

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2004

fl144v01
submitted October 16, 2003

**MONROE COUNTY HOUSING AUTHORITY
1400 KENNEDY DRIVE
KEY WEST, FLORIDA 33040
305/296-5621**

**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: MONROE COUNTY HOUSING AUTHORITY

PHA Number: FL 144

PHA Fiscal Year Beginning: (mm/yyyy) 01/2004

PHA Plan Contact Information:

Name: J. MANUEL CASTILLO, Sr., EXECUTIVE DIRECTOR

Phone: 305/296-5621

TDD: 305/296-0932

Email (if available): castillom@kwha.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 - **Newport Village Housing Authority Rental Office, located at #1 Harry Davis Circle, Key Largo, Florida, 33070.**
- 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 - **Newport Village Housing Authority Rental Office, located at #1 Harry Davis Circle, Key Largo, Florida, 33070.**
- Other (list below)

PHA Programs Administered:

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

**Annual PHA Plan
Fiscal Year 2004
[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.

| Contents | <u>Page #</u> |
|--|----------------------|
| Annual Plan | |
| i. Executive Summary (optional) | 2 |
| ii. Annual Plan Information | - |
| iii. Table of Contents | 1 |
| 1. Description of Policy and Program Changes for the Upcoming Fiscal Year | 2 |
| 2. Capital Improvement Needs | 4 |
| 3. Demolition and Disposition | 4 |
| 4. Homeownership: Voucher Homeownership Program | 5 |
| 5. Crime and Safety: PHDEP Plan | 5 |
| 6. Other Information: | |
| A. Resident Advisory Board Consultation Process | 6 |
| B. Statement of Consistency with Consolidated Plan | 6 |
| C. Criteria for Substantial Deviations and Significant Amendments | 7 |
| Attachments | |
| <input checked="" type="checkbox"/> Attachment A : Supporting Documents Available for Review | |
| <input checked="" type="checkbox"/> Attachment B : Capital Fund Program Annual Statement | |
| <input checked="" type="checkbox"/> Attachment C : Capital Fund Program 5 Year Action Plan | |
| <input type="checkbox"/> Attachment D: Public Housing Drug Elimination Program (PHDEP) - Not Applicable for FY 2004 | |
| <input checked="" type="checkbox"/> Attachment E: Resident Membership on PHA Board or Governing Body | |
| <input checked="" type="checkbox"/> Attachment F: Membership of Resident Advisory Board or Boards | |
| <input type="checkbox"/> Attachment G: Capital Fund Program P & E Reports - See attached files fl144a01 (2002) & fl144b01(2003) | |
| <input type="checkbox"/> Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text) There were no resident comments | |
| <input type="checkbox"/> Other (List below, providing each attachment name) | |
| fl144a01 – 2002 P & E report date 6/30/03 | |
| fl144b01 –2003 P & E report date 6/30/03 | |

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

MONROE COUNTY HOUSING AUTHORITY SMALL PHA PLAN UPDATE - FY 2004

EXECUTIVE SUMMARY

In compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998, the Monroe County Housing Authority has prepared this Small PHA Plan Update for FY 2004 along with all requisite attachments to meet HUD requirements. The mission statement of the Monroe County Housing Authority Board of Commissioners and the 5-year Goals and Objectives have all been adopted to guide the activities of the Housing Authority.

Since the first Annual Plan in FY 2000, the MCHA has adopted a flat rent policy and a flat rent schedule, as per HUD directives under the Quality Housing & Work Responsibility Act, Section 523, changing the way residents of public housing pay their rent and providing for a family to choose to pay on either a flat rent basis or pay rent based on a percentage of the family's income. The Housing Authority also developed a very successful landlord outreach program for its Section 8 program, attracting new landlords and fully utilizing vouchers.

Additionally, in an effort to increase the available affordable housing stock, the Monroe County Housing Authority is offering 18 units of affordable housing on Stock Island just outside the city limits of Key West.

