	1410	3	8,160				
	Fringe Benefits	1410	3	2040				
	Sundry/Advertising	1410	Various	300				
	SUBTOTAL	1410		<b>10,500</b>				
PHA WIDE	PLANNING	1430						
	A&E Professional Services	1430	Various	12,000				
	Building Permit Fees	1430	Various	500				
	Sundry/Planning Costs	1430	Various	300				
	Clerk-of-the-Works Inspection Fees	1430	1	3,000				
	SUBTOTAL	1430		<b>15,800</b>				
	Total Funding Amount			<b>116,812</b>				

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

PHA Name: Housing Authority of the City of Sedro Woolley			Grant Type and Number Capital Fund Program No: WA19P030501-03 Replacement Housing Factor No:			Federal FY of Grant: 2003	
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	
WA 30-1 Cedar Grove Sites I, II, III	6/30/2005			6/30/2007			
Administration	6/30/2005			6/30/2007			
Planning	6/30/2005			6/30/2007			

# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name Sedro Woolley Housing Authority				<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/H A-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2005	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2006	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2007	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 2008
WA 30-1 Cedar Grove		90,000	75,000	90,000	90,000
WA 30-2 Hillsview			15,000	0	0
Total CFP Funds (Est.)		90,000	90,000	90,000	90,000
Total Replacement Housing Factor Funds					

**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year: 2 FFY Grant: 2004 PHA FY: 2005			Activities for Year: 3 FFY Grant: 2005 PHA FY: 2006		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>SEE</b>	WA 30-1 Cedar Grove	Replace water mains, parking lot paving, and garbage enclosures	90,000	WA 30-1 Cedar Grove	Remodel the community building at Site I	75,000
<b>ANNUAL</b>	WA 30-2 Hillsview	NONE	0	WA 30-2 Hillsview	Replace interior lighting in the hallways and the common spaces	15,000
<b>STATEMENT</b>						
Total CFP Funds (Est)						
Activities for Year 1	Activities for Year: 4 FFY Grant: 2006 PHA FY: 2007			Activities for Year: 5 FFY Grant: 2007 PHA FY: 2008		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>SEE</b>	WA 30-1 Cedar Grove	Complete Unit Interior Remodel	90,000	WA 30-1 Cedar Grove	Complete Unit Interior Remodel	90,000
<b>ANNUAL</b>	WA 30-2 Hillsview	NONE	0	WA 30-2 Hillsview	NONE	0
<b>STATEMENT</b>						
Total CFP Funds (Est)						

**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: *N/A*

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

Elected

Appointed

} *N/A*

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):

