

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

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

PHA Plan Agency Identification

PHA Name: HOUSING AUTHORITY OF SUNNYSIDE, WASHINGTON

PHA Number: WA035

PHA Fiscal Year Beginning: 01/2003

PHA Plan Contact Information:

Name: Ketha Kimbrough

Phone: 509-837-5454

TDD: 509-837-5454

Email (if available): ketha@sunnysideha.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 2003

[24 CFR Part 903.7]

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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

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.

An increase in minimum rent from \$25 to \$50 that was projected to become effective January 1, 2002, has been delayed for further consideration. There is no firm projection for an increase at this time.

The Housing Authority began researching the requirements contained in the Proposed Rule for the Public Housing Homeownership Programs (24 CFR 906). For the upcoming year, we anticipate completing a portion of a feasibility study for a program to assist Housing Authority residents in becoming homeowners.

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? \$ 271,740

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. 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

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

4. Voucher Homeownership Program

[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.

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 F.

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: See Attachment F.

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: Washington State

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)

The Consolidated Plan's Affordable Housing Strategic Action Plan identifies the provision of safe, decent, affordable housing, targeting households earning up to 80 percent of the area median income as a goal. This PHA Plan is congruent with this goal.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan: Any deletion of established work items, or the addition of non-emergency work items greater than \$25,000.

B. Significant Amendment or Modification to the Annual Plan: The Sunnyside Housing Authority will comply with HUD's identification of the following to be regarded as significant amendments or modifications to the Annual Plan: (1) Changes to rent or admissions policies or organization of the waiting list; (2) Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; (3) Additions of any new activities not included in the current PHDEP Plan; and (4) Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities, except for any of the above that are adopted to reflect changes in HUD regulatory requirements.

Attachment A

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
Not Required	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
N.A.	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N.A.	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N.A.	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N.A.	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N.A.	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N.A.	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N.A.	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N.A.	Approved 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
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N.A.	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N.A.	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
N.A.	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N.A.	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N.A.	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N.A.	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N.A.	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N.A.	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
N.A.	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N.A.	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Housing Authority of Sunnyside, Washington		Grant Type and Number Capital Fund Program: WA19P03550103 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 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					
2	1406 Operations	43,122				
3	1408 Management Improvements					
4	1410 Administration					
5	1411 Audit	887				
6	1415 liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	17,103				
10	1460 Dwelling Structures	210,628				
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2-19)	271,740				
21	Amount of line 20 Related to LBP Activities	0				
22	Amount of line 20 Related to Section 504 Compliance	0				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Housing Authority of Sunnyside, Washington		Grant Type and Number Capital Fund Program: WA19P03550103 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 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		
23	Amount of line 20 Related to Security	0				
24	Amount of line 20 Related to Energy Conservation Measures	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 Sunnyside, Washington	Grant Type and Number Capital Fund Program #: WA19P03550103 Capital Fund Program Replacement Housing Factor #:	Federal FY of Grant: 2003
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Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WA035-001	Add patio covers; re-roof units	1460	20	125,000				
	Replace gutters	1460	20	2,924				
	Seal-coat and stripe all parking lots	1450		6,332				
WA035-002	Replace cabinets in 17 kitchens	1460	17	60,804				
	Resurface fiberglass tubs	1460	60	21,900				
	Replace fencing at 510, 1500 & 1311	1450	3	10,771				
WA035-003								
HA-WIDE	Offset increased admin salaries	1406		43,122				
	Audit ¹	1411		887				

¹ Based on actual estimate of audit cost for Capital Fund only.

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 checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
WA035-001	Paradise Court	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Expand and update maintenance shop.	\$128,333	2004
Modify community building for emergency shelter	\$125,000	2004
A&E Services	\$ 38,000	2004
Replace outlets, switches, lighting and wiring for tv/cable in 40 units (Including patio motion-sensor lighting @ \$4,368)	\$49,168	2005
Replace remaining 20 front doors and locksets	\$13,980	2005
Replace carpet in community building	\$ 8,000	2005
Replace worn-out furnishings, update window treatment in community bldg	\$21,000	2005
Install parking lot bumpers	\$ 3,120	2006
Replace interior lighting fixtures in 40 units	\$44,800	2007
Replace wooden screenwalls with vinyl screenwalls	\$ 9,200	2007
Total estimated cost over next 5 years	\$440,601	