As per the most recent HUD notification, the Monroe County Housing Authority has again implemented the Community Service Program as mandatory for eligible public housing residents. Residents were notified by letter prior to July 31st, 2003.

The Policies, plans, statements and Capital Fund Budgets for FY 2004 in this Small PHA Plan Update all reflect a comprehensive approach by the Monroe County Housing Authority to be consistent with HUD guidelines and provide safe, secure housing for low income residents of Monroe County.

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.

A. Community Service Program

The following activities were undertaken during FY 2003 by the Monroe County Housing Authority in response to HUD's changing requirements of the Community Service program.

After HUD amended the Community Service Program to make it again compulsory rather than involuntary, the MCHA did the following:

- Notified residents via letter prior to July 31st and posted notices that HUD had now made the program again mandatory rather than involuntary for each eligible adult who resides in public housing at the MCHA to contribute 8 hours per month of community service (not including political activities) within the community in which that adult resides, or participate in an economic self-sufficiency program for 8 hours per month.
- Made the listing available to residents of suggested community service activities, courses and workshops to assist residents in fulfilling the Community Service Requirement.
- Maintained the reporting system for residents required to participate in the Community Service Program.
- Provided Staff training on the new regulations for all staff, including Development Managers
- Re-Amended the annual re-certification process to include annual evaluation of CS requirements, including review of community service 30 days before lease expiration and 30 day notification to residents for non-compliance.
- Met with Resident Council members to review the new HUD rules on mandatory compliance for eligible residents in the program.
- Submitted amendment to Public Housing Admissions and Current Occupancy Policy (ACOP) to reflect mandatory status of Community Service Program and termination of lease in event of non-compliance.
- Included a termination clause for non-compliance with the program in the lease.

B) Deconcentration

The MCHA has only one 50 unit public housing development, and deconcentration is therefore not an issue.

C) Flat Rent Policy

The MCHA has formally adopted and implemented a Flat Rent Policy.

D) Pet Policy

The MCHA has a Pet Policy in operation in its developments as per the ACOP.

E) Voluntary Conversion

The MCHA has one development, Newport Village, which is subject to the Required Initial Assessment for Voluntary Conversion. This analysis is on file at the Housing Authority and

indicates that at the present time Newport Village is not a candidate for Voluntary Conversion based on this Initial Assessment.

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? \$ **92,379**

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 for FY 2004 is provided as Attachment B

(3) Capital Fund Program – Annual Statement/Performance & Evaluation Report

2002 P & E report date 6/30/03 – file attachment fl144a01

2003 P & E report date 6/30/03 – file attachment fl144b01

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: <u>(DD/MM/YY)</u> |
| 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.

NOTE: THIS SECTION & ATTACHMENT D ARE NOT APPLICABLE FOR FY 2004

- 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:

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? *At the Resident Council Meeting held on September 3, 2003, no comments were made by residents on the PHA Plan. At the Public Hearing held on October 8, 2003, no comments were made by residents on the PHA Plan.*
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 necessary).

1. Consolidated Plan jurisdiction: **State of Florida Consolidated Plan**
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:

- **State Housing Initiatives Program (SHIP)**
- **Homeownership & Rental**
- **State Apartment Incentive Loan (SAIL)**
- **HOME**
- **CDBG - Small Cities Community Development Block Grant**

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

The State of Florida Consolidated Plan notes the need for low income and very low income housing. The Monroe County Housing Authority's mission statement is to help fulfill this stated need, and the MCHA partners with the State of Florida to secure grant programs that will assist them in implementing 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.

