

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

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# PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009  
Annual Plan for Fiscal Year 2005

**St. Michaels Housing Authority**

**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:** St. Michaels Housing Authority

**PHA Number:** MD013

**PHA Fiscal Year Beginning: (mm/yyyy)** 10/2005

**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
- PHA local 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
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the 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)

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2005 - 2009**  
[24 CFR Part 903.5]

**A. Mission**

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- X      The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- X      PHA Goal: Expand the supply of assisted housing  
Objectives:  
      Apply for additional rental vouchers:  
X      Reduce public housing vacancies:  
X      Leverage private or other public funds to create additional housing opportunities:  
      Acquire or build units or developments  
      Other (list below)
- X      PHA Goal: Improve the quality of assisted housing  
Objectives:  
X      Improve public housing management: (PHAS score)  
X      Improve voucher management: (SEMAP score)  
X      Increase customer satisfaction:  
      Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)  
      Renovate or modernize public housing units:  
X      Demolish or dispose of obsolete public housing:

- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

X PHA Goal: Increase assisted housing choices

Objectives:

- Provide voucher mobility counseling:
- Conduct outreach efforts to potential voucher landlords
- Increase voucher payment standards
- Implement voucher homeownership program:
- X Implement public housing or other homeownership programs:
- Implement public housing site-based waiting lists:
- Convert public housing to vouchers:
- Other: (list below)

**HUD Strategic Goal: Improve community quality of life and economic vitality**

X PHA Goal: Provide an improved living environment

Objectives:

- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- Implement public housing security improvements:
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Other: (list below)

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- Increase the number and percentage of employed persons in assisted families:
- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- X PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
  - X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
    - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
    - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
    - Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**Annual PHA Plan**  
**PHA Fiscal Year 2005**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

X      **Standard Plan**

**Streamlined Plan:**

- High Performing PHA**
- Small Agency (<250 Public Housing Units)**
- Administering Section 8 Only**

X      **Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

This plan covers the beginning of a recovery period for the agency. We believe the plan is consistent with our goal of financial stability by the end of calendar year 2006. We also believe the work items identified are both prudent and fiscally wise.

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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**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. Note: 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.

**Required Attachments:**

- X Admissions Policy for Deconcentration
- X FY 2005 Capital Fund Program Annual Statement
- X Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

**Optional Attachments:**

- PHA Management Organizational Chart
- X FY 2005 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
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	5 Year and Annual Plans
X	Fair Housing Documentation: 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
	Consolidated Plan for the jurisdiction/s in which the PHA is	Annual Plan:

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	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), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology 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 X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X 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	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X 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 the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital	Annual Plan: Capital Needs

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	
	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	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	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	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)

## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

### **A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe"

impact.” Use N/A to indicate that no information is available upon which the PHA can make this assessment.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	1881	5	5	5	5	5	5
Income >30% but <=50% of AMI	2594	5	5	5	5	5	5
Income >50% but <80% of AMI	3239	4	4	4	4	4	4
Elderly	6599	4	4	4	4	4	4
Families with Disabilities	6093	4	4	4	4	4	4
Race/Ethnicity	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s  
Indicate year:
- X U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data  
Indicate year:
- X Other housing market study  
Indicate year: 2004
- Other sources: (list and indicate year of information)

**B. Housing Needs of Families on the Public Housing and Section 8  
Tenant- Based Assistance Waiting Lists**

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input checked="" type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	85		12
Extremely low income <=30% AMI	69	81	
Very low income (>30% but <=50% AMI)	13	15	
Low income (>50% but <80% AMI)	3	4	
Families with children	29	34	
Elderly families	11	13	
Families with Disabilities	10	12	
Race/ethnicity	N/A	N/A	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	27	32	
2 BR	11	13	
3 BR	3	4	
4 BR			
5 BR			
5+ BR			

### Housing Needs of Families on the Waiting List

Is the waiting list closed (select one)? X No  Yes

If yes:

How long has it been closed (# of months)?

Does the PHA expect to reopen the list in the PHA Plan year?  No  Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed?  No  Yes

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

The needs will continue to be present, but without any additional units being built the problem of applicants to unit availability won't change—WE NEED MORE MONEY TO BUILD THE NEEDED UNITS.

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- X Employ effective maintenance and management policies to minimize the number of public housing units off-line
- X Reduce turnover time for vacated public housing units
- X Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies

Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- Apply for additional section 8 units should they become available
- X Leverage affordable housing resources in the community through the creation of mixed - finance housing
- X Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- X Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- X Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- X Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- X Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- X Funding constraints
- X Staffing constraints
- X Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community

- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- X Community priorities regarding housing assistance
- X Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

**2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2005 grants)</b>		
a) Public Housing Operating Fund	101,186	
b) Public Housing Capital Fund	112,298	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	110,000	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>3. Public Housing Dwelling Rental Income</b>	230,370	
<b>4. Other income (list below)</b>		
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	553,854	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- When families are within a certain number of being offered a unit: (state number) **10**
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- Criminal or Drug-related activity
- Rental history
- Housekeeping

- Other (describe)
- c. X Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. X Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e.  Yes X No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

**(2)Waiting List Organization**

- a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)
- X Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe)
- b. Where may interested persons apply for admission to public housing?
- X PHA main administrative office
- PHA development site management office
- Other (list below)
- c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**
1. How many site-based waiting lists will the PHA operate in the coming year?
  2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?
  3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists?
  4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
    - PHA main administrative office
    - All PHA development management offices
    - Management offices at developments with site-based waiting lists
    - At the development to which they would like to apply

Other (list below)

**(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

X One

Two

Three or More

b. X Yes  No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

a. Income targeting:

Yes X No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

X Emergencies

X Overhoused

Underhoused

X Medical justification

X Administrative reasons determined by the PHA (e.g., to permit modernization work)

Resident choice: (state circumstances below)

Other: (list below)

c. Preferences

1.  Yes X No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs

- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- X Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- X The PHA-resident lease
- X The PHA's Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- X At an annual reexamination and lease renewal
- X Any time family composition changes
- At family request for revision
- Other (list)

**(6) Deconcentration and Income Mixing**

a.  Yes X No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b.  Yes X No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- Adoption of site-based waiting lists
- If selected, list targeted developments below:

Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments

If selected, list targeted developments below:

Employing new admission preferences at targeted developments

If selected, list targeted developments below:

Other (list policies and developments targeted below)

d.  Yes X No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

Additional affirmative marketing

Actions to improve the marketability of certain developments

Adoption or adjustment of ceiling rents for certain developments

Adoption of rent incentives to encourage deconcentration of poverty and income-mixing

Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

X Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

X Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

## **B. Section 8**

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

**Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### **(1) Eligibility**

a. What is the extent of screening conducted by the PHA? (select all that apply)

- Criminal or drug-related activity only to the extent required by law or regulation
- Criminal and drug-related activity, more extensively than required by law or regulation
- More general screening than criminal and drug-related activity (list factors below)
- Other (list below)

b.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- Criminal or drug-related activity
- Other (describe below)

**(2) Waiting List Organization**

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- None
- Federal public housing
- Federal moderate rehabilitation
- Federal project-based certificate program
- Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- PHA main administrative office
- Other (list below)

**(3) Search Time**

a.  Yes  No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

If the applicant can show evidence that they have found a unit but it will not be made available until after the 60 day period expires and the landlord is in the process of making the unit ready for tenancy then we will grant a reasonable extension.