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 checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
WA035-002	HUD Family Scattered Sites	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Seal-coat and stripe all parking lots.	\$16,724	2005
Replace worn out electrical outlets and switches in 60 units.	\$18,000	2005
Replace worn-out signage at six sites.	\$4,200	2006
Replace existing privacy screen walls with vinyl screen walls at 60 units.	\$78,000	2006
Replace bathroom fans in 60 units.	\$15,900	2006
Improve venting for mold prevention in 60 units.	\$12,900	2006
Modify carports for better ingress and egress at 30 duplexes.	\$26,845	2007
Total estimated cost over next 5 years	\$172,569	

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 checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
WA035-003	Paradise Court	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Re-paint 40 unit interiors	\$27,370	2005
Seal-coat and stripe all parking lots	\$ 3,564	2006
Replace outlets, switches, lighting and wiring for tv/cable (Including patio motion-sensor lighting @ \$4,368)	\$35,768	2006
Replace commercial carpet cleaner	\$ 3,500	2006
Replace bedroom light fixtures in 40 units	\$ 5,640	2007
Replace existing screen walls with vinyl fencing material at 40 units	\$ 9,200	2007
Total estimated cost over next 5 years	\$85,042	

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 checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
HA-WIDE	PHA Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade computer operating system from DOS to Windows	\$5,500	2005
Upgrade fire wall and tape back-up	\$2,000	2005
Replace 9 computer stations	\$15,123	2005
Purchase and install surveillance system	5,200	2005
Total estimated cost over next 5 years	\$27,823	

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).

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.

B. PHDEP Budget Summary

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

FFY ____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback 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	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

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

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

9115 - Special Initiative					Total PHDEP Funding: \$		
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.							

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
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.							

9120 - Security Personnel					Total PHDEP Funding: \$		
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.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
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.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
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.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
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.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
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.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
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.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
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.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
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.							

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: Elizabeth Raab

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

Elected

Appointed

C. The term of appointment is (include the date term expires): September 7, 2004

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

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

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

Other (explain):

B. Date of next term expiration of a governing board member: September 7, 2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Ed Prilucik, Mayor of Sunnyside, 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.)

Resident Advisory Board for Paradise Court (housing for senior citizens and persons with disabilities)

All members are tenants living in Paradise Court.

Karen Carrillo
Marie Cornwell
Juanita Kivett
Harold Mulford
Ray Rendon
Elizabeth Raab (ex-officio member)
Erma Mulford (alternate member)

Resident Advisory Board for HUD Family Housing

This Resident Advisory Board consists of all heads of households of HUD Family Housing tenants.

Attachment F

Comments of Resident Advisory Board & Explanation of PHA Response

RAB Comments	PHA Response
<p>There is a need to replace existing TV antennae since the current ones do not provide good reception.</p>	<p>Improvements to TV reception are to be included in the “replacement of outlets, switches, lighting and wiring for TV/cable “ slated for 2005 and 2006.</p>
<p>The carpeting in Apartments 1 through 40 needs to be replaced.</p>	<p>The replacement of carpeting in Apartments 1 through 40 is ongoing. To date, this work has been done at the time of unit turn over.</p>
<p>It would be good to have exterior storage on Apartment 1 through 40 patios.</p>	<p>The patio roof improvements planned for Apartments 1 through 40 will include exterior storage.</p>
<p>Some tenants still feel that it is very important to have someone to patrol the site for security purposes.</p>	<p>Given the expense for security guards or police officers, and given the relatively peaceful nature of 1500 Federal Way, it is felt that the cost for routinely patrolling the site for security purposes would not be a reasonable use of public funds, Residents are encouraged to consider other alternatives, such as block watches.</p>
<p>There should be a vacuum cleaner that is kept in the Community Building. Tenants would be more likely to clean the floors well after events if a vacuum cleaner were readily available.</p>	<p>This issue can be addressed outside the PHA Plan. It is a good suggestion.</p>
<p>It would be good to have motion lights on all of the patios.</p>	<p>Commissioners directed staff to obtain estimates for installation of motion lights, and to include this work item in the 5-Year Plan.</p>
<p>Maintenance employees need to wear photo I.D.s for the security of tenants. SHA could purchase a digital camera in order to make photo I.D.s.</p>	<p>Employee I.D. is a good suggestion and can be addressed outside the PHA Plan.</p>
<p>Some areas of parking lots need to have “no parking” signs since people park in spots in a way that hinders others from maneuvering their vehicles in and out of spaces.</p>	<p>This item is currently being addressed as a part of the Housing Authority’s day-to-day operation.</p>
<p>It would be good to have washers and dryers in the apartments.</p>	<p>The costs to plumb, vent and wire for washers and dryers would be prohibitive in apartments 1—40.</p>