CRITERIA FOR DETERMINING SUBSTANTIAL DEVIATION AND SIGNIFICANT AMENDMENT OR MODIFICATION

The Monroe County Housing Authority's definition of "substantial deviation" of Annual Plans from the 5-Year Plan and "significant amendment or modification" of the Annual Plan will consider the following to be significant amendments or modifications:

The Monroe County Housing Authority, after submitting its Annual Plan to HUD, may modify, amend or change any policy, rule, regulation or other aspect of its plan. If any item does not significantly change the Monroe County Housing Authority's Mission Statement and Goals and Objectives, then it shall not

be considered a substantial deviation from the Plan. If any modifications, amendments or changes in any policy, rule, regulation or other aspect of the plan are not inconsistent with the Monroe County Housing Authority's Mission Statement, its Goals and Objectives, or HUD regulations, then these shall not be deemed significant amendments or modifications to the Annual and 5-Year Plan.

- A substantial change in Mission Statement or Goals identified in the Five-Year Plan.

Significant Amendment/Modification:

- Significant modifications to major strategies to address housing needs and to major policies (e.g., policies governing eligibility, selection or admissions and rent determination)

A. Substantial Deviation from the 5-year Plan: NONE

B. Significant Amendment or Modification to the Annual Plan: The MCHA reinstated the Community Service Program per HUD notification and notified residents by mail prior to July 31st, 2003, that the program is now mandatory for eligible public housing residents.

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- Resolution #02-266 | 5 Year and Annual Plans |
| | State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update) | 5 Year and Annual Plans |
| X | Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement. | 5 Year and Annual Plans |
| X | Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction | Annual Plan: Housing Needs |
| X | Most recent board-approved operating budget for the public housing program | Annual Plan: Financial Resources |
| X | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] | Annual Plan: Eligibility, Selection, and Admissions Policies |
| | Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy | Annual Plan: Eligibility, Selection, and Admissions Policies |

| List of Supporting Documents Available for Review | | |
|--|---|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| X | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X | Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |
| X | Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |
| X | Section 8 rent determination (payment standard) policies <input checked="" 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 |
| | Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) | Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency |
| X | Results of latest Section 8 Management Assessment System (SEMAP) | Annual Plan: Management and Operations |
| | Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Operations and Maintenance |

| List of Supporting Documents Available for Review | | |
|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| X | Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Grievance Procedures |
| X | Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Grievance Procedures |
| X | The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year | Annual Plan: Capital Needs |
| | 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 |
| | 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 |

| List of Supporting Documents Available for Review | | |
|--|--|---|
| Applicable & On Display | Supporting Document | Related Plan Component |
| | 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 |
| X | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports | Annual Plan: Community Service & Self-Sufficiency |
| X | The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report | Annual Plan: Safety and Crime Prevention |

| List of Supporting Documents Available for Review | | |
|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| Does not apply for FY2004 | 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 |
| X | The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings | Annual Plan: Annual Audit |
| | Troubled PHAs: MOA/Recovery Plan | Troubled PHAs |
| | Other supporting documents (optional) (list individually; use as many lines as necessary) | (specify as needed) |