**(4) Admissions Preferences**

a. Income targeting

Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1.  Yes  No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these

choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

1 Date and Time

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- Date and time of application
- Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- X The Section 8 Administrative Plan
- Briefing sessions and written materials
- Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- X Through published notices
- Other (list below)

**4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

**A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

**(1) Income Based Rent Policies**

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- X The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- \$0
- \$1-\$25
- X \$26-\$50

2. X Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

See ACOP.

c. Rents set at less than 30% than adjusted income

1.  Yes X No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

X For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- Yes for all developments
- Yes but only for some developments
- No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- For all developments
- For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion
- For certain size units; e.g., larger bedroom sizes
- Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study
- Fair market rents (FMR)
- 95<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) \_\_\_\_\_
- Other (list below)

g.  Yes  No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

**(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
- The section 8 rent reasonableness study of comparable housing
  - Survey of rents listed in local newspaper
  - Survey of similar unassisted units in the neighborhood
  - Other (list/describe below)

**B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

**(1) Payment Standards**

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket

- To increase housing options for families
- Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- X Annually
- Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- Success rates of assisted families
- X Rent burdens of assisted families
- Other (list below)

## **(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- \$0
- \$1-\$25
- X \$26-\$50

b. X Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

Loss of income due to circumstances beyond the control of participant.

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- X An organization chart showing the PHA's management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

### **B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	65	8 – 10
Section 8 Vouchers	20	5
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

### **C. Management and Maintenance Policies**

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

Maintenance Plan

ACOP

Administrative Plan

Annual Plan

(2) Section 8 Management: (list below)

Sec. 8 Admin Plan

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6.  
Section 8-Only PHAs are exempt from sub-component 6A.

**A. Public Housing**

1.  Yes X No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- X PHA main administrative office  
 PHA development management offices  
 Other (list below)

**B. Section 8 Tenant-Based Assistance**

1.  Yes X No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- X PHA main administrative office  
 Other (list below)

**7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

**A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

**(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA’s option, by completing and attaching a properly updated HUD-52837.

Select one:

X The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

**(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. X Yes  No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

X The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

**B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

Yes X No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
  - Revitalization Plan under development
  - Revitalization Plan submitted, pending approval
  - Revitalization Plan approved
  - Activities pursuant to an approved Revitalization Plan underway

Yes X No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name/s below:

Yes X No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  
If yes, list developments or activities below:

Yes X No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

1. X 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 component 9; if “yes”, complete one activity description for each development.)

### 2. Activity Description

Yes X No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Webb Lane Condominiums	
1b. Development (project) number: MD013002	
2. Activity type: Demolition <input type="checkbox"/>	
Disposition X	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval X	
Planned application	
4. Date application approved, submitted, or planned for submission: <u>(05/01/06)</u>	
5. Number of units affected: 14	
6. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
X Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity: 7/1/2006	
b. Projected end date of activity: 12/31/2006	

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1.  Yes X No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

- Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing

Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. Designation type:	Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)	
5. If approved, will this designation constitute a (select one)	<input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:	
7. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

**10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

**A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1.  Yes X No: Have any of the PHA’s developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description  
 Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing

Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

<b>Conversion of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: ) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

**11. Homeownership Programs Administered by the PHA**

**A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1.  Yes X No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Federal Program authority:	
<input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)	
3. Application status: (select one)	
<input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application	
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)	
5. Number of units affected:	
6. Coverage of action: (select one)	
<input type="checkbox"/> Part of the development	

Total development

## B. Section 8 Tenant Based Assistance

1.  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 component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

Yes  No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- 25 or fewer participants
- 26 - 50 participants
- 51 to 100 participants
- more than 100 participants

b. PHA-established eligibility criteria

Yes  No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

### A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

- Yes X No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

- Yes X No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self



1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- X Informing residents of new policy on admission and reexamination
- X Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

**13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

**A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority

- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

3. Which developments are most affected? (list below)

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

2. Which developments are most affected? (list below)

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

2. Which developments are most affected? (list below)

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

**15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

**16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

- 1. X Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
- 2. X Yes  No: Was the most recent fiscal audit submitted to HUD?
- 3.  Yes X No: Were there any findings as the result of that audit?
- 4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_
- 5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

**17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

- 1.  Yes X No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock ,

including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

- Not applicable
- Private management
- Development-based accounting
- Comprehensive stock assessment
- Other: (list below)

3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

- Attached at Attachment (File name)
- Provided below:

3. In what manner did the PHA address those comments? (select all that apply)

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments  
List changes below:
- Other: (list below)

### **B. Description of Election process for Residents on the PHA Board**

1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2.  Yes X No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

Resident commissioner appointed by Town Commissioners.

a. Nomination of candidates for place on the ballot: (select all that apply)

- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe)

b. Eligible candidates: (select one)

- X Any recipient of PHA assistance
- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization
- Other (list)

c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- Representatives of all PHA resident and assisted family organizations
- Other (list)

**C. 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 Maryland)

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.
- X 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 the initiatives contained in the Consolidated Plan. (list below)

Other: (list below)

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

Promotes safe and decent affordable housing options to individuals at levels of income 80% or less of the medium income

**D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

## **Attachments**

Use this section to provide any additional attachments referenced in the Plans.

# PHA Plan Table Library

## Component 7 Capital Fund Program Annual Statement Parts I, II, and II

### Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number MD06P01350105 FFY of Grant Approval: (10/2005)

X Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	11,230
3	1408 Management Improvements	12,236
4	1410 Administration	12,668
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	10,000
8	1440 Site Acquisition	
9	1450 Site Improvement	13,009
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	13,000
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	8,484
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	31,671
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	112,298
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**  
**Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
PHA WIDE	Operations: Supplemental funding	1406	11,230
	Mgmt. Imp.: Services and staff training	1408	12,236
	Administration: Salary pro-ration for staff	1410	12,668
	Fees & Costs: Software support costs	1430	10,000
	Site Improvements: Landscape paving and fencing	1450	13,009
	Dwelling Equipment: refrig., ranges, H/W heaters	1465	8,484
	Non-Dwelling Equip.: Maint. Truck	1465.1	13,000
	Debt Collateralization: repayment of Daycare building loan	1501	31,671
	Total CFP Amount:		112,298

**Annual Statement  
Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
PHA WIDE	9/2007	9/2008

## Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
	<b>PHA WIDE</b>	<b>10</b>	<b>12</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Operations: Supplemental operations funding.</b>			\$11,230	2007
			\$11,230	2008
			\$11,230	2009
			\$11,230	2010
<b>Management Improvements: Service costs and staff training</b>			\$12,236	2007
			\$12,236	2008
			\$12,236	2009
			\$12,236	2010
<b>Administration: Salary pro-ration of Admin. staff</b>			\$12,668	2007
			\$12,668	2008
			\$12,668	2009
			\$12,668	2010
<b>Fees &amp; Costs: Software support costs</b>			\$10,000	2007
			\$10,000	2008
			\$10,000	2009
			\$10,000	2010

<b>Site Improvements: Landscaping, paving and fencing</b>	\$13,009	2007
	\$13,009	2008
	\$13,009	2009
	\$13,009	2010
<b>Dwelling Equipment: HVAC system and appliances (refrig., range, H/W)</b>	\$8,484	2007
	\$8,484	2008
	\$8,484	2009
	\$8,484	2010
<b>Non-Dwelling Equipment: New Maint. Truck and service tools</b>	\$13,000	2007
	\$13,000	2008
	\$13,000	2009
	\$13,000	2010
<b>Debt Service: Day care loan costs</b>	\$31,671	2007
	\$31,671	2008
	\$31,671	2009
	\$31,671	2010
<b>Total estimated cost over next 5 years</b>	<b>\$561,490</b>	



Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157  
 (exp. 06/30/2005)

HA Name _____	Comprehensive Grant Number _____	FFY of Grant Approval _____
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling 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 (may not exceed 8% of line 20)				
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>				
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				

Signature of Executive Director _____	Date _____	Signature of Public Housing Director _____	Date _____
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<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report .

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report .

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	

Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report .