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of Sunnyside, Washington		Grant Type and Number Capital Fund Program Grant No: WA19P035501 00 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<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: 6/30/02 <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	38,747	0	0	0.00
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	7,500	7,500	7,500	7,500.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	12,500	12,500	12,415.08	12,415.08
10	1460 Dwelling Structures	205,563	244,310	183,948.82	151,663.23
11	1465.1 Dwelling Equipment—Nonexpendable	16,500	16,500	10,125.33	10,125.33
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

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

PHA Name: Housing Authority of Sunnyside, Washington	Grant Type and Number Capital Fund Program Grant No: WA19P035501 00 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 6/30/02 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	280,810	280,810	213,989.23	181,703.64
	Amount of line XX Related to LBP Activities	0	0	0	0
	Amount of line XX Related to Section 504 compliance	0	0	0	0
	Amount of line XX Related to Security –Soft Costs	0	0	0	0
	Amount of Line XX related to Security-- Hard Costs	0	0	0	0
	Amount of line XX Related to Energy Conservation Measures	0	0	0	0
	Collateralization Expenses or Debt Service	0	0	0	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 Sunnyside, Washington		Grant Type and Number Capital Fund Program Grant No: WA19P035501 00 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000			
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	
WA035-001	Tree removal, sidewalk repair.		1450		12,500	12,500	12,415.08	12,415.08	
	Re-carpet and re-paint units.		1460	20	47,366	47,366	14,116.19	9,517.39	
	Replace 40 kitchen ranges.		1465.1	40	16,500	16,500	10,125.33	10,125.33	
WA035-002	Replace flooring in 30 units.		1460	30	106,197	106,197	79,085.63	51,398.84	
WA035-003	Re-frame patio roofs; re-roof units		1460	14	52,000	90,747	90,747	90,747.00	
HA-WIDE	Operations		1406		38,747	0	0	0	
	Administration		1410		7,500	7,500	7,500	7,500.00	

CAPITAL FUND PROGRAM TABLES START HERE

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Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of Sunnyside, Washington		Grant Type and Number Capital Fund Program Grant No: WA19P035501 01 Replacement Housing Factor Grant No:			Federal FY of Grant: 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: 6/30/02 <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	7,000	7,000	7,000	632.65
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	18,000	18,000	14,382.00	14,382.00
10	1460 Dwelling Structures	219,000	241,465	74,418.32	74,418.32
11	1465.1 Dwelling Equipment—Nonexpendable	16,648	16,648	10,238.16	10,238.16
12	1470 Nondwelling Structures	3,200	3,200	2838.00	2,838.00
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				

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

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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: 6/30/02 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency	22,465	0	0	0
	Amount of Annual Grant: (sum of lines.....)	286,313	286,313	108,876.48	102,509.13
	Amount of line XX Related to LBP Activities	0	0	0	0
	Amount of line XX Related to Section 504 compliance	0	0	0	0
	Amount of line XX Related to Security--Soft Costs	0	0	0	0
	Amount of Line XX related to Security-- Hard Costs	18,000	18,000	14,382.00	14,382.00
	Amount of line XX Related to Energy Conservation Measures	0	0	0	0
	Collateralization Expenses or Debt Service	0	0	0	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 Sunnyside, Washington		Grant Type and Number Capital Fund Program Grant No: WA19P035501 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	
WA035-001	Improve Community Bldg Lighting		1470		3,200	3,200	2,838.00	2,838.00	
	Improve Site Exterior Lighting		1450		18,000	18,000	14,382.00	14,382.00	
	Re-carpet and Re-paint Apartments		1460	20	50,500	50,500	0.	0	
WA035-002	Replace Flooring in Apartments		1460	30	113,100	113,100	0.	0	
WA035-003	Re-frame Patio Roofs; Re-roof Units		1460	16	55,400	77,865	74,418.32	74,418.32	
	Replace Kitchen Ranges		1465.1	40	16,648	16,648	10,238.16	10,238.16	
HA-WIDE	Administration		1410		7,000	7,000	7,000	632.65	
	Contingency		1502		22,465	0	0	0	

