

# **PHA Plans**

**Streamlined Annual  
Version**

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

OMB No. 2577-0226  
(exp. 05/31/2006)

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## **Streamlined Annual PHA Plan for Fiscal Year: 2008**

**PHA Name: Housing Authority of the  
Town of Winchester**

## Streamlined Annual PHA Plan Agency Identification

**PHA Name:** Housing Authority of the Town of Winchester

**PHA Number:** CT025

**PHA Fiscal Year Beginning:** 07/2008

**PHA Programs Administered:**

**Public Housing and Section 8**       **Section 8 Only**       **Public Housing Only**  
Number of public housing units:      Number of S8 units:      Number of public housing units:  
Number of S8 units:

**PHA Consortia:**

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

**PHA Plan Contact Information:**

Name: Fred W. Newman  
TDD:

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**Public Access to Information**

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

PHA's main administrative office       PHA's development management offices

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

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection.       Yes       No.

If yes, select all that apply:

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

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

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

**Streamlined Annual PHA Plan**  
**Fiscal Year 2008**  
[24 CFR Part 903.12(c)]

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[24 CFR 903.7(r)]

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**A. PHA PLAN COMPONENTS**

- 1. Site-Based Waiting List Policies  
**903.7(b)(2) Policies on Eligibility, Selection, and Admissions**
- 2. Capital Improvement Needs  
**903.7(g) Statement of Capital Improvements Needed**
- 3. Section 8(y) Homeownership  
**903.7(k)(1)(i) Statement of Homeownership Programs**
- 4. Project-Based Voucher Programs
- 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
- 6. Supporting Documents Available for Review
- 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- 8. Capital Fund Program 5-Year Action Plan

**B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE**

**Form HUD-50076, PHA Certifications of Compliance with the PHA Plans;**  
**Hard copy sent to HUD: Hartford upon Board approval.**

**Form HUD-50070, Certification for a Drug-Free Workplace;**  
**Hard copy sent to HUD: Hartford upon Board approval.**

**Form HUD-50071, Certification of Payments to Influence Federal Transactions;**  
**Hard copy sent to HUD: Hartford upon Board approval.**

**Form SF-LLL &SF-LLL a, Disclosure of Lobbying Activities.**  
**Hard copy sent to HUD: Hartford upon Board approval.**

**Form HUD-50075, Certification by State of Local Official of PHA Plans Consistency with the Consolidated Plans.**  
**Hard copy sent to HUD: Hartford upon Board approval.**

**1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)**

[24 CFR Part 903.12(c), 903.7(b)(2)]

**A. Site-Based Waiting Lists-Previous Year**

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

<b>Site-Based Waiting Lists</b>				
<b>Development Information:</b> (Name, number, location)	<b>Date Initiated</b>	<b>Initial mix of Racial, Ethnic or Disability Demographics</b>	<b>Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL</b>	<b>Percent change between initial and current mix of Racial, Ethnic, or Disability demographics</b>
Chestnut Grove Apartments CT-25 80 Chestnut Street Winsted, CT 06098	01/01/07	96.29% White 0.00% Asian 0.00% Am. Indian 3.703% Hispanic <b>62.96% Disabled</b>	97.14% White 0.00% Asian 2.86% Am. Indian 0.00% Hispanic <b>51.43% Disabled</b>	(0.843%) White (0.00%) Asian (2.867%) Am. Indian (3.703% )Hispanic <b>62.96% Disabled</b>

2. What is the number of site based waiting list developments to which families may apply at one time? *One*
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list? *One*. If applicant turns down unit offer, they go to the bottom of the list. If applicant is currently under a lease, the Authority will hold spot for up to 6 months.
4.  Yes  No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

**B. Site-Based Waiting Lists – Coming Year**

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 next component.