Public reporting burden for this collection of information is estimated to average 75 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible applicant submit information to HUD in order to receive its annual formula grant. This information will be used by HUD to determine whether the annual submission meets statutory and regulatory requirements for the annual formula grant and during implementation. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

## Instructions for Preparation of Form HUD-52837, Annual Statement/Performance and Evaluation Report, Report Submission For the Annual Statement

Prepare a separate Form HUD-52837 (Parts I, II and III) for each annual formula grant, describing the activities which are planned to be undertaken with the current year's Comprehensive Grant Program (CGP) funds. Submit this form to HUD as part of each annual submission. On an as-needed basis, submit a revised form when prior HUD approval is required to amend the Annual Statement. When submitting a complete Form HUD-52837 (Parts I, II and III), only Part I shall be signed and dated. For revisions affecting individual pages, only the pages affected shall be signed, dated and submitted to HUD.

Prepare a separate Form HUD-52837 (Parts I, II and III) for each funding request from the \$75 million reserve for natural and other disasters and emergencies.

Prepare a separate Form HUD-52837 (Parts I, II and III) for each emergency funding request under the annual formula grant where there is no approved Comprehensive Plan.

### Report Submission For the Performance and Evaluation Report

At the end of the program year (6/30), complete the sections of Parts I, II and III as noted in footnotes 1 and 2 on a copy of the original or revised Annual Statement and mark the box, Performance and Evaluation Report for Program Year Ending \_\_\_\_\_. Submit the form(s) to HUD, together with the narrative report on resident and local/tribal government participation and other required items, by 9/30. Continue reporting at the end of each program year, until the program is completed or all funds are expended.

Revisions to the Annual Statement which do not require prior HUD approval, (e.g. expenditures for emergency work, revisions resulting from the HA's application of fungibility) shall be reported in the Performance and Evaluation Report. Revisions requiring prior HUD approval shall be submitted in a revised Annual Statement, on an as-needed basis, prior to submission of the Performance and Evaluation Report.

Upon completion or termination of the activities funded in a specific grant year, complete the sections of Parts I, II and III as noted in footnotes 1 and 2 on a copy of the original or revised Annual Statement and mark the box, Final Performance and Evaluation Report. Submit a Final Performance and Evaluation Report as soon as the program is completed or all funds are expended.

### Part I: Summary

#### Heading Instructions

**HA Name.** Enter the HA name.

**Comprehensive Grant Number.** Enter the unique Comprehensive Grant number designated for the annual grant. This number is a 13-digit alpha numeric code as follows: two-digit State code (alpha); two-digit Field Office code (numeric); P for Public Housing; three-digit HA number; three-digit Grant number; and two-digit Federal Fiscal Year identifier. The first Comprehensive Grant approved under the CGP shall be 701; e.g., VA05P03670193. The second Comprehensive Grant approved under the CGP shall be 702; e.g.,

VA05P03670294. Any funding from the \$75 million reserve for natural and other disasters and emergencies shall be given a separate Comprehensive Grant number. Grant Numbers shall be sequential, e.g., the annual formula grant is funded first and numbered VA05P03670395; a grant from the \$75 million reserve is funded next in the same FFY and numbered VA05P03670495.

**FFY of Grant Approval.** Enter the FFY in which the grant is being approved/was approved.

**Type of Submission.** Check the appropriate box and indicate whether the submission is the Original Annual Statement for the annual formula grant, the \$75 million Reserve for Disasters and Emergencies, the Revised Annual Statement (and revision number), the Performance and Evaluation Report for Program Year Ending (enter date, e.g., 6/30/96), or the Final Performance and Evaluation Report.

#### Original Total Estimated Cost

**Line 1.** Enter the Original Total Estimated Cost for all work that will be undertaken from non-CGP funds, including CIAP funds being reprogrammed for CGP purposes. Enter zero if no work will be undertaken from non-CGP funds.

**Lines 2 through 19.** For each line, enter the Original Total Estimated Cost, for all work that will be undertaken from the annual formula grant or the \$75 million reserve. Enter zero if no work will be undertaken in a particular development account. The sum total of lines 2 through 19 must equal the amount of the annual grant on line 20.

**Note:** Line 2 may not exceed 10 percent of line 20.

Line 3 may not exceed 20 percent of line 20 except where approved by HUD or the PHA is both an overall high performer and a Mod-high performer under the PHMAP.

Line 4 may not exceed 10 percent of line 20, excluding certain costs, except where approved by HUD.

Line 16 is available only to HAs participating in the Moving to Work demonstration program. The amount of funding that may be entered on this line is subject to the terms of the HA's executed Moving to Work Agreement with HUD.

**Line 20.** Amount of Annual Grant. Enter the sum of lines 2 through 19 in the Original Total Estimated Cost column.

**Line 21.** Amount of line 20 Related to Lead-Based Paint (LBP) Activities. Enter the amount of line 20 related to LBP activities (hard and soft costs) in the Original Total Estimated Cost column, as applicable. For example, if windows are being replaced, estimate the portion of the funding which is directly related to LBP abatement.

**Line 22.** Amount of line 20 Related to Section 504 Compliance. Enter the amount of line 20 related to Section 504 compliance (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

**Line 23.** Amount of line 20 Related to Security. Enter the amount of line 20 related to Security (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

**Line 24.** Amount of line 20 Related to Energy Conservation Measures. Enter the amount of line 20 related to Energy Conservation Measures (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

#### **Revised Total Estimated Cost**

**Lines 1 through 19.** After initial approval by HUD, the HA shall track cost increases and decreases in lines 1 through 18 and cost decreases in line 19 of the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column at the end of each program year on the Performance and Evaluation Report. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted.

Where prior HUD approval is required to revise the Annual Statement (i.e., where a major work category is being added to the Annual Statement which was not included in the latest HUD-approved Five-Year Action Plan or a prior approved budget), enter the revisions to development accounts that are affected by the change in the Revised Total Estimated Cost column and submit only the pages of the form affected by the revision to HUD. Each page submitted for prior HUD approval of a revision shall be signed and dated by the HA and, where approved by HUD, a signed copy shall be returned to the HA.

**Line 20.** After initial approval by HUD, the sum of lines 2 through 19 in the Revised Total Estimated Cost column may not exceed the annual grant amount (line 20 in the Original Total Estimated Cost column).

**Lines 21 through 24.** After initial approval by HUD, the HA shall track cost increases and decreases in lines 21 through 24 of the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column when the Performance and Evaluation Report is submitted. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted.

#### **Total Actual Cost**

At the end of the CGP program year (6/30) for each grant with a separate Comprehensive Grant Number for which funds are still being expended, complete the section on Actual Cost on a copy of the original or revised Annual Statement, mark the box Performance and Evaluation Report for Program Year Ending \_\_\_\_\_ and submit to HUD by 9/30.

Upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number, complete the section on Actual Cost as part of the submission of the Final Performance and Evaluation Report.

**Lines 1 through 24.** For each line, enter the Actual Cost of Funds Obligated and Expended at the end of the CGP program year (6/30) or upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number. **Note:** Do not enter a dollar amount for obligated and expended for line 19 (Contingency). Funds from this account shall be shown as obligated and expended in another development account when funds from this account are used for cost overruns, contract modifications, or other work.

**Line 20.** Enter the sum of lines 2 through 18 for obligated and expended. The sum of lines 2 through 18 may not exceed line 20 in the Original Total Estimated Cost column.

#### **Part II: Supporting Pages**

**Development Number/Name.** Enter the abbreviated number (e.g., VA-36-1) and the name, if any, of each development where a major work category will be undertaken. Enter "HA-wide" for a major work category that relates to a HA-wide activity (e.g., management improvements; administration; physical improvements that are unpredictable, such as lead-based paint abatement, asbestos abatement, modernization of vacant units).

