

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

Small PHA Plan Update

Annual Plan for Fiscal Year: **2003**

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**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: Piedmont Housing Authority**

**PHA Number: WV029**

**PHA Fiscal Year Beginning: (04/2003)**

**PHA Plan Contact Information:**

**Name: Beverly A. Kitzmiller**

**Phone: (304)355-2929**

**TDD: (304)355-2929**

**Email (if available): potomacvillage@mindspring.com**

**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**

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**Small PHA Plan Update**



**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.

**Annual Plan Information**

**Table of Contents**

Description of Policy and Program Changes for the Upcoming Fiscal Year	1
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**Attachments**

- X Attachment A : Supporting Documents Available for Review
- X Attachment \_\_ : Capital Fund Program Annual Statement
- X Attachment \_\_ : Capital Fund Program 5 Year Action Plan
- Attachment \_\_ : Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment \_\_ : Public Housing Drug Elimination Program (PHDEP) Plan
- X Attachment \_\_ : Resident Membership on PHA Board or Governing Body
- X Attachment \_\_ : Membership of Resident Advisory Board or Boards
- Attachment \_\_ : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
- X Attachment\_\_ : Performance and Evaluation Report for CF '00 - wv029a01
- X Attachment\_\_ : Performance and Evaluation Report for CF '01 - wv029b01
- X Attachment\_\_ : Performance and Evaluation Report for CF '02 - wv029c01

**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.

**The housing authority has been the prime sponsor of the Safety & Security Group which has been instrumental in combating crime in our community. This group of volunteers is supported by the Mayor, City Council, local police and the sheriff's department. This group of citizens and the PHA has a close working relationship with the Piedmont Police Department who has given assistance and presented drug awareness and senior safety programs to our resident families. The housing authority continues to work with the community to better the quality of life for all our citizens.**

## 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? \$ 165,000

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

~~The Capital Fund Program Yes No Action Plan is provided as Attachment~~

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

The Capital Fund Program Annual Statement is provided as Attachment

## 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</b> (Not including Activities Associated with HOPE VI or Conversion Activities)
<b>1a. Development name:</b> <b>1b. Development (project) number:</b>
<b>2. Activity type: Demolition</b> <b>Disposition</b>
<b>3. Application status (select one)</b> Approved Submitted, pending approval Planned application
<b>4. Date application approved, submitted, or planned for submission: (DD/MM/YY)</b>
<b>5. Number of units affected:</b> <b>6. Coverage of action (select one)</b> Part of the development Total development
<b>7. Relocation resources (select all that apply)</b> Section 8 for     units Public housing for     units Preference for admission to other public housing or section 8 Other housing for     units (describe below)
<b>8. Timeline for activity:</b> 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 X No:**     **Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 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.

**Yes X 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)]

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

**1. Yes X 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)

**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

1. ~~necessary~~ Consolidated Plan jurisdiction: State of West Virginia

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)

- X 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)

**PHA Requests for support from the Consolidated Plan Agency**

Yes X 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: The PHA Plan and the Consolidated Plan are committed to providing decent, safe and sanitary housing by providing available resources to meet that goal.

**C. Criteria for Substantial Deviation and Significant Amendments**

**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 substantial deviation in the 5 year plan that causes changes in the service provided to residents or significant changes in the agency's financial situation will be documented in subsequent annual plans. Exception to this will be made to include any changes in HUD regulatory requirements which will not be considered a significant amendment.