1. How many site-based waiting lists will the PHA operate in the coming year? *One*
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? Yes. Though PHA is elderly only
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)

## **2. Capital Improvement Needs**

[24 CFR Part 903.12 (c), 903.7 (g)]

### **A. Capital Fund Program**

1.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2.  Yes  No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

1.  Yes  No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s):

<b>HOPE VI Revitalization Grant Status</b>	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
<input type="checkbox"/>	Revitalization Plan under development
<input type="checkbox"/>	Revitalization Plan submitted, pending approval
<input type="checkbox"/>	Revitalization Plan approved
<input type="checkbox"/>	Activities pursuant to an approved Revitalization Plan underway

3.  Yes  No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:
4.  Yes  No: 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:
5.  Yes  No: 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:

### **3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to the next component; if “yes”, complete each program description below (copy and complete questions for each program identified.)

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, what is the maximum number of participants this fiscal year?

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:

- c. What actions will the PHA undertake to implement the program this year (list)?

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner down payment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family’s resources.

- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):

#### **4. Use of the Project-Based Voucher Program**

##### **Intent to Use Project-Based Assistance**

Yes  No: Does the PHA plan to “project-base” any tenant-based Section 8 vouchers in the coming year? If the answer is “no,” go to the next component. If yes, answer the following questions.

1.  Yes  No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
  - low utilization rate for vouchers due to lack of suitable rental units
  - access to neighborhoods outside of high poverty areas
  - other (describe below):
2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

#### **5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

1. Consolidated Plan jurisdiction: *State of Connecticut, 2000-2005.*
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 on its waiting lists on the needs expressed in the Consolidated Plan/s.
  - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
  - Other: (list below)

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

The Authority has:

- Designated its Housing as Elderly only
- Formed coalitions involving the public, private and voluntary sectors in an effort to produce more low-cost housing.
- Established dialogue among financial institutions to expand their role in developing affordable housing.
- Worked towards coordinating resources between multiple sponsors to avoid duplication and maximize available funds.
- Increased attention to the special housing circumstances and needs of the elderly, per the Consolidated Plan.
- Provided assistance in place of residence enabling elderly persons to meet their household needs, accomplish daily chores, and is an arrangement which has been increasingly viewed as an alternative to more costly nursing home care.
- 

### **6. Supporting Documents Available for Review for Streamlined Annual PHA Plans**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information	Annual Plan: Voluntary

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	required by HUD for Voluntary Conversion.	Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Public Housing Community Service Policy/Programs <input type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

**Annual Statement/Performance and Evaluation Report**  
**Capital Funds Program and Capital Funds Program Replacement Housing Factors (CFP/CFPRHF)**  
**Part I: Summary**

PHA Name: Housing Authority of the Town of Winchester		Grant Type and Number Capital Funds Program Grant No. CT26PO2550108 Replacement Housing Factor Grant No.		Federal FY of Grant: 2008	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	\$9,400.00			
4	1410 Administration	\$918.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$19,000.00			
8	1440 Site Acquisition	\$6,500.00			
9	1450 Site Improvement	\$5,000.00			
10	1460 Dwelling Structures	\$53,864.00			
11	1465.2 Dwelling Equipment-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	1499 Development activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (sum of Lines 2 - 20)	\$94,682.00			
22	Amount of Line 21 Related to LBP Activities				
23	Amount of Line 21 Related to 504 compliance				
24	Amount of Line 21 Related to Security - Soft Costs	\$43,000.00			
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				
Signature of Executive Director and Date			Signature of Public Housing Director of Native American Program Administrator and Date		