**General Description of Major Work Categories.** For each development listed, enter a general description of the major work categories, including those that will be funded with non-CGP funds and no cost items. Work categories should be described in broad terms, such as kitchens, bathrooms, electrical, site, etc. A work category may encompass various components; e.g., the major work category of kitchens may include ranges, refrigerators, cabinets, floors, etc. Do not specify the per unit cost or the quality of materials. Identify major work categories that will be accomplished by Force Account labor by entering (FA) in parenthesis next to the major work category. PHAs that are designated as both overall high performers and Mod-high performers under the PHMAP and IHAs do not have to identify major work categories that will be accomplished by FA. After listing all major work categories for all developments being funded, enter a general description of HA-wide activities such as; management improvements; administrative costs; non-dwelling equipment; physical improvements that are unpredictable such as lead-based paint abatement, asbestos abatement, modernization of vacant units. When major work categories are subsequently deleted, draw a line through the General Description of Major Work Categories, Development Account Number, Quantity, and Estimated Cost. When major work categories are subsequently added, enter the General Description of Major Work Categories, Development Account Number, Quantity and Estimated Cost under the appropriate development number/name. **Note:** Describe administrative and management improvement costs in sufficient detail for HUD to make a determination of eligibility. Identify items excluded from the 10 percent limitation on administrative cost, such as in-house LBP testing; identify management improvements and how they relate to identified physical or management improvement needs.

**Development Account Number.** For each major work category and HA-wide activity, enter the appropriate development account which corresponds to the major work categories described under the General Description of Major Work Categories column. For appropriate development accounts, refer to the CGP Handbook 7485.3. Where funding will be provided from non-CGP sources, or the work is a no-cost item, enter "N/A" for not applicable.

**Quantity.** Enter the quantity of each major work category, and HA-wide activity, to be undertaken as a percentage or whole number; e.g., 50 percent of the units, 125 units, train 25 residents, etc.

#### **Total Estimated Cost**

**Original.** For each major work category and HA-wide activity, enter the Original Estimated Cost. Asterisk the estimated cost of each major work category that will be funded with non-CGP funds, including reprogrammed CIAP funds. **After listing the estimated cost for all major work categories at a particular development, enter a subtotal of the estimated cost of only the major work categories that will be funded from the current year's CGP grant. (Note: Do not count costs that have been asterisked in this subtotal). Enter a subtotal for each HA-wide activity.** Enter a grand total for Part II of only the major work

categories and HA-wide activities that will be funded with the current year's CGP grant. The Grand Total may not exceed line 19 of the Original Total Estimated Cost column in Part I.

**Revised.** After initial approval by HUD, the HA shall track cost decreases or increases in the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column at the end of each program year on the Performance and Evaluation Report. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted. Where prior HUD approval is required to revise the Annual Statement (i.e., where a major work category is being added to the Annual Statement which was not included in the latest HUD-approved Five-Year Action Plan or a prior approved budget), enter the revisions to development accounts that are affected by the change in the Revised Total Estimated Cost column and submit only the pages of the form affected by the revision to HUD.

**Total Actual Cost.** At the end of the CGP program year for each grant with a separate Comprehensive Grant Number for which funds are still being expended, complete the section on Actual Cost for the Performance and Evaluation Report. Upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number, complete the section on Actual Cost for the Final Performance and Evaluation Report.

**Funds Obligated.** In this column, for each development listed, enter the cumulative dollar amount of all funds obligated for that development opposite the Original Estimated Cost subtotal. For each HA-wide activity listed, enter the cumulative dollar amount of all funds obligated opposite the Original Estimated Cost subtotal. Enter the cumulative dollar amount of all funds obligated opposite the Grand Total. The Grand Total may not exceed line 19 in the Original Total Estimated Cost column in Part I. This includes funds obligated by the HA for work to be performed by contract labor (i.e., contract award) and force account labor (i.e., work actually started). Funds that are recorded as being obligated shall remain obligated so that total funds obligated are always greater than or equal to total funds expended. Total funds obligated shall not exceed the amount of the annual grant. **Note:** Do not enter a dollar amount for obligated for line 18 (Contingency). Funds from this account will be shown as obligated in the appropriate development account when funds from this account are used for cost overruns, contract modifications or other work.

**Funds Expended.** In this column, for each development listed, enter the cumulative dollar amount of all funds expended for that development opposite the Original Estimated Cost subtotal. For each HA-wide activity listed, enter the cumulative dollar amount of all funds expended opposite the Original Estimated Cost subtotal. Enter the cumulative dollar amount of all funds expended opposite the Grand Total. The Grand Total may not exceed line 19 in the Original Total Estimated Cost column in Part I. Total funds expended means cash actually disbursed and does not include retainage. **Note:** Do not enter a dollar amount for expended for line 18 (Contingency). Funds from this account will be shown as expended in the appropriate development account when funds from this account are used for cost overruns, contract modifications or other work.

**Status of Proposed Work.** At the end of the CGP program year, complete this section for the Performance and Evaluation Report. For each major work category and HA-wide physical improvement listed, prepare a brief description of the status of the item, e.g., work completed or contract awarded on May 5, 1996. Explain the addition, deletion or modification of any major work category, such as the addition of any emergency work, or changes to the Annual

Statement, by substituting major work categories from the Five-Year Action Plan or other approved modernization budgets. Where funds were budgeted for HA-wide physical improvements, indicate the actual developments/number of units where the funds were expended.

### Part III: Implementation Schedule

**Development Number/Name.** Enter the abbreviated number (e.g., VA 36-1) and the name, if any, of each development listed on Part II. Enter "HA-wide" for major work categories that relate to HA-wide physical or management improvements.

**Original - All Funds Obligated.** Opposite each development and for each HA-wide physical or management activity, enter the estimated quarter ending date for obligation of all funds under the Original column. **Note:** Provide an implementation schedule only for HA-wide physical or management improvements, not for other HA-wide activities (e.g., administration).

**Revised - All Funds Obligated.** The HA may revise the target dates for fund obligation for delays outside of the HA's control. The revised dates shall be reported in this column at the end of the program year on the Performance and Evaluation Report. If revisions are reported in the Revised - All Funds Obligated column, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted. When it is necessary for the HA to revise a target date for reasons within its control, the HA shall immediately submit a written request to the Field Office requesting approval of the new date. If the Field Office approves the revision, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted.

**Actual - All Funds Obligated.** When all funds are obligated for a development or HA-wide activity, enter the quarter ending date that this occurred in the Actual column.

**Original - All Funds Expended.** Opposite each development and for each HA-wide physical or management activity, enter the estimated quarter ending date for expenditure of all funds under the Original column. **Note:** Provide an implementation schedule only for HA-wide physical or management improvements, not for other HA-wide activities, (e.g., administration).

**Revised - All Funds Expended.** The HA may revise the target dates for funds expenditure for delays outside of the HA's control. The revised dates shall be reported in this column at the end of the program year on the Performance and Evaluation Report. If revisions are reported in the Revised - All Funds Expended column, the revised dates shall be reflected in the Original - All Funds Expended column when the next Performance and Evaluation Report is submitted. When it is necessary for the HA to revise a target date for reasons within its control, the HA shall immediately submit a written request to the Field Office requesting approval of the new date. If the Field Offices approves the revision, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted.

**Actual - All Funds Expended.** When all funds are expended for a development or HA-wide activity, enter the quarter ending date that this occurred in the Actual column. When all funds have been expended for a specific grant, the HA shall complete Parts I, II, and III, mark the box, Final Performance and Evaluation Report, and submit to the Field Office.

**Reasons for Revised Target Dates.** Explain any revisions to the target dates for fund obligation or expenditure by specifying the delay outside of the HA's control, where the HA has self-issued a time extension, or the date on which HUD approved a revised target due to delays within the HA's control.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157  
 (exp. 06/30/2005)

HA Name _____	Comprehensive Grant Number _____	FFY of Grant Approval _____
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling 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 (may not exceed 8% of line 20)				
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>				
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				

Signature of Executive Director _____	Date _____	Signature of Public Housing Director _____	Date _____
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<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report .

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report .

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	

Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report .