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

**Changes that would affect tenant's income, rent and admission and occupancy will be made within a thirty day period. All other changes will be examined on a case by case basis and modifications made to the PHA Plan will be made on an annual basis subject to a full public hearing and HUD regulations.**

**Exception to this will be made to include any work items not previously approved in the plan, such as necessary and emergency items, will only require the approval of the Executive Director and the Board of Commissioners.**

**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
	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	Annual Plan:

Applicable & On Display	Supporting Document	Related Plan Component
	housing program	Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	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 X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies 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
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance

Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved 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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	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
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	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
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service &

Applicable & On Display	Supporting Document	Related Plan Component
		<b>Self-Sufficiency</b>
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	<p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> <li>• Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>• Consortium agreement/s between the 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
<b>X</b>	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O Policy	Pet Policy
<b>X</b>	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
	<b>Troubled PHAs: MOA/Recovery Plan</b>	<b>Troubled PHAs</b>
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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Table Library

<b>Annual Statement/Performance and Evaluation Report</b>					
PHA Name: Piedmont Housing Authority			Grant Type and Number Capital Fund Program: <b>WV15P02950103</b>		Federal FY of Grant: 2003
Original Annual Statement			Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )		
<del>Performance and Evaluation Report for Period Ending:</del>			<del>Final Performance and Evaluation Report</del>		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	17,500			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	15,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	132,500			
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)	165,000			

21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				



Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work





### 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.

<b>CFP 5-Year Action Plan</b>		
<b>Original statement</b>	<b>Revised statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
WV029	Piedmont Housing Authority	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Resident Maintenance Wages	17,500	2004
Computer Upgrade	5,000	2004
A & E	16,000	2004
Ceiling Tile Replacement	2,000	2004
Floor Tile MR Common Areas	20,000	2004
Comm Room/Lobby Furniture	15,000	2004
Floor Tile Replacement , 13 units TH	100,000	2004
Replace Closet bi-fold Doors	10,000	2004
Security System Upgrade	5,000	2004
Resident Maintenance Wages	17,500	2005
Computer Upgrade	5,000	2005
A & E	16,000	2005
Floor Tile Replacement , 13 units TH	100,000	2005
Plumbing & Sidewalk Replacement	10,000	2005
Truck	23,000	2005
Repair Settlement in Garage	5,000	2005
Roof Replacement	10,000	2005
AC Condensing Unit Replacement	5,000	2005

Resident Maintenance Wages	18,000	2006
Computer Upgrade	5,000	2006
A & E	16,000	2006
Floor Tile Replacement 8, units GA	31,000	2006
Kitchens, TH, GA, MR	108,000	2006
Lighting, TH, GA, MR	10,000	2006
Lawn Tractor, Snow Blower	6,000	2006
Resident Maintenance Wages	18,000	2007
Computer Upgrade	5,000	2007
A & E	16,000	2007
Remodel Office/Furniture	20,000	2007
Replace GA Doors	24,000	2007
AC in Mid-Rise	80,000	2007
Bathrooms, TH, GA, MR	75,000	2007
<b>Total estimated cost over next 5 years</b>	<b>814,000</b>	

## PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

### Section 1: General Information/History

- A. Amount of PHDEP Grant \$ \_\_\_\_\_
- B. Eligibility type (Indicate with an "x") N1 \_\_\_\_\_ N2 \_\_\_\_\_ R \_\_\_\_\_
- C. FFY in which funding is requested \_\_\_\_\_
- D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. 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.



3.							
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<b>9115 - Special Initiative</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount/Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9116 - Gun Buyback TA Match</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9120 - Security Personnel</b>	<b>Total PHDEP Funding: \$</b>
----------------------------------	--------------------------------

<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Person s Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9130 - Employment of Investigators</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Person s Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.							
2.							

3.							
----	--	--	--	--	--	--	--

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

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

3.							
----	--	--	--	--	--	--	--

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Person s Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9170 - Drug Intervention</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							