Attachment B: 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 I: Summary | | | | | |
| PHA Name: MONROE COUNTY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No FL14P144501-04 Replacement Housing Factor Grant No: | | Federal FY of Grant: 2004 | |
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | 0 | | | |
| 2 | 1406 Operations | 9,550.00 | | | |
| 3 | 1408 Management Improvements | 25,318.00 | | | |
| 4 | 1410 Administration | 10,000.00 | | | |
| 5 | 1411 Audit | 0 | | | |
| 6 | 1415 Liquidated Damages | 0 | | | |
| 7 | 1430 Fees and Costs | 0 | | | |
| 8 | 1440 Site Acquisition | 0 | | | |
| 9 | 1450 Site Improvement | 5,000.00 | | | |
| 10 | 1460 Dwelling Structures | 24,411.00 | | | |
| 11 | 1465.1 Dwelling Equipment— Nonexpendable | 3,100.00 | | | |
| 12 | 1470 Nondwelling Structures | 5,000.00 | | | |
| 13 | 1475 Nondwelling Equipment | 10,000.00 | | | |
| 14 | 1485 Demolition | 0 | | | |
| 15 | 1490 Replacement Reserve | 0 | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | |
|--|---|---|---------|--|----------|
| PHA Name: MONROE COUNTY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No FL14P144501-04 Replacement Housing Factor Grant No: | | Federal FY of Grant: 2004 | |
| X 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 | | | | | |
| Lin e No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 16 | 1492 Moving to Work Demonstration | 0 | | | |
| 17 | 1495.1 Relocation Costs | 0 | | | |
| 18 | 1499 Development Activities | 0 | | | |
| 19 | 1501 Collaterization or Debt Service | 0 | | | |
| 20 | 1502 Contingency | 0 | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 92,379.00 | | | |
| 22 | Amount of line 21 Related to LBP Activities | 0 | | | |
| 23 | Amount of line 21 Related to Section 504 compliance | 0 | | | |
| 24 | Amount of line 21 Related to Security – Soft Costs | 3,000.00 | | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | 0 | | | |
| 26 | Amount of line 21 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: MONROE COUNTY HOUSING AUTHORITY | | | Grant Type and Number Capital Fund Program Grant No: FL14P144501-04 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2004 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| FL 144 | Operations | 1406 | | 9,550.00 | | | | |
| Newport Village | | | | | | | | |
| Apartments | Management Improvements | | | | | | | |
| | Security | 1408 | | 3,000.00 | | | | |
| | Resident Coordinator | 1408 | | 1,500.00 | | | | |
| | Computer Software (CCS Upgrade) | 1408 | | 2,700.00 | | | | |
| | Resident Youth After School Program | 1408 | | 18,118.00 | | | | |
| | | | | | | | | |
| | Administration | | | | | | | |
| | Salary & Benefits | 1410 | | 6,500.00 | | | | |
| | Sundry | 1410 | | 1,500.00 | | | | |
| | Travel | 1410 | | 2,000.00 | | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | |
|---|--|---------------|--|----------------------|---------|---------------------------|----------------|----------------|
| PHA Name: MONROE COUNTY HOUSING AUTHORITY | | | Grant Type and Number Capital Fund Program Grant No: FL14P144501-04 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2004 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| FL 144 | Sitework | 1450 | | 5,000.00 | | | | |
| Newport Village Apartments | Interior Repairs, ie: | 1460 | | 14,503.00 | | | | |
| | Cabinets, Painting, Blinds, | | | | | | | |
| | Ceiling Fans, Plumbing, Flooring | | | | | | | |
| | Exterior Repairs | 1460 | | 9,908.00 | | | | |
| | Refrigerators | 1465 | | 1,900.00 | | | | |
| | Ranges | 1465 | | 1,200.00 | | | | |
| | Non-Dwelling Structure | 1470 | | 5,000.00 | | | | |
| | Non-Dwelling Equipment | 1475 | | 10,000.00 | | | | |
| | Computer Hardware | | | | | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule | | | | | | | |
|---|---|---------|---|---|---------|---------------------------|----------------------------------|
| PHA Name: MONROE COUNTY HOUSING AUTHORITY | | | Grant Type and Number Capital Fund Program No: FL14P144501-04 Replacement Housing Factor No: | | | Federal FY of Grant: 2004 | |
| 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 | |
| FL 144 | 5/31/07 | | | 5/31/09 | | | |
| Newport Village Apartments | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