Public reporting burden for this collection of information is estimated to average 75 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible applicant submit information to HUD in order to receive its annual formula grant. This information will be used by HUD to determine whether the annual submission meets statutory and regulatory requirements for the annual formula grant and during implementation. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

## Instructions for Preparation of Form HUD-52837, Annual Statement/Performance and Evaluation Report, Report Submission For the Annual Statement

Prepare a separate Form HUD-52837 (Parts I, II and III) for each annual formula grant, describing the activities which are planned to be undertaken with the current year's Comprehensive Grant Program (CGP) funds. Submit this form to HUD as part of each annual submission. On an as-needed basis, submit a revised form when prior HUD approval is required to amend the Annual Statement. When submitting a complete Form HUD-52837 (Parts I, II and III), only Part I shall be signed and dated. For revisions affecting individual pages, only the pages affected shall be signed, dated and submitted to HUD.

Prepare a separate Form HUD-52837 (Parts I, II and III) for each funding request from the \$75 million reserve for natural and other disasters and emergencies.

Prepare a separate Form HUD-52837 (Parts I, II and III) for each emergency funding request under the annual formula grant where there is no approved Comprehensive Plan.

### Report Submission For the Performance and Evaluation Report

At the end of the program year (6/30), complete the sections of Parts I, II and III as noted in footnotes 1 and 2 on a copy of the original or revised Annual Statement and mark the box, Performance and Evaluation Report for Program Year Ending \_\_\_\_\_. Submit the form(s) to HUD, together with the narrative report on resident and local/tribal government participation and other required items, by 9/30. Continue reporting at the end of each program year, until the program is completed or all funds are expended.

Revisions to the Annual Statement which do not require prior HUD approval, (e.g. expenditures for emergency work, revisions resulting from the HA's application of fungibility) shall be reported in the Performance and Evaluation Report. Revisions requiring prior HUD approval shall be submitted in a revised Annual Statement, on an as-needed basis, prior to submission of the Performance and Evaluation Report.

Upon completion or termination of the activities funded in a specific grant year, complete the sections of Parts I, II and III as noted in footnotes 1 and 2 on a copy of the original or revised Annual Statement and mark the box, Final Performance and Evaluation Report. Submit a Final Performance and Evaluation Report as soon as the program is completed or all funds are expended.

### Part I: Summary

#### Heading Instructions

**HA Name.** Enter the HA name.

**Comprehensive Grant Number.** Enter the unique Comprehensive Grant number designated for the annual grant. This number is a 13-digit alpha numeric code as follows: two-digit State code (alpha); two-digit Field Office code (numeric); P for Public Housing; three-digit HA number; three-digit Grant number; and two-digit Federal Fiscal Year identifier. The first Comprehensive Grant approved under the CGP shall be 701; e.g., VA05P03670193. The second Comprehensive Grant approved under the CGP shall be 702; e.g.,

VA05P03670294. Any funding from the \$75 million reserve for natural and other disasters and emergencies shall be given a separate Comprehensive Grant number. Grant Numbers shall be sequential, e.g., the annual formula grant is funded first and numbered VA05P03670395; a grant from the \$75 million reserve is funded next in the same FFY and numbered VA05P03670495.

**FFY of Grant Approval.** Enter the FFY in which the grant is being approved/was approved.

**Type of Submission.** Check the appropriate box and indicate whether the submission is the Original Annual Statement for the annual formula grant, the \$75 million Reserve for Disasters and Emergencies, the Revised Annual Statement (and revision number), the Performance and Evaluation Report for Program Year Ending (enter date, e.g., 6/30/96), or the Final Performance and Evaluation Report.

#### Original Total Estimated Cost

**Line 1.** Enter the Original Total Estimated Cost for all work that will be undertaken from non-CGP funds, including CIAP funds being reprogrammed for CGP purposes. Enter zero if no work will be undertaken from non-CGP funds.

**Lines 2 through 19.** For each line, enter the Original Total Estimated Cost, for all work that will be undertaken from the annual formula grant or the \$75 million reserve. Enter zero if no work will be undertaken in a particular development account. The sum total of lines 2 through 19 must equal the amount of the annual grant on line 20.

**Note:** Line 2 may not exceed 10 percent of line 20.

Line 3 may not exceed 20 percent of line 20 except where approved by HUD or the PHA is both an overall high performer and a Mod-high performer under the PHMAP.

Line 4 may not exceed 10 percent of line 20, excluding certain costs, except where approved by HUD.

Line 16 is available only to HAs participating in the Moving to Work demonstration program. The amount of funding that may be entered on this line is subject to the terms of the HA's executed Moving to Work Agreement with HUD.

**Line 20.** Amount of Annual Grant. Enter the sum of lines 2 through 19 in the Original Total Estimated Cost column.

**Line 21.** Amount of line 20 Related to Lead-Based Paint (LBP) Activities. Enter the amount of line 20 related to LBP activities (hard and soft costs) in the Original Total Estimated Cost column, as applicable. For example, if windows are being replaced, estimate the portion of the funding which is directly related to LBP abatement.

**Line 22.** Amount of line 20 Related to Section 504 Compliance. Enter the amount of line 20 related to Section 504 compliance (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

**Line 23.** Amount of line 20 Related to Security. Enter the amount of line 20 related to Security (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

**Line 24.** Amount of line 20 Related to Energy Conservation Measures. Enter the amount of line 20 related to Energy Conservation Measures (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

#### **Revised Total Estimated Cost**

**Lines 1 through 19.** After initial approval by HUD, the HA shall track cost increases and decreases in lines 1 through 18 and cost decreases in line 19 of the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column at the end of each program year on the Performance and Evaluation Report. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted.

Where prior HUD approval is required to revise the Annual Statement (i.e., where a major work category is being added to the Annual Statement which was not included in the latest HUD-approved Five-Year Action Plan or a prior approved budget), enter the revisions to development accounts that are affected by the change in the Revised Total Estimated Cost column and submit only the pages of the form affected by the revision to HUD. Each page submitted for prior HUD approval of a revision shall be signed and dated by the HA and, where approved by HUD, a signed copy shall be returned to the HA.

**Line 20.** After initial approval by HUD, the sum of lines 2 through 19 in the Revised Total Estimated Cost column may not exceed the annual grant amount (line 20 in the Original Total Estimated Cost column).

**Lines 21 through 24.** After initial approval by HUD, the HA shall track cost increases and decreases in lines 21 through 24 of the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column when the Performance and Evaluation Report is submitted. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted.

#### **Total Actual Cost**

At the end of the CGP program year (6/30) for each grant with a separate Comprehensive Grant Number for which funds are still being expended, complete the section on Actual Cost on a copy of the original or revised Annual Statement, mark the box Performance and Evaluation Report for Program Year Ending \_\_\_\_\_ and submit to HUD by 9/30.

Upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number, complete the section on Actual Cost as part of the submission of the Final Performance and Evaluation Report.

**Lines 1 through 24.** For each line, enter the Actual Cost of Funds Obligated and Expended at the end of the CGP program year (6/30) or upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number. **Note:** Do not enter a dollar amount for obligated and expended for line 19 (Contingency). Funds from this account shall be shown as obligated and expended in another development account when funds from this account are used for cost overruns, contract modifications, or other work.

**Line 20.** Enter the sum of lines 2 through 18 for obligated and expended. The sum of lines 2 through 18 may not exceed line 20 in the Original Total Estimated Cost column.

#### **Part II: Supporting Pages**

**Development Number/Name.** Enter the abbreviated number (e.g., VA-36-1) and the name, if any, of each development where a major work category will be undertaken. Enter "HA-wide" for a major work category that relates to a HA-wide activity (e.g., management improvements; administration; physical improvements that are unpredictable, such as lead-based paint abatement, asbestos abatement, modernization of vacant units).