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

PHA Name		Grant Type and Number			Federal FY of Grant			
<b>Housing Authority of the Town of Winchester</b>		Capital Fund Program Grant No. CT26PO2550108			2008			
		Replacement Housing Factor Grant No.						
Development Number Name/HA wide Activities	General Description of Major Work Categories	Development Account #	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<u>Management Improvements</u>	1. Management Improvements	1408	Authority-wide	\$6,500.00				
	2 Software/Computer Upgrades	1408	Authority-wide	\$2,900.00				
	Total 1408 Account			\$9,400.00				
	3. Capital Fund Accounting	1410	Authority-wide	\$459.00				
	4. Advertising	1410	Authority-wide	\$459.00				
	Total 1410 Account			\$918.00				
	5. Fees and Costs: A & E	1430	Authority-wide	\$19,000.00				
	Total 1430 Account			\$19,000.00				
<u>CT 25-2 Chestnut Grove</u>	6. Property Purchase	1440.1	Authority-wide	\$6,500.00				WHA currently uses land owned by its neighbor for parking. The Authority has an opportunity to purchase this property...which will also provided room for expanding limited parking resources. Funds will function as earnest money only. Property undergoing appraisal....purchase price TBD.
	Total 1440.1 Account			\$6,500.00				
	7. Landscaping/Drive	1450	Authority-wide	\$5,000.00				
	Total 1450 Account			\$5,000.00				
	8. Carpeting	1460	Authority-wide	\$5,422.00				

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

PHA Name		Grant Type and Number			Federal FY of Grant				
<b>Housing Authority of the Town of Winchester</b>		Capital Fund Program Grant No. CT26PO2550108			2008				
		Replacement Housing Factor Grant No.							
		Development Number Name/HA wide Activities	General Description of Major Work Categories	Development Account #				Quantity	Total Estimated Cost
				Original	Revised	Funds Obligated	Funds Expended		
	9. Painting	1460	8	\$5,442.00					
	10. Telephone Entry System	1460	Authority-wide	\$43,000.00					
	<b>Total 1460 Account</b>			<b>\$53,864.00</b>					
	<b>TOTAL CAPITAL GRANT FUND</b>			<b>\$94,682.00</b>					

Annual Statement/Performance and Evaluation Report							
Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHA Name Housing Authority of the Town of Winchester			Grant Type and Number Capital Fund Program No. CT26P02550108 Replacement Housing Factor No.			Federal FY of Grant 2008	
Development Number Name/HA Wide Activities		All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)			Federal FY of Grant
General Description of Work Categories		Original	Revised	Actual	Original	Revised	Actual
<b>Management Improvements</b>							
1. Management Improvements		06/30/10			06/30/11		
2. Software/Computer Upgrades		06/30/10			06/30/11		
3. Capital Fund Accounting		06/30/10			06/30/11		
4. Advertising		06/30/10			06/30/11		
5. Fees and Costs: A & E		06/30/10			06/30/11		
<b>Chestnut Grove</b>							
6. Property Purchase		06/30/10			06/30/11		
7. Landscaping/Drive		06/30/10			06/30/11		
8. Carpeting		06/30/10			06/30/11		
9. Painting		06/30/10			06/30/11		
10. Telephone Entry System		06/30/10			06/30/11		

Capital Fund Program Five Year Action Plan

Part I: Summary

PHA Name: Housing Authority of the Town of Winchester		_x_ Original 5-Year Plan ___ Revision No:5		
	Work Statement for Year 2 FFY Grant: 2008 PHA FY: 2009	Work Statement for Year 3 FFY Grant: 2008 PHA FY: 2010	Work Statement for Year 4 FFY Grant: 2008 PHA FY: 2011	Work Statement for Year 5 FFY Grant: 2008 PHA FY: 2011
Management Improvements	\$5,530.00	\$5,530.00	\$3,530.00	\$5,530.00
A and E Fees	\$17,372.00	\$17,372.00	\$17,372.00	\$17,372.00
CT 25-2	\$71,780.00	\$71,780.00	\$73,780.00	\$71,780.00
<b>CFP Funds Listed for 5-year Planning</b>	<b>\$94,682.00</b>	<b>\$94,682.00</b>	<b>\$94,682.00</b>	<b>\$94,682.00</b>
<b>Replacement Housing Factor Funds</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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