B. Date of next term expiration of a governing board member: *December 2002*

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

*Sharon Dillon, Mayor  
City of Sedro Woolley, Washington*

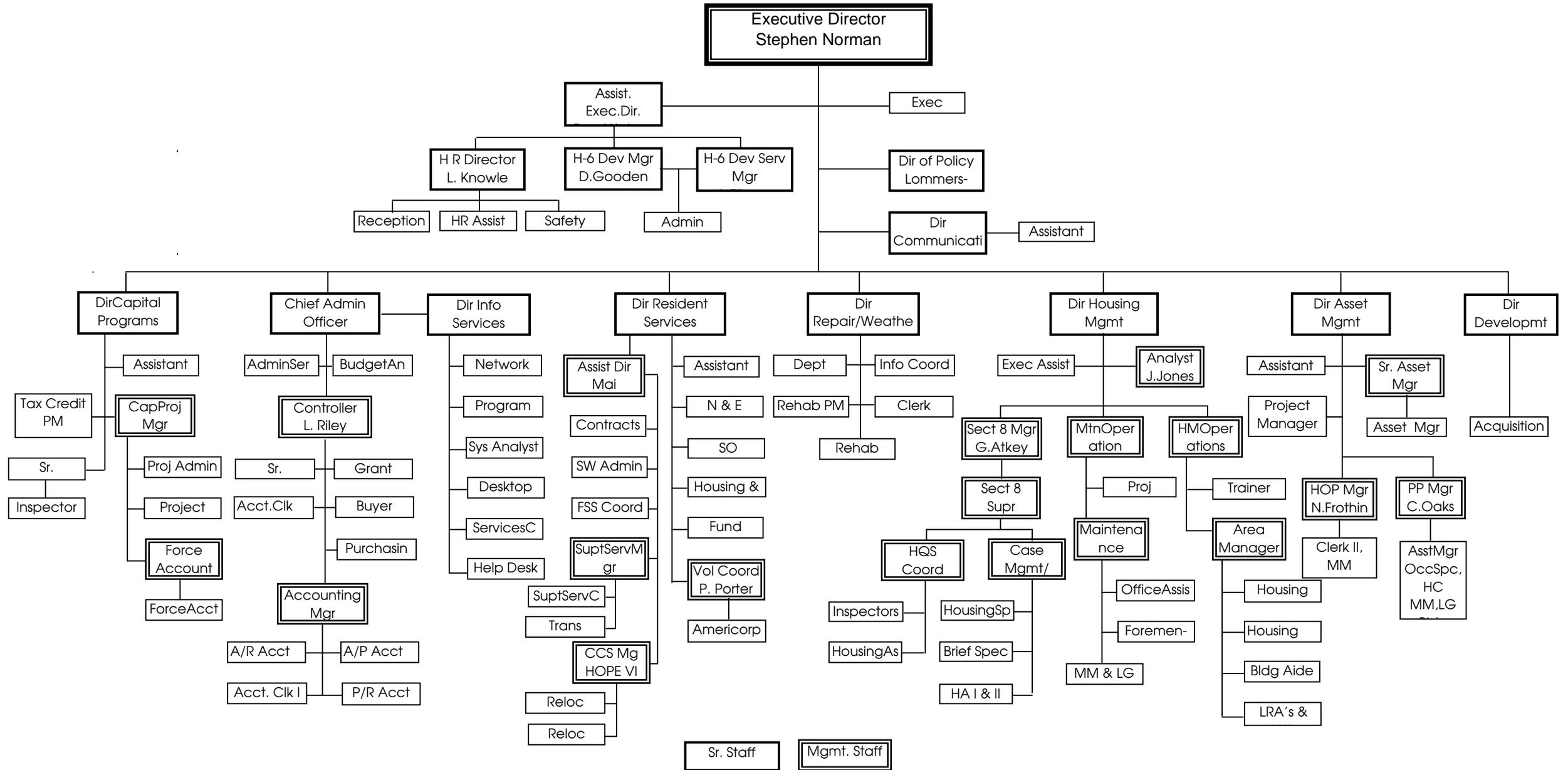
**Required Attachment E: Membership of the Resident Advisory Board or Boards**

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.)

***Sedro Woolley Housing Authority***  
***Resident Advisory Board Members***

**Ms. Nancy Parker**  
**Ms. Wanda Cromeenes**  
**Ms. Grace Johnson**

KCHA Organization chart OCTOBER 2002



**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.

2577-0044

exp. 12/31/99

HA Name: Housing Authority of the City of Sedro Woolley	Modernization Project Number: WA19P030501-00	Approval: 2000
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Original CIAP Budget Revised CIAP Budget/Revision Number  Progress Report for Period Ending 12/31/02 Final Progress Report

Line No.	Summary by Development Account	Total Funds Approved		Total Funds	
		Original	Revised	Obligated	Expended
1	Total Non-CIAP Funds	0.00	0.00	0.00	0.00
2	1406 Operations (may not exceed 10% of Line 16)	0.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration	13,366.00	13,366.34	13,366.34	13,366.34
5	1415 Liquidated Damages	0.00	0.00	0.00	0.00
6	1430 Fees and Costs	5,504.00	5,504.00	5,504.00	5,504.00
7	1440 Site Acquisition	0.00	0.00	0.00	0.00
8	1450 Site Improvement	0.00	0.00	0.00	0.00
9	1460 Dwelling Structures	130,113.00	130,113.00	130,113.00	130,113.00
10	1465.1 Dwelling Equipment-Nonexpendable	0.00	0.00	0.00	0.00
11	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
12	1475 Nondwelling Equipment	3,530.00	3,529.66	3,529.66	3,529.66
13	1485 Demolition	0.00	0.00	0.00	0.00
14	1495.1 Relocation Cost	0.00	0.00	0.00	0.00
15	1498 Mod Used for Development	0.00	0.00	0.00	0.00
16	<b>Amount of CIAP Grant (Sum of lines 2-14)</b>	<b>152,513.00</b>	<b>152,513.00</b>	<b>152,513.00</b>	<b>152,513.00</b>
17	Amount of line 16 Related to LBP Activities	0.00	0.00	0.00	0.00
18	Amount of line 16 Related to Security	2,000.00	0.00	0.00	0.00
19	Amount of line 16 Related to Section 504 Compliance	0.00	0.00	0.00	0.00
20	Amount of line 16 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Signature of Executive Director and Date:  Stephen J. Norman, Executive Director	HUD Certification: In approving this budget and providing assistance to a sp housing development(s), I hereby certify that the assistance will not be more necessary to make the assisted activity feasible after taking into account assis from other government sources (24 CFR 12.50).
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(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