**General Description of Major Work Categories.** For each development listed, enter a general description of the major work categories, including those that will be funded with non-CGP funds and no cost items. Work categories should be described in broad terms, such as kitchens, bathrooms, electrical, site, etc. A work category may encompass various components; e.g., the major work category of kitchens may include ranges, refrigerators, cabinets, floors, etc. Do not specify the per unit cost or the quality of materials. Identify major work categories that will be accomplished by Force Account labor by entering (FA) in parenthesis next to the major work category. PHAs that are designated as both overall high performers and Mod-high performers under the PHMAP and IHAs do not have to identify major work categories that will be accomplished by FA. After listing all major work categories for all developments being funded, enter a general description of HA-wide activities such as; management improvements; administrative costs; non-dwelling equipment; physical improvements that are unpredictable such as lead-based paint abatement, asbestos abatement, modernization of vacant units. When major work categories are subsequently deleted, draw a line through the General Description of Major Work Categories, Development Account Number, Quantity, and Estimated Cost. When major work categories are subsequently added, enter the General Description of Major Work Categories, Development Account Number, Quantity and Estimated Cost under the appropriate development number/name. **Note:** Describe administrative and management improvement costs in sufficient detail for HUD to make a determination of eligibility. Identify items excluded from the 10 percent limitation on administrative cost, such as in-house LBP testing; identify management improvements and how they relate to identified physical or management improvement needs.

**Development Account Number.** For each major work category and HA-wide activity, enter the appropriate development account which corresponds to the major work categories described under the General Description of Major Work Categories column. For appropriate development accounts, refer to the CGP Handbook 7485.3. Where funding will be provided from non-CGP sources, or the work is a no-cost item, enter "N/A" for not applicable.

**Quantity.** Enter the quantity of each major work category, and HA-wide activity, to be undertaken as a percentage or whole number; e.g., 50 percent of the units, 125 units, train 25 residents, etc.

#### **Total Estimated Cost**

**Original.** For each major work category and HA-wide activity, enter the Original Estimated Cost. Asterisk the estimated cost of each major work category that will be funded with non-CGP funds, including reprogrammed CIAP funds. **After listing the estimated cost for all major work categories at a particular development, enter a subtotal of the estimated cost of only the major work categories that will be funded from the current year's CGP grant. (Note: Do not count costs that have been asterisked in this subtotal). Enter a subtotal for each HA-wide activity.** Enter a grand total for Part II of only the major work

categories and HA-wide activities that will be funded with the current year's CGP grant. The Grand Total may not exceed line 19 of the Original Total Estimated Cost column in Part I.

**Revised.** After initial approval by HUD, the HA shall track cost decreases or increases in the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column at the end of each program year on the Performance and Evaluation Report. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted. Where prior HUD approval is required to revise the Annual Statement (i.e., where a major work category is being added to the Annual Statement which was not included in the latest HUD-approved Five-Year Action Plan or a prior approved budget), enter the revisions to development accounts that are affected by the change in the Revised Total Estimated Cost column and submit only the pages of the form affected by the revision to HUD.

**Total Actual Cost.** At the end of the CGP program year for each grant with a separate Comprehensive Grant Number for which funds are still being expended, complete the section on Actual Cost for the Performance and Evaluation Report. Upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number, complete the section on Actual Cost for the Final Performance and Evaluation Report.

**Funds Obligated.** In this column, for each development listed, enter the cumulative dollar amount of all funds obligated for that development opposite the Original Estimated Cost subtotal. For each HA-wide activity listed, enter the cumulative dollar amount of all funds obligated opposite the Original Estimated Cost subtotal. Enter the cumulative dollar amount of all funds obligated opposite the Grand Total. The Grand Total may not exceed line 19 in the Original Total Estimated Cost column in Part I. This includes funds obligated by the HA for work to be performed by contract labor (i.e., contract award) and force account labor (i.e., work actually started). Funds that are recorded as being obligated shall remain obligated so that total funds obligated are always greater than or equal to total funds expended. Total funds obligated shall not exceed the amount of the annual grant. **Note:** Do not enter a dollar amount for obligated for line 18 (Contingency). Funds from this account will be shown as obligated in the appropriate development account when funds from this account are used for cost overruns, contract modifications or other work.

**Funds Expended.** In this column, for each development listed, enter the cumulative dollar amount of all funds expended for that development opposite the Original Estimated Cost subtotal. For each HA-wide activity listed, enter the cumulative dollar amount of all funds expended opposite the Original Estimated Cost subtotal. Enter the cumulative dollar amount of all funds expended opposite the Grand Total. The Grand Total may not exceed line 19 in the Original Total Estimated Cost column in Part I. Total funds expended means cash actually disbursed and does not include retainage. **Note:** Do not enter a dollar amount for expended for line 18 (Contingency). Funds from this account will be shown as expended in the appropriate development account when funds from this account are used for cost overruns, contract modifications or other work.

**Status of Proposed Work.** At the end of the CGP program year, complete this section for the Performance and Evaluation Report. For each major work category and HA-wide physical improvement listed, prepare a brief description of the status of the item, e.g., work completed or contract awarded on May 5, 1996. Explain the addition, deletion or modification of any major work category, such as the addition of any emergency work, or changes to the Annual

Statement, by substituting major work categories from the Five-Year Action Plan or other approved modernization budgets. Where funds were budgeted for HA-wide physical improvements, indicate the actual developments/number of units where the funds were expended.

### Part III: Implementation Schedule

**Development Number/Name.** Enter the abbreviated number (e.g., VA 36-1) and the name, if any, of each development listed on Part II. Enter "HA-wide" for major work categories that relate to HA-wide physical or management improvements.

**Original - All Funds Obligated.** Opposite each development and for each HA-wide physical or management activity, enter the estimated quarter ending date for obligation of all funds under the Original column. **Note:** Provide an implementation schedule only for HA-wide physical or management improvements, not for other HA-wide activities (e.g., administration).

**Revised - All Funds Obligated.** The HA may revise the target dates for fund obligation for delays outside of the HA's control. The revised dates shall be reported in this column at the end of the program year on the Performance and Evaluation Report. If revisions are reported in the Revised - All Funds Obligated column, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted. When it is necessary for the HA to revise a target date for reasons within its control, the HA shall immediately submit a written request to the Field Office requesting approval of the new date. If the Field Office approves the revision, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted.

**Actual - All Funds Obligated.** When all funds are obligated for a development or HA-wide activity, enter the quarter ending date that this occurred in the Actual column.

**Original - All Funds Expended.** Opposite each development and for each HA-wide physical or management activity, enter the estimated quarter ending date for expenditure of all funds under the Original column. **Note:** Provide an implementation schedule only for HA-wide physical or management improvements, not for other HA-wide activities, (e.g., administration).

**Revised - All Funds Expended.** The HA may revise the target dates for funds expenditure for delays outside of the HA's control. The revised dates shall be reported in this column at the end of the program year on the Performance and Evaluation Report. If revisions are reported in the Revised - All Funds Expended column, the revised dates shall be reflected in the Original - All Funds Expended column when the next Performance and Evaluation Report is submitted. When it is necessary for the HA to revise a target date for reasons within its control, the HA shall immediately submit a written request to the Field Office requesting approval of the new date. If the Field Offices approves the revision, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted.

**Actual - All Funds Expended.** When all funds are expended for a development or HA-wide activity, enter the quarter ending date that this occurred in the Actual column. When all funds have been expended for a specific grant, the HA shall complete Parts I, II, and III, mark the box, Final Performance and Evaluation Report, and submit to the Field Office.

**Reasons for Revised Target Dates.** Explain any revisions to the target dates for fund obligation or expenditure by specifying the delay outside of the HA's control, where the HA has self-issued a time extension, or the date on which HUD approved a revised target due to delays within the HA's control.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157  
 (exp. 06/30/2005)

HA Name _____	Comprehensive Grant Number _____	FFY of Grant Approval _____
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)				
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4	1410 Administration				
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6	1415 Liquidated Damages				
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13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
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20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>				
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				

Signature of Executive Director _____	Date _____	Signature of Public Housing Director _____	Date _____
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<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report .