ATTACHMENT C: Capital Fund Program Five-Year Action Plan

Part I: Summary

| PHA Name | | MONROE COUNTY HOUSING AUTHORITY | | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: | |
|--------------------------------------|------------------|--|--|---|--|
| Development Number/Name/H A-Wide | Year 1 | Work Statement for Year 2 FFY Grant: 2005 PHA FY: 2005 | Work Statement for Year 3 FFY Grant: 2006 PHA FY: 2006 | Work Statement for Year 4 FFY Grant: 2007 PHA FY: 2007 | Work Statement for Year 5 FFY Grant: 2008 PHA FY: 2008 |
| FL144 NEWPORT VILLAGE | Annual Statement | | | | |
| Operation | | 9,550.00 | 9,550.00 | 9,550.00 | 9,550.00 |
| Mgmt Improvements | | 25,318.00 | 25,318.00 | 25,318.00 | 25,318.00 |
| Administration | | 10,000.00 | 10,000.00 | 10,000.00 | 10,000.00 |
| Site Improvements | | 5,000.00 | 5,000.00 | 5,000.00 | 5,000.00 |
| Dwelling Structures | | 24,411.00 | 29,411.00 | 29,411.00 | 29,411.00 |
| Dwelling Equipment | | 3,100.00 | 3,100.00 | 3,100.00 | 3,100.00 |
| Non-Dwelling Struct. | | 5,000.00 | 5,000.00 | 5,000.00 | 5,000.00 |
| Non-Dwelling Equip. | | 10,000.00 | 5,000.00 | 5,000.00 | 5,000.00 |
| CFP Funds Listed for 5-year planning | | 92,379.00 | 92,379.00 | 92,379.00 | 92,379.00 |
| Replacement Housing Factor Funds | | | | | |

ATTACHMENT D: PHA Public Housing Drug Elimination Program Plan

NOTE: NOT APPLICABLE FOR FY 2003

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 | | | | | | |
| FY 1998 | | | | | | |
| 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 | PHEDE P 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 E: 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: Ailton Lopez

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

Elected

Appointed by the Governor of Florida

C. The term of appointment is (include the date term expires): 4 years ending 08/17/04

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

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

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

Other (explain):

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

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

Required Attachment F: 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.)

KEY LARGO- NEWPORT VILLAGE RESIDENT COUNCIL

Officers

Chairman: Ileana Guzman

Vice Chairman: Luis Ley

Secretary/Treasurer: Teresa Polanco

All other residents of Newport Village are members of the Resident Council. A quorum consists of 1 officer and 14 members.

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 I: Summary | | | | | |
|--|---|---|-----------|-------------------|-------------------------------------|
| PHA Name: MONROE COUNTY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No FL14P14450102 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2002 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/03 <input type="checkbox"/> Final Performance and Evaluation Report: | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | 0 | 0 | 0 | 0 |
| 2 | 1406 Operations | 9,550.00 | 9,550.00 | 9,550.00 | 9,550.00 |
| 3 | 1408 Management Improvements | 25,318.00 | 25,318.00 | 25,318.00 | 15,557.10 |
| 4 | 1410 Administration | 10,000.00 | 10,000.00 | 10,000.00 | 5,982.80 |
| 5 | 1411 Audit | 0 | 0 | 0 | 0 |
| 6 | 1415 Liquidated Damages | 0 | 0 | 0 | 0 |
| 7 | 1430 Fees and Costs | 0 | 0 | 0 | 0 |
| 8 | 1440 Site Acquisition | 0 | 0 | 0 | 0 |
| 9 | 1450 Site Improvement | 5,000.00 | 5,000.00 | 5,000.00 | 3,251.51 |
| 10 | 1460 Dwelling Structures | 24,411.00 | 23,863.00 | 23,863.00 | 5,139.57 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 3,100.00 | 1,147.00 | 1,147.00 | 0 |
| 12 | 1470 Nondwelling Structures | 5,000.00 | 4,500.00 | 4,500.00 | 4,500.55 |
| 13 | 1475 Nondwelling Equipment | 10,000.00 | 13,001.00 | 13,001.00 | 13,000.43 |
| 14 | 1485 Demolition | 0 | 0 | 0 | 0 |
| 15 | 1490 Replacement Reserve | 0 | 0 | 0 | 0 |
| 16 | 1492 Moving to Work Demonstration | 0 | 0 | 0 | 0 |
| 17 | 1495.1 Relocation Costs | 0 | 0 | 0 | 0 |
| 18 | 1499 Development Activities | 0 | 0 | 0 | 0 |
| 19 | 1501 Collateralization 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 I: Summary

| | | |
|---|--|------------------------------|
| PHA Name: MONROE COUNTY HOUSING AUTHORITY | Grant Type and Number Capital Fund Program Grant No FL14P14450102 Replacement Housing Factor Grant No: | Federal FY of Grant: 2002 |
|---|--|------------------------------|