**CIAP Budget/Progress Report**

**Part II: Supporting Pages**

**Comprehensive Improvement Assistance Program (CIAP)**

**U. S. Department of Housing  
and Urban Development**

**Office of Public and Indian Housing**

OMB Approval No. 2577-0157 (7/31/98)

FFY 2000

Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended	Comments
			Original	Revised	Difference			
WA 30-1 Cedar Grove Sites I, I, III	a) Replace Water main at Site I	1450	0.00	0.00	0.00	0.00	0.00	DEFERRED
	b) Asphalt overlay (Site I, II Parking Lot)	1450	0.00	0.00	0.00	0.00	0.00	DEFERRED
	c) Roof Fall Protection (Sites I, II, III,)	1460	0.00	0.00	0.00	0.00	0.00	DEFERRED
	d) Install vinyl siding & windows/sliding glass doors for buildings @ Site I, II, III (Partial Work)	1460	128,113.00	130,113.00	2,000.00	130,113.00	130,113.00	Moved from 1999 CIAP WORK COMPLETED
	e) Install new smoke & carbon monoxide detectors & related work (supplement the original budget item for this work in 1999 CIAP)	1460	2,000.00	0.00	<2,000>	0.00	0.00	DELETED
	<b>Subtotal</b>		130,113.00	130,113.00	0.00	130,113.00	130,113.00	

**CIAP Budget/Progress Report**

**Part II: Supporting Pages**

**U. S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0157 (7/31/98)

Comprehensive Improvement Assistance Program (CIAP)

Office of Public and Indian Housing

FY 2000

Development Number/	Description of Work Items	Development Account Number	Funda Approved			Funds Obligated	Funds Expended	
			Original	Revised	Difference			
PHA-WIDE	NON-DWELLING EQUIPMENT							
	a) Computer Hardware & Printer.	1475	3,530.00	3,529.66	<0.34>	3,529.66	3,529.66	
	ADMINISTRATION							
	a) Non-technical Salaries	1410	10,200.00	10,999.33	799.33	10,999.33	10,999.33	
	b) Fringe benefits for staff.	1410	2,366.00	1,860.67	<505.33>	1,860.67	1,860.67	
	c) Sundry advertising costs for public bidding.	1410	800.00	506.34	<293.66>	506.34	506.34	
	SUBTOTAL			13,366.00	13,366.34	0.34	13,366.34	13,366.34
	PLANNING							
	a) Consultant A/E fees to prepare drawings & specifications.	1430	5,204.00	5,221.38	17.38	5,221.38	5,221.38	
	b) Sundry/Planning	1430	300.00	282.62	<17.38>	282.62	282.62	
	c) Permit fees for constr. projects	1430	0.00	0.00	0.00	0.00	0.00	
	d) Clerk-of-the-Works Inspection	1430	0.00	0.00	0.00	0.00	0.00	
	SUBTOTAL			5,504.00	5,504.00	0.00	5,504.00	5,504.00
	TOTAL FUNDING AMOUNT			152,513.00	152,513.00		152,513.00	152,513.00

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

form HUD-52837 (10/96)

(2) To be completed for the Performance and Evaluation Report

**CIAP Budget/Progress Report**

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

**Part III: Implementation Schedule**

FY 2000

**Comprehensive Improvement Assistance Program (CIAP)**

Development Number	Architect/Engineer Contract Awarded			All Funds Obligated			All Funds Expended		
	Original	Revised	Actual	Original	Revised (Attach explanation)	Actual	Original	Revised	Actual
WA 30-1 Cedar Grove I, II, III	N/A			03/31/02	6/30/2002 *	06/30/02	09/30/03		11/30/02
					<p><b>* NOTE:</b> The funding obligation date is revised to reflect the 18-month implementation period from the actual quarter ending date when the Annual Contributions Contract (ACC) Amendment was approved by HUD (10/6/2000).</p>				