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report .

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	

Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
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Public reporting burden for this collection of information is estimated to average 75 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible applicant submit information to HUD in order to receive its annual formula grant. This information will be used by HUD to determine whether the annual submission meets statutory and regulatory requirements for the annual formula grant and during implementation. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

## Instructions for Preparation of Form HUD-52837, Annual Statement/Performance and Evaluation Report, Report Submission For the Annual Statement

Prepare a separate Form HUD-52837 (Parts I, II and III) for each annual formula grant, describing the activities which are planned to be undertaken with the current year's Comprehensive Grant Program (CGP) funds. Submit this form to HUD as part of each annual submission. On an as-needed basis, submit a revised form when prior HUD approval is required to amend the Annual Statement. When submitting a complete Form HUD-52837 (Parts I, II and III), only Part I shall be signed and dated. For revisions affecting individual pages, only the pages affected shall be signed, dated and submitted to HUD.

Prepare a separate Form HUD-52837 (Parts I, II and III) for each funding request from the \$75 million reserve for natural and other disasters and emergencies.

Prepare a separate Form HUD-52837 (Parts I, II and III) for each emergency funding request under the annual formula grant where there is no approved Comprehensive Plan.

### Report Submission For the Performance and Evaluation Report

At the end of the program year (6/30), complete the sections of Parts I, II and III as noted in footnotes 1 and 2 on a copy of the original or revised Annual Statement and mark the box, Performance and Evaluation Report for Program Year Ending \_\_\_\_\_. Submit the form(s) to HUD, together with the narrative report on resident and local/tribal government participation and other required items, by 9/30. Continue reporting at the end of each program year, until the program is completed or all funds are expended.

Revisions to the Annual Statement which do not require prior HUD approval, (e.g. expenditures for emergency work, revisions resulting from the HA's application of fungibility) shall be reported in the Performance and Evaluation Report. Revisions requiring prior HUD approval shall be submitted in a revised Annual Statement, on an as-needed basis, prior to submission of the Performance and Evaluation Report.

Upon completion or termination of the activities funded in a specific grant year, complete the sections of Parts I, II and III as noted in footnotes 1 and 2 on a copy of the original or revised Annual Statement and mark the box, Final Performance and Evaluation Report. Submit a Final Performance and Evaluation Report as soon as the program is completed or all funds are expended.

### Part I: Summary

#### Heading Instructions

**HA Name.** Enter the HA name.

**Comprehensive Grant Number.** Enter the unique Comprehensive Grant number designated for the annual grant. This number is a 13-digit alpha numeric code as follows: two-digit State code (alpha); two-digit Field Office code (numeric); P for Public Housing; three-digit HA number; three-digit Grant number; and two-digit Federal Fiscal Year identifier. The first Comprehensive Grant approved under the CGP shall be 701; e.g., VA05P03670193. The second Comprehensive Grant approved under the CGP shall be 702; e.g.,

VA05P03670294. Any funding from the \$75 million reserve for natural and other disasters and emergencies shall be given a separate Comprehensive Grant number. Grant Numbers shall be sequential, e.g., the annual formula grant is funded first and numbered VA05P03670395; a grant from the \$75 million reserve is funded next in the same FFY and numbered VA05P03670495.

**FFY of Grant Approval.** Enter the FFY in which the grant is being approved/was approved.

**Type of Submission.** Check the appropriate box and indicate whether the submission is the Original Annual Statement for the annual formula grant, the \$75 million Reserve for Disasters and Emergencies, the Revised Annual Statement (and revision number), the Performance and Evaluation Report for Program Year Ending (enter date, e.g., 6/30/96), or the Final Performance and Evaluation Report.

#### Original Total Estimated Cost

**Line 1.** Enter the Original Total Estimated Cost for all work that will be undertaken from non-CGP funds, including CIAP funds being reprogrammed for CGP purposes. Enter zero if no work will be undertaken from non-CGP funds.

**Lines 2 through 19.** For each line, enter the Original Total Estimated Cost, for all work that will be undertaken from the annual formula grant or the \$75 million reserve. Enter zero if no work will be undertaken in a particular development account. The sum total of lines 2 through 19 must equal the amount of the annual grant on line 20.

**Note:** Line 2 may not exceed 10 percent of line 20.

Line 3 may not exceed 20 percent of line 20 except where approved by HUD or the PHA is both an overall high performer and a Mod-high performer under the PHMAP.

Line 4 may not exceed 10 percent of line 20, excluding certain costs, except where approved by HUD.

Line 16 is available only to HAs participating in the Moving to Work demonstration program. The amount of funding that may be entered on this line is subject to the terms of the HA's executed Moving to Work Agreement with HUD.

**Line 20.** Amount of Annual Grant. Enter the sum of lines 2 through 19 in the Original Total Estimated Cost column.

**Line 21.** Amount of line 20 Related to Lead-Based Paint (LBP) Activities. Enter the amount of line 20 related to LBP activities (hard and soft costs) in the Original Total Estimated Cost column, as applicable. For example, if windows are being replaced, estimate the portion of the funding which is directly related to LBP abatement.

**Line 22.** Amount of line 20 Related to Section 504 Compliance. Enter the amount of line 20 related to Section 504 compliance (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

**Line 23.** Amount of line 20 Related to Security. Enter the amount of line 20 related to Security (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

**Line 24.** Amount of line 20 Related to Energy Conservation Measures. Enter the amount of line 20 related to Energy Conservation Measures (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

#### Revised Total Estimated Cost

**Lines 1 through 19.** After initial approval by HUD, the HA shall track cost increases and decreases in lines 1 through 18 and cost decreases in line 19 of the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column at the end of each program year on the Performance and Evaluation Report. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted.

Where prior HUD approval is required to revise the Annual Statement (i.e., where a major work category is being added to the Annual Statement which was not included in the latest HUD-approved Five-Year Action Plan or a prior approved budget), enter the revisions to development accounts that are affected by the change in the Revised Total Estimated Cost column and submit only the pages of the form affected by the revision to HUD. Each page submitted for prior HUD approval of a revision shall be signed and dated by the HA and, where approved by HUD, a signed copy shall be returned to the HA.

**Line 20.** After initial approval by HUD, the sum of lines 2 through 19 in the Revised Total Estimated Cost column may not exceed the annual grant amount (line 20 in the Original Total Estimated Cost column).

**Lines 21 through 24.** After initial approval by HUD, the HA shall track cost increases and decreases in lines 21 through 24 of the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column when the Performance and Evaluation Report is submitted. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted.

#### Total Actual Cost

At the end of the CGP program year (6/30) for each grant with a separate Comprehensive Grant Number for which funds are still being expended, complete the section on Actual Cost on a copy of the original or revised Annual Statement, mark the box Performance and Evaluation Report for Program Year Ending \_\_\_\_\_ and submit to HUD by 9/30.

Upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number, complete the section on Actual Cost as part of the submission of the Final Performance and Evaluation Report.

**Lines 1 through 24.** For each line, enter the Actual Cost of Funds Obligated and Expended at the end of the CGP program year (6/30) or upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number. **Note:** Do not enter a dollar amount for obligated and expended for line 19 (Contingency). Funds from this account shall be shown as obligated and expended in another development account when funds from this account are used for cost overruns, contract modifications, or other work.

**Line 20.** Enter the sum of lines 2 through 18 for obligated and expended. The sum of lines 2 through 18 may not exceed line 20 in the Original Total Estimated Cost column.

#### Part II: Supporting Pages

**Development Number/Name.** Enter the abbreviated number (e.g., VA-36-1) and the name, if any, of each development where a major work category will be undertaken. Enter "HA-wide" for a major work category that relates to a HA-wide activity (e.g., management improvements; administration; physical improvements that are unpredictable, such as lead-based paint abatement, asbestos abatement, modernization of vacant units).