Activity For Year 2 FFY Grant: 2008 PHA FY: 2009			Activity For Year 3 FFY Grant: 2008 PHA FY: 2010		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<i>CT 25-2</i>	1. Bathroom Renovations	\$52,480.00	<i>CT 25-2</i>	1. Bathroom Renovations	\$52,480.00
	2. Replace Unit Carpeting	\$4,500.00		2. Replace Unit Carpeting	\$4,500.00
	3. Replace fridges/ranges	\$4,000.00		3. Replace fridges/ranges	\$4,000.00
	4. Landscaping & Drive	\$5,000.00		4. Landscaping & Drive	\$5,000.00
	5. Painting	\$5,800.00		5. Painting	\$5,800.00
<b>Total CFP Estimated Cost</b>		<b>\$71,780.00</b>	<b>Total CFP Estimated Cost</b>		<b>\$71,780.00</b>
Activity For Year 4 FFY Grant: 2008 PHA FY: 2011			Activity For Year 5 FFY Grant: 2008 PHA FY: 2012		
<i>CT 25-2</i>	1. Hallway Renovations: Carpet	\$8,142.00	<i>CT 25-2</i>	1. Bathroom Renovations	\$14,858.00
	2. Hallway Renovations: Painting	\$49,522.00		2. Replace Unit/Common Area Carpeting	\$2,000.00
	3. Replace fridges/ranges	\$4,000.00		3. Replace fridges/ranges	\$2,000.00
	4. Landscaping & Drive	\$6,000.00		4. Landscaping & Drive	\$4,000.00
	5. Painting	\$6,116.00		5. Painting	\$3,688.00
				6. Community Room Renovations	\$26,264.00
				7. Roof Replacement: Phase One	\$18,970.00
<b>Total CFP Estimated Cost</b>		<b>\$73,780.00</b>	<b>Total CFP Estimated Cost</b>		<b>\$71,780.00</b>

## **Membership Resident Advisory Board**

Ms. Kay Millard  
Resident Advisory Board of the  
Winchester Housing Authority  
80 Chestnut Street, Apt #4U  
Winsted, CT 06098

Ms. Jeannette Miles  
Resident Advisory Board of the  
Winchester Housing Authority  
80 Chestnut Street, Apt #2V  
Winsted, CT 06098

Ms. Melanie Syrene  
Resident Advisory Board of the  
Winchester Housing Authority  
80 Chestnut Street, Apt #4F  
Winsted, CT 06098

Mr. Eugene Moore  
Resident Advisory Board of the  
Winchester Housing Authority  
80 Chestnut Street, Apt #2J  
Winsted, CT 06098

Ms. Laura Smith  
Resident Advisory Board of the  
Winchester Housing Authority  
80 Chestnut Street, Apt #2W  
Winsted, CT 06098

### Resident Member on the PHA Governing Board

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: **Stephen K. Lee**

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

Elected

**Appointed**

C. The term of appointment is (include the date term expires): **05/01/05 to 05/01/10**

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

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

**B.** Date of next term expiration of a governing board member: **05/01/03 – 05/01/08**

Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **Board of Selectmen, Town of Winchester**

## Administrative Plan

On March 26, 2007, the Board of Commissioners, Winchester Housing Authority passed a Resolution to accept VAWA policy in Chapter 4, Section 4.4 Waiting List Preferences, Paragraph 4.4.1, lines 4.4.1.1 through 4.4.1.3, to the *Administrative Plan, WHA*.

Prior to this change, Paragraphs 4.4.1.1 through 4.1.1.3 read:

- 4.4.1.1 Residents of Winchester – proof of residency must be provided at the time of application and again when offered a unit in Public Housing. In addition, if a person/persons relocates to Winsted after being placed on the wait list, they will be given a Winsted preference upon proving residence – i.e., utility bills, bills, lease, etc.
- 4.4.1.2 Veteran with an honorable discharge - Winchester Resident – documentation of honorable discharge must be provided.
- 4.4.1.3 Individuals displaced through natural disaster (i.e., flood, fire, tornado, hurricane, etc.) - Winchester Resident – a completed public housing application must be received by WHA within three (3) months of said disaster. Applicant must provide documentation from a local agency (i.e. police/fire department) of said disaster.