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

## 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 1: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Sedro Woolley		<b>Grant Type and Number</b> Capital Fund Program Grant No: WA19P030501-01 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 type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02 <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				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	10,700	15,433	15,200	6,868.85
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13,000	4,495	4,295	2,815.73
8	1440 Site Acquisition				
9	1450 Site Improvement	0	47,669	0	0
10	1460 Dwelling Structures	113,397	59,647	58,631	47,583.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	18,500	18,353	18,353	18,353.00
13	1475 Nondwelling Equipment	0	10,000	0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	<b>155,597</b>	<b>155,597</b>	<b>96,479</b>	<b>75,620.58</b>
	Amount of line 20 Related to LBP Activities	0			
	Amount of line 20 Related to Section 504 compliance	0			
	Amount of line 20 Related to Security –Soft Costs	0			
	Amount of line 20 Related to Security—Hard Costs	60,000	20,000	20,000	20,000.00
	Amount of line 20 Related to Energy Conservation Measures	68,813	45,000	45,000	42,000.00
	Collateralization Expenses or Debt Service	0			

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

PHA Name: <b>Housing Authority of the City of Sedro Woolley</b>		Grant Type and Number Capital Fund Program Grant No: WA19P030501-01 Replacement Housing Factor Grant No:				Federal FY of Grant:  2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
WA 30-1 Cedar Grove	a) Install vinyl siding & windows/sliding glass doors at Site I, II, III (partial work)	1460	20	113,397	59,647	58,631	47,583.00	Work in Progress	
	b) Install vinyl siding & windows/sliding glass doors at the Community Building	1470	1	18,500	18,353	18,353	18,353.00	Work in Progress	
	SUBTOTAL			<b>131,897</b>	<b>78,000</b>	<b>76,984</b>	<b>65,936.00</b>		
<b>PHA WIDE</b>	<b>ADMINISTRATION</b>								
	Non-Technical Salaries	1410	3	8,000	12,160	12,160	5,944.09		
	Fringe Benefits	1410	3	2,400	3,040	3,040	924.76		
	Sundry/Advertising	1410	Various	300	233	0	0		
	SUBTOTAL	1410		<b>10,700</b>	<b>15,433</b>	<b>15,200</b>	<b>6,868.85</b>		
<b>PHA WIDE</b>	<b>PLANNING</b>	1430							
	A&E Professional Services	1430	Various	5,000	4,295	4,295	2,815.71		
	Building Permit Fees	1430	Various	500	0	0	0		
	Sundry/Planning Costs	1430	Various	300	200	0	0		
	Clerk-of-the-Works Inspection Fees	1430	1	7,200	0	0	0		
	SUBTOTAL	1430		<b>13,000</b>	<b>4,495</b>	<b>4,295</b>	<b>2,815.73</b>		

The following page is the additional work using leftover funds from a completed modernization program: (The additional work is moved from the approved 5-year plan and FY2002 CFP.)



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

PHA Name: Housing Authority of the City of Sedro Woolley			Grant Type and Number Capital Fund Program No: WA19P030501-01 Replacement Housing Factor No:			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	
WA 30-1 Cedar Grove Sites I, II, III	3/31/2003	6/30/03*	N/A	9/30/2004		N/A	* The funding obligation end date is revised due to the need to use the left over funds from a completed modernization program to do additional work at Hillsview Apartments.
Administration	3/31/2003	6/30/03*	N/A	9/30/2004		N/A	The revised funding obligation date is also within HUD's 24-month obligation period.
Planning	3/31/2003	6/30/03*	N/A	9/30/2004		N/A	
WA 30-2 Hillsview Apts.		6/30/03*	N/A	9/30/2004		N/A	