**General Description of Major Work Categories.** For each development listed, enter a general description of the major work categories, including those that will be funded with non-CGP funds and no cost items. Work categories should be described in broad terms, such as kitchens, bathrooms, electrical, site, etc. A work category may encompass various components; e.g., the major work category of kitchens may include ranges, refrigerators, cabinets, floors, etc. Do not specify the per unit cost or the quality of materials. Identify major work categories that will be accomplished by Force Account labor by entering (FA) in parenthesis next to the major work category. PHAs that are designated as both overall high performers and Mod-high performers under the PHMAP and IHAs do not have to identify major work categories that will be accomplished by FA. After listing all major work categories for all developments being funded, enter a general description of HA-wide activities such as; management improvements; administrative costs; non-dwelling equipment; physical improvements that are unpredictable such as lead-based paint abatement, asbestos abatement, modernization of vacant units. When major work categories are subsequently deleted, draw a line through the General Description of Major Work Categories, Development Account Number, Quantity, and Estimated Cost. When major work categories are subsequently added, enter the General Description of Major Work Categories, Development Account Number, Quantity and Estimated Cost under the appropriate development number/name. **Note:** Describe administrative and management improvement costs in sufficient detail for HUD to make a determination of eligibility. Identify items excluded from the 10 percent limitation on administrative cost, such as in-house LBP testing; identify management improvements and how they relate to identified physical or management improvement needs.

**Development Account Number.** For each major work category and HA-wide activity, enter the appropriate development account which corresponds to the major work categories described under the General Description of Major Work Categories column. For appropriate development accounts, refer to the CGP Handbook 7485.3. Where funding will be provided from non-CGP sources, or the work is a no-cost item, enter "N/A" for not applicable.

**Quantity.** Enter the quantity of each major work category, and HA-wide activity, to be undertaken as a percentage or whole number; e.g., 50 percent of the units, 125 units, train 25 residents, etc.

#### Total Estimated Cost

**Original.** For each major work category and HA-wide activity, enter the Original Estimated Cost. Asterisk the estimated cost of each major work category that will be funded with non-CGP funds, including reprogrammed CIAP funds. **After listing the estimated cost for all major work categories at a particular development, enter a subtotal of the estimated cost of only the major work categories that will be funded from the current year's CGP grant.** (Note: Do not count costs that have been asterisked in this subtotal). **Enter a subtotal for each HA-wide activity.** Enter a grand total for Part II of only the major work

categories and HA-wide activities that will be funded with the current year's CGP grant. The Grand Total may not exceed line 19 of the Original Total Estimated Cost column in Part I.

**Revised.** After initial approval by HUD, the HA shall track cost decreases or increases in the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column at the end of each program year on the Performance and Evaluation Report. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted. Where prior HUD approval is required to revise the Annual Statement (i.e., where a major work category is being added to the Annual Statement which was not included in the latest HUD-approved Five-Year Action Plan or a prior approved budget), enter the revisions to development accounts that are affected by the change in the Revised Total Estimated Cost column and submit only the pages of the form affected by the revision to HUD.

**Total Actual Cost.** At the end of the CGP program year for each grant with a separate Comprehensive Grant Number for which funds are still being expended, complete the section on Actual Cost for the Performance and Evaluation Report. Upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number, complete the section on Actual Cost for the Final Performance and Evaluation Report.

**Funds Obligated.** In this column, for each development listed, enter the cumulative dollar amount of all funds obligated for that development opposite the Original Estimated Cost subtotal. For each HA-wide activity listed, enter the cumulative dollar amount of all funds obligated opposite the Original Estimated Cost subtotal. Enter the cumulative dollar amount of all funds obligated opposite the Grand Total. The Grand Total may not exceed line 19 in the Original Total Estimated Cost column in Part I. This includes funds obligated by the HA for work to be performed by contract labor (i.e., contract award) and force account labor (i.e., work actually started). Funds that are recorded as being obligated shall remain obligated so that total funds obligated are always greater than or equal to total funds expended. Total funds obligated shall not exceed the amount of the annual grant. **Note:** Do not enter a dollar amount for obligated for line 18 (Contingency). Funds from this account will be shown as obligated in the appropriate development account when funds from this account are used for cost overruns, contract modifications or other work.

**Funds Expended.** In this column, for each development listed, enter the cumulative dollar amount of all funds expended for that development opposite the Original Estimated Cost subtotal. For each HA-wide activity listed, enter the cumulative dollar amount of all funds expended opposite the Original Estimated Cost subtotal. Enter the cumulative dollar amount of all funds expended opposite the Grand Total. The Grand Total may not exceed line 19 in the Original Total Estimated Cost column in Part I. Total funds expended means cash actually disbursed and does not include retainage. **Note:** Do not enter a dollar amount for expended for line 18 (Contingency). Funds from this account will be shown as expended in the appropriate development account when funds from this account are used for cost overruns, contract modifications or other work.

**Status of Proposed Work.** At the end of the CGP program year, complete this section for the Performance and Evaluation Report. For each major work category and HA-wide physical improvement listed, prepare a brief description of the status of the item, e.g., work completed or contract awarded on May 5, 1996. Explain the addition, deletion or modification of any major work category, such as the addition of any emergency work, or changes to the Annual

Statement, by substituting major work categories from the Five-Year Action Plan or other approved modernization budgets. Where funds were budgeted for HA-wide physical improvements, indicate the actual developments/number of units where the funds were expended.

### Part III: Implementation Schedule

**Development Number/Name.** Enter the abbreviated number (e.g., VA 36-1) and the name, if any, of each development listed on Part II. Enter "HA-wide" for major work categories that relate to HA-wide physical or management improvements.

**Original - All Funds Obligated.** Opposite each development and for each HA-wide physical or management activity, enter the estimated quarter ending date for obligation of all funds under the Original column. **Note:** Provide an implementation schedule only for HA-wide physical or management improvements, not for other HA-wide activities (e.g., administration).

**Revised - All Funds Obligated.** The HA may revise the target dates for fund obligation for delays outside of the HA's control. The revised dates shall be reported in this column at the end of the program year on the Performance and Evaluation Report. If revisions are reported in the Revised - All Funds Obligated column, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted. When it is necessary for the HA to revise a target date for reasons within its control, the HA shall immediately submit a written request to the Field Office requesting approval of the new date. If the Field Office approves the revision, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted.

**Actual - All Funds Obligated.** When all funds are obligated for a development or HA-wide activity, enter the quarter ending date that this occurred in the Actual column.

**Original - All Funds Expended.** Opposite each development and for each HA-wide physical or management activity, enter the estimated quarter ending date for expenditure of all funds under the Original column. **Note:** Provide an implementation schedule only for HA-wide physical or management improvements, not for other HA-wide activities, (e.g., administration).

**Revised - All Funds Expended.** The HA may revise the target dates for funds expenditure for delays outside of the HA's control. The revised dates shall be reported in this column at the end of the program year on the Performance and Evaluation Report. If revisions are reported in the Revised - All Funds Expended column, the revised dates shall be reflected in the Original - All Funds Expended column when the next Performance and Evaluation Report is submitted. When it is necessary for the HA to revise a target date for reasons within its control, the HA shall immediately submit a written request to the Field Office requesting approval of the new date. If the Field Offices approves the revision, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted.

**Actual - All Funds Expended.** When all funds are expended for a development or HA-wide activity, enter the quarter ending date that this occurred in the Actual column. When all funds have been expended for a specific grant, the HA shall complete Parts I, II, and III, mark the box, Final Performance and Evaluation Report, and submit to the Field Office.

**Reasons for Revised Target Dates.** Explain any revisions to the target dates for fund obligation or expenditure by specifying the delay outside of the HA's control, where the HA has self-issued a time extension, or the date on which HUD approved a revised target due to delays within the HA's control.

# Organization Chart

## St. Michaels Housing Authority