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

<b>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

**Required Attachment \_\_\_\_: 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)

Name of resident member(s) on the governing board: **Kay Peck**

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

- Elected  
 Appointed

C. The term of appointment is (include the date term expires): **2 year term, Term expires 09/11/2004**

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: **01/07/2003**

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

**Tony Francis, Mayor  
City of Piedmont**

**Required Attachment \_\_\_\_\_: 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.)**

**Betty Jo Bartlett  
51 Jones Street, Apt, 310  
Piedmont, WV 26750**

**Geri Dawson  
51 Third Street  
Piedmont, WV 26750**

**Lynn Kithcart  
62 Third Street, Apt. 1A  
Piedmont, WV 26750**

**Mary K. Shook  
51 Jones Street, Apt, 509  
Piedmont, WV 26750**

<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: Piedmont Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program: WV15P02950100 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2000
<b>GOriginal Annual Statement</b> <b>xPerformance and Evaluation Report for Period Ending: 9/30/02</b>		<b>GReserve for Disasters/ Emergencies GRevised Annual Statement (revision no: )</b> <b>GFinal 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	16,000	16,000	16,000	16,000
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	15,000	14,600	14,600	13,140
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	134,165	134,565	134,565	134,565
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)	165,165	165,165	165,165	163,705
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				



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

PHA Name: Piedmont Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: WV15P02950100 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> 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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WV029	Resident Maintenance Wages	1406		16,000	16,000	16,000	16,000	100%
WV029	A & E Fees	1430		15,000	14,600	14,600	13,140	90%
WV029	Elevator Refurbish	1460		87,165	85,822	85,821.89	85,821.89	100%
WV029	Door Replacement	1460		28,000	23,782	23,782	23,782	100%
WV029	Floor Replacement	1460		10,204	2,551	2,551	2,551	100%
WV029	Security System	1460		8,796	22,410	22,410.11	22,410.11	100%
			TOTAL	165,165	165,165	165,165	163,705	





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

PHA Name: Piedmont Housing Authority	Grant Type and Number Capital Fund Program: <b>WV15P02950101</b> Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement  
Performance and Evaluation Report for Period Ending: 9/30/02  
Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )  
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	17,000	17,000	17,000	3,747.13
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	17,000	14,500	14,500	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	134,473	124,803.29	112,887.75	86,434.04
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	-0-	12,169.71	12,169.71	12,169.71
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)	168,473	168,473	156,557.46	102,350.88
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

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

Piedmont Housing Authority		Grant Type and Number Capital Fund Program #: <b>WV15P02950101</b> Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2001		
ent Wide s	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
	Resident Maintenance Wages	1406		17,000	17,000	17,000	3,747.13
	A & E Fees	1430		17,000	14,500	14,500	-0-
	Furnace Replacement	1460		120,000	78,347.12	78,347.12	60,203.52
	Door Replacement	1460		7,500	28,570.82	28,570.82	23,387.82
	Security System	1460		6,973	3,418.81	3,418.81	291.70
	Non-Dwelling Equipment Furniture	1475		-0-	12,169.71	12,169.71	12,169.71
	Soffit Replacement	1460		-0-	11,915.54	-0-	-0-
	Floor Replacement	1460		-0-	2,551	2,551	2,551
			<b>TOTAL</b>	<b>168,473</b>	<b>168,473</b>	<b>156,557.46</b>	<b>102,350.88</b>



	Original	Revised	Actual	Original	Revised	Actual	

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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: Piedmont Housing Authority	Grant Type and Number Capital Fund Program: <b>WV15P02950102</b> Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement  
Performance and Evaluation Report for Period Ending: 9/30/02  
Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )  
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	17,500		-0-	-0-
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	15,000		14,500	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	127,259		-0-	-0-
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)	159,759		14,500	-0-
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

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

Piedmont Housing Authority		Grant Type and Number Capital Fund Program #: <b>WV15P02950102</b> Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: <b>2002</b>		
ent r Wide s	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
	Resident Maintenance Wages	1406		17,500		-0-	-0-
	A & E Fees	1430		15,000		14,500	-0-
	Replace Stair Towers	1460		50,000		-0-	-0-
	Floor Replacement	1460		2,500		-0-	-0-
	Entry & Storm Door Replacement	1460		34,759		-0-	-0-
	Vinyl Soffit/MR	1460		10,000		-0-	-0-
	Siding/Spouting/Soffit Replacement TH	1460		30,000		-0-	-0-
			<b>TOTAL</b>	<b>159,759</b>		<b>14,500</b>	<b>-0-</b>



	Original	Revised	Actual	Original	Revised	Actual	

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