## 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 1: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Sedro Woolley		<b>Grant Type and Number</b> Capital Fund Program Grant No: WA19P030501-02 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  <b>2002</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02 <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				
3	1408 Management Improvements Soft Costs Management Improvements Hard Costs				
4	1410 Administration	11,600	11,600	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,800	15,800	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	60,912	72,412	0	0
10	1460 Dwelling Structures	18,500	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	10,000	17,000	0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	<b>116,812</b>	<b>116,812</b>	<b>0</b>	<b>0</b>
	Amount of line 20 Related to LBP Activities	0			
	Amount of line 20 Related to Section 504 compliance	0			
	Amount of line 20 Related to Security –Soft Costs	0			
	Amount of line 20 Related to Security—Hard Costs	0			

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

<b>PHA Name:</b> Housing Authority of the City of Sedro Woolley	<b>Grant Type and Number</b> Capital Fund Program Grant No: WA19P030501-02 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  2002
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Original Annual Statement
  Reserve for Disasters/ Emergencies
  Revised Annual Statement (revision no: )
  Performance and Evaluation Report for Period Ending: 12/31/02
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of line 20 Related to Energy Conservation Measures	0			
	Collateralization Expenses or Debt Service	0			

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

PHA Name: Housing Authority of the City of Sedro Woolley		Grant Type and Number Capital Fund Program Grant No: WA19P030501-02 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	Obligated	Expended	
WA 30-1 Cedar Grove	a) Install vinyl siding & replace windows/sliding glass doors (partial work)	1460	20	0	0			DELETED
<b>Sites I, II, III</b>	b) Replace gutters & downspouts	1460	20	18,500	0			DELETED
	c) Asphalt parking lot overlayment, replace water mains (Partial work)	1450	3	60,912	72,412	0	0	
<b>WA 30-2</b>	a) Replace Furniture in the Community Spaces	1475	1	10,000	17,000	0	0	RECEIVED BIDS
<b>HILLSVIEW</b>								
	SUBTOTAL			<b>89,412</b>	<b>89,412</b>	<b>0</b>	<b>0</b>	
<b>PHA WIDE</b>	<b>ADMINISTRATION</b>							
	Non-Technical Salaries	1410	3	8,800	8,800	0	0	
	Fringe Benefits	1410	3	2,300	2,300	0	0	
	Sundry/Advertising	1410	Various	500	500	0	0	
	SUBTOTAL	1410		<b>11,600</b>	<b>11,600</b>	<b>0</b>	<b>0</b>	
<b>PHA WIDE</b>	<b>PLANNING</b>	1430						
	A&E Professional Services	1430	Various	12,000	12,000	0	0	
	Building Permit Fees	1430	Various	500	500	0	0	
	Sundry/Planning Costs	1430	Various	300	300	0	0	
	Clerk-of-the-Works Inspection Fees	1430	1	3,000	3,000	0	0	
	SUBTOTAL	1430		<b>15,800</b>	<b>15,800</b>	<b>0</b>	<b>0</b>	
	Total Funding Amount			<b>116,812</b>	<b>116,812</b>	<b>0</b>	<b>0</b>	

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

PHA Name: Housing Authority of the City of Sedro Woolley			Grant Type and Number Capital Fund Program No: WA19P030501-02 Replacement Housing Factor No:				Federal FY of Grant: 2002	
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		
WA 30-1 Cedar Grove Sites I, II, III	6/30/2004		N/A	9/30/2006		N/A		
WA 30-2 Hillsview	6/30/2004		N/A	9/30/2006		N/A		
Administration	6/30/2004		N/A	9/30/2006		N/A		
Planning	6/30/2004		N/A	9/30/2006		N/A		

**Voluntary Conversion Analysis - FY 2003**

**Sedro Woolley Housing Authority**

<i>DEVELOPMENT INFORMATION</i>			<i>CONVERSION ANALYSIS</i>			
<i>Development</i>	<i>HUD Project #</i>	<i>Assessment # of Units Required?</i>	<i>Would Conversion Adversely Impact Availability of Affordable Housing?</i>	<i>Would conversion principally benefit residents / community?</i>	<i>Would conversion cost be more expensive than Operating PH?</i>	<i>Comments</i>
Hillsview		60 No - Elderly				N/A
Cedar Grove		20 Yes	Yes - see note			Cedar Grove is the only Public Housing family development located in the city of Sedro Woolley. A reduction in affordable housing resources would be detrimental to an economy that has already been adversely affected by severe decreases in its major industries - logging and farming.