The revised Paragraphs 4.4.1.1 through 4.4.1.3 reads:

- 4.4.1.1 Residents of Winchester and immediately surrounding Communities, i.e., New Hartford, Barkhamsted, Colebrook and Norfolk – proof of residency must be provided at the time of application and again when offered a unit in Public Housing. In addition, if a person/persons relocates to Winsted after being placed on the wait list, they will be given a Winsted preference upon proving residence – i.e., utility bills, bills, lease, etc.**
- 4.4.1.2 Veteran with an honorable discharge – Winchester Residents of immediately surrounding Communities, i.e., New Hartford, Barkhamsted, Colebrook, and Norfolk – documentation of honorable discharge must be provided.**
- 4.4.1.3 Individuals displaced through natural disaster (i.e., flood, fire, tornado, hurricane, etc.) – Winchester Residents and residents of immediately surrounding communities, i.e., New Hartford, Barkhamsted, Colebrook, and Norfolk – a completed public housing application must be received by WHA within three (3) months of said disaster. Applicant must provide documentation from a local agency (i.e. police/fire department) of said disaster.**

**Note: All changes are in bold**

## WHA Policies

On April 23, 2007, the Board of Commissioners, Winchester Housing Authority passed a Resolution to resolve in Chapter 19 (formerly titled, "Appendix A"), Section 6 Working Hours, Paragraph 6.1, to the *WHA Policies*.

Prior to this change, Paragraphs 6.1 read:

- 6.1 Regular Work Week: The regular workweek for all full time employees shall be **7:30a.m. to 3:30p.m.**, Monday through Friday, including one hour unpaid lunch break.

The revised paragraph reads:

- 6.1 Regular Work Week: The regular work week for all full time employees shall be **8:30a.m. to 4:00p.m.**, Monday through Friday, including a one hour unpaid lunch break.

On April 23, 2007, the Board of Commissioners, Winchester Housing Authority passed a Resolution to resolve in Chapter 19 (formerly titled, "Appendix A"), Section 7 Absence from Work, Paragraphs 7.2.8 and 7.2.9, to the *WHA Policies*.

Prior to this change, Paragraphs 7.2.8 and 7.2.9 read:

- 7.2.8 Annual leave (vacation) shall be accumulated to the next following year in the amount of five-(5) working days, but must be taken prior to April of that year. Any employee who has had his full annual leave (vacation) in any fiscal year shall receive no further annual leave (vacation) until after October I of the following year.
- 7.2.9 Employees shall be entitled to additional time off for holidays occurring within annual eave (vacation) periods, except that such compensatory time off shall not be taken in conjunction with their annual leave (vacation).

The revised paragraphs reads:

- 7.2.8 Annual leave (vacation), **can be carried over** to the next, following year in the amount of five (5) working days, but must be taken prior to April of that year. Any employee who has had his full annual leave (vacation) in any fiscal year shall receive no further annual leave (vacation) until after October I of the following year.
- 7.2.9 Employees shall be entitled to additional time off for holidays occurring within annual leave (**vacation periods**), except that such compensatory time off shall not be taken in conjunction with their annual leave (vacation).

**Note: All changes are in bold**

On April 23, 2007, the Board of Commissioners, Winchester Housing Authority passed a Resolution to resolve in Chapter 19 (formerly titled, "Appendix A"), Section 7 Absence from Work, Paragraphs 7.3.5, to the *WHA Policies*.