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 6/30/03 Final Performance and Evaluation Report:

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
|----------|---|----------------------|-----------|-------------------|-----------|
| | | Original | Revised | Obligated | Expended |
| 20 | 1502 Contingency | 0 | 0 | 0 | 0 |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 92,379.00 | 92,379.00 | 92,379.00 | 56,981.96 |
| 22 | Amount of line 21 Related to LBP Activities | 0 | 0 | 0 | 0 |
| 23 | Amount of line 21 Related to Section 504 compliance | 0 | 0 | 0 | 0 |
| 24 | Amount of line 21 Related to Security – Soft Costs | 3,000.00 | 1,800.00 | 1,800.00 | 0 |
| 25 | Amount of Line 21 Related to Security – Hard Costs | 0 | 0 | 0 | 0 |
| 26 | Amount of line 21 Related to Energy Conservation Measures | 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: MONROE COUNTY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: FL14P14450102 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2002 | | |
|---|--|--|----------|----------------------|-----------|---------------------------|----------------|----------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| FL 144 | Operations | 1406 | | 9,550.00 | 9,550.00 | 9,550.00 | 9,550.00 | |
| Newport Village | | | | | | | | |
| Apartments | Management Improvements | | | | | | | |
| | Security | 1408 | | 3,000.00 | 1,800.00 | 1,800.00 | 0 | |
| | Resident Coordinator | 1408 | | 1,500.00 | 2,700.00 | 2,700.00 | 2,561.51 | |
| | Computer Software (CCS Upgrade) | 1408 | | 2,700.00 | 2,700.00 | 2,700.00 | 0 | |
| | Resident Youth After School Program | 1408 | | 18,118.00 | 18,118.00 | 18,118.00 | 12,995.59 | |
| | | | | | | | | |
| | | | | | | | | |
| | Administration | | | | | | | |
| | Salary & Benefits | 1410 | | 6,500.00 | 6,500.00 | 6,500.00 | 5,788.16 | |
| | Sundry | 1410 | | 1,500.00 | 1,500.00 | 1,500.00 | 194.64 | |
| | Travel | 1410 | | 2,000.00 | 2,000.00 | 2,000.00 | 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: MONROE COUNTY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: FL14P14450102 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2002 | | | |
|---|--|--|----------|----------------------|---------------------------|-------------------|----------------|----------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| FL 144 | Sitework | 1450 | | 5,000.00 | 5,000.00 | 5,000.00 | 3,251.51 | |
| Newport Village | | | | | | | | |
| Apartments | Interior Repairs, ie: Cabinets, Painting, Blinds, Ceiling Fans, Plumbing, Flooring | 1460 | | 14,503.00 | 13,955.00 | 13,955.00 | 2,367.90 | |
| | Exterior Repairs | 1460 | | 9,908.00 | 9,908.00 | 9,908.00 | 2,771.67 | |
| | Refrigerators | 1465 | | 1,900.00 | 957.00 | 957.00 | 0 | |
| | Ranges | 1465 | | 1,200.00 | 190.00 | 190.00 | 0 | |
| | Non-Dwelling Structure | 1470 | | 5,000.00 | 4,500.00 | 4,500.00 | 4,500.55 | |
| | Non-Dwelling Equipment, ie: Computer Hardware, Furniture, Trash Receptacles | 1475 | | 10,000.00 | 13,001.00 | 13,001.00 | 13,000.43 | |