Prior to this change, Paragraphs 7.3.5 read:

- 7.3.5 The Executive Director shall be responsible for the administration of these provisions. There shall be maintained a record for each employee of all sick leave taken and accumulated. These records shall be subject to periodic reports to be submitted to the Executive Director. A satisfactory method of informing individual employees of accumulated sick leave shall be established. Such procedure shall include either of the following:
- a. A record of employee's accumulated sick leave shall be submit-ed to him or her upon request at least twice annually.
  - b. A record of employee-accumulated sick leave shall be indicated on the employee's wage stub at established periodic intervals to be determined by the Housing Authority but not less than once annually.

The revised paragraph reads:

- 7.3.5 The Executive Director shall be responsible for the administration of these provisions. There shall be maintained a record for each employee of all sick leave taken and accumulated. These records shall be subject to periodic reports to be submitted to the Executive Director. A satisfactory method of informing individual employees of accumulated sick leave shall be established. Such procedure shall include either of the following:
- a. A record of employee's accumulated sick leave shall be submit-ed to him or her upon request at least twice annually.

**Paragraph Item "b" was omitted.**

**Note: All changes are in bold**

On April 23, 2007, the Board of Commissioners, Winchester Housing Authority passed a Resolution to resolve in Chapter 19 (formerly titled, "Appendix A"), Section 7 Absence from Work, Paragraph 7.7, to the *WHA Policies*.

Prior to this change, Paragraphs 7.7 read:

7.7 Bereavement:

Each employee shall be granted leave with pay in the event of a death in his or her immediate family. Such leave shall start on the day of death and continue through and included the day of burial, except that in no event shall such leave be more than three-(3) days commencing with the day of the death. For the purpose of this Article the term "immediate Family" shall mean and include the following: mother, father, husband, wife, mother-in-law, father-in-law, sister, brother, child, grandparents, brother-in-law, sister-in-law and grandchild.

The revised paragraph reads:

7.7 Bereavement:

Each employee shall be granted leave with pay in the event of a death in his or her immediate family. Such leave shall start on the day of death and continue through and included the day of burial, except that in no event shall such leave be more than three-(3) days commencing with the day of the death. For the purpose of this Article the term "immediate Family" shall mean and include the following: mother, father, husband, wife, mother-in-law, father-in-law, sister, brother, child, grandparents, brother-in-law, sister-in-law and grandchild **and/or at the discretion of the Executive Director.**

On April 23, 2007, the Board of Commissioners, Winchester Housing Authority passed a Resolution to resolve in Chapter 19, Section 16 Section 8 Office Assistant, Paragraph 16.3, to the *WHA Policies*.

Prior to this change, Paragraphs 16.3 read:

16.3 Minimum Qualifications;

The revised paragraph reads:

16.3 Minimum Qualifications;

**General office and business procedure knowledge. Graduation from High School**

**Note: All changes are in bold**

On June 24, 2006, the Board of Commissioners, Winchester Housing Authority passed a Resolution to add language to Chapter 12: Section 12.4 Reporting Interim Changes, Paragraph 12.4.1.1, 12.4.1.2, and 12.4.2.1, to the *Administrative Plan*, WHA.

Prior to this change, Paragraphs 12.4.1.1, 12.4.2, and 12.4.2.1 read:

- 12.4.1.1 The HA will conduct interim reexaminations when families have an increase in income.
- 12.4.1.2 Families will be required to report all increases in income/assets of all household members to the HA in writing immediately.
- 12.4.2 Decreases in Income
  - 12.4.2.1 Participants may report a decrease in income and other changes which would reduce the amount of tenant rent, such as an increase in allowances or deductions. The HA must calculate the change if a decrease in income is reported.