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

| PHA Name: MONROE COUNTY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program No: FL14P14450102 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 | |
| FL 144 | | | | | | | |
| Newport Village | | | | | | | |
| Apartments | 5/31/04 | | | 5/31/06 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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 I: Summary | | | | | |
|--|---|---|---------|-------------------|-------------------------------------|
| PHA Name: MONROE COUNTY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No FL14P14450103 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2003 |
| <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: 06-30-03 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | 0 | | | |
| 2 | 1406 Operations | 9,550.00 | | | |
| 3 | 1408 Management Improvements | 26,200.00 | | | |
| 4 | 1410 Administration | 10,000.00 | | | |
| 5 | 1411 Audit | 0 | | | |
| 6 | 1415 Liquidated Damages | 0 | | | |
| 7 | 1430 Fees and Costs | 0 | | | |
| 8 | 1440 Site Acquisition | 0 | | | |
| 9 | 1450 Site Improvement | 4,118.00 | | | |
| 10 | 1460 Dwelling Structures | 13,752.00 | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 3,100.00 | | | |
| 12 | 1470 Nondwelling Structures | 0 | | | |
| 13 | 1475 Nondwelling Equipment | 5,000.00 | | | |
| 14 | 1485 Demolition | 0 | | | |
| 15 | 1490 Replacement Reserve | 0 | | | |
| 16 | 1492 Moving to Work Demonstration | 0 | | | |
| 17 | 1495.1 Relocation Costs | 0 | | | |
| 18 | 1499 Development Activities | 0 | | | |
| 19 | 1501 Collateralization or Debt Service | 0 | | | |
| 20 | 1502 Contingency | 0 | | | |

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

| | | |
|---|---|-------------------------------------|
| PHA Name: MONROE COUNTY HOUSING AUTHORITY | Grant Type and Number Capital Fund Program Grant No FL14P14450103 Replacement Housing Factor Grant No: | Federal FY of Grant: 2003 |
|---|---|-------------------------------------|

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 06-30-03 Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
|----------|---|----------------------|---------|-------------------|----------|
| | | Original | Revised | Obligated | Expended |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 71,720.00 | | | |
| 22 | Amount of line 21 Related to LBP Activities | 0 | | | |
| 23 | Amount of line 21 Related to Section 504 compliance | 0 | | | |
| 24 | Amount of line 21 Related to Security – Soft Costs | 0 | | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | 0 | | | |
| 26 | Amount of line 21 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: MONROE COUNTY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: FL14P14450103 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2003 | | | |
|---|--|--|----------|----------------------|---------------------------|-------------------|----------------|----------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| FL 144 | Operations | 1406 | | 9,550.00 | | | | |
| Newport Village | | | | | | | | |
| Apartments | Management Improvements | | | | | | | |
| | Security | 1408 | | 0 | | | | |
| | Resident Coordinator | 1408 | | 1,500.00 | | | | |
| | Computer Software (CCS Upgrade) | 1408 | | 2,700.00 | | | | |
| | Resident Youth Program | 1408 | | 22,000.00 | | | | |
| | | | | | | | | |
| | Administration | | | | | | | |
| | Salary & Benefits | 1410 | | 6,500.00 | | | | |
| | Sundry | 1410 | | 1,500.00 | | | | |
| | Travel | 1410 | | 2,000.00 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

| PHA Name: MONROE COUNTY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: FL14P14450103 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2003 | | | |
|---|--|--|----------|----------------------|---------------------------|-------------------|----------------|----------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| FL 144 | Sitework | 1450 | | 4,118.00 | | | | |
| Newport Village | | | | | | | | |
| Apartments | Interior Repairs, ie: | 1460 | | 11,503.00 | | | | |
| | Cabinets, Painting, Blinds, | | | | | | | |
| | Ceiling Fans, Plumbing, Flooring | | | | | | | |
| | Exterior Repairs | 1460 | | 2,249.00 | | | | |
| | Refrigerators | 1465 | | 1,900.00 | | | | |
| | Ranges | 1465 | | 1,200.00 | | | | |
| | Non-Dwelling Structure | 1470 | | 0 | | | | |
| | Non-Dwelling Equipment | 1475 | | 5,000.00 | | | | |
| | Computer Hardware | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