The revised paragraph reads:

- 12.4.1.1 The HA will conduct interim reexaminations when families have an increase in income of \$200.00 or more in any 30-day period.**
- 12.4.1.2 Families will be required to report all increases in income/assets of all household members to the HA in writing. All income documentation is due by the 20<sup>th</sup> of a given month for the previous four weeks for the following month as mentioned in paragraph 12.4.1.1.**
- 12.4.2 Decreases in Income
  - 12.4.2.1 Participants may report a decrease in income and other changes which would reduce the amount of tenant rent, such as an increase in allowances or deductions. The HA must calculate the change if a decrease in income is reported. All documentation is due by the 30<sup>th</sup> of the month for the most current four weeks and the changes will be effective for the following month.**

**Note: All changes are in bold**

On June 24, 2006, the Board of Commissioners, Winchester Housing Authority passed a Resolution to add language to Chapter 12: Section 12.4 Reporting Interim Changes, Paragraph 12.4.5.2, to the *Administrative Plan, WHA*.

Prior to this change, 12.4.5.2 read:

12.4.5.2 The Notice of Rent Change is mailed to the owner and the tenant. Signatures are required by the HA. If the family disagrees with the rent adjustment they may request an informal hearing.

The revised paragraph reads:

**12.4.5.2 An interim reexamination will be scheduled for families with zero income at the discretion of the Executive Director of The Housing Authority, following a presentation of facts by the Section 8 Coordinator.**

**Note: All changes are in bold**

**Annual Statement/Performance and Evaluation Report**  
**Capital Funds Program and Capital Funds Program Replacement Housing Factors (CFP/CFPRHF)**  
**Part I: Summary**

PHA Name: Housing Authority of the Town of Winchester		Grant Type and Number Capital Funds Program Grant No. CT26PO2550106 Replacement Housing Factor Grant No.			Federal FY of Grant: 2006	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement <input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations					
3	1408 Management Improvements	\$10,707.41	\$10,213.37	\$10,213.37	\$10,213.37	
4	1410 Administration	\$169.14	\$169.14	\$169.14	\$169.14	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	\$15,000.00	\$20,454.00	\$18,495.19	\$18,495.19	
8	1440 Site Acquisition					
9	1450 Site Improvement	\$2,042.50	\$2,042.50	\$2,042.50	\$2,042.50	
10	1460 Dwelling Structures	\$61,356.15	\$64,234.19	\$66,193.00	\$66,193.00	
11	1465.2 Dwelling Equipment-Expendable	\$3,362.80	\$3,362.80	\$3,362.80	\$3,362.80	
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	1499 Development activities					
19	1501 Collateralization or Debt Service					
20	1502 Contingency					
21	<b>Amount of Annual Grant (sum of Lines 2 - 20)</b>	<b>\$92,638.00</b>	<b>\$100,476.00</b>	<b>\$100,476.00</b>	<b>\$100,476.00</b>	
22	Amount of Line 21 Related to LBP Activities					
23	Amount of Line 21 Related to 504 compliance	\$23,344.00	\$60,713.00	\$60,713.00	\$60,713.00	
24	Amount of Line 21 Related to Security - Soft Costs					
25	Amount of Line 21 Related to Security - Hard Costs		\$3,339.00	\$3,339.00	\$3,339.00	
26	Amount of Line 21 Related to Energy Conservation Measures	\$2,000.00				
Signature of Executive Director and Date			Signature of Public Housing Director of Native American Program Administrator and Date			

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

PHA Name		Grant Type and Number				Federal FY of Grant		
<b>Housing Authority of the Town of Winchester</b>		Capital Fund Program Grant No. CT26PO2550106				2006		
		Replacement Housing Factor Grant No.						
Development Number Name/HA wide Activities	General Description of Major Work Categories	Development Account #	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<u>Management Improvements</u>	1. Management Improvements	1408	Authority-wide	\$6,807.41	\$6,807.41	\$6,807.41	\$6,807.41	
	2 Software/Computer Upgrades	1408	Authority-wide	\$3,900.00	\$3,405.96	\$3,405.96	\$3,405.96	
	<b>Total 1408 Account</b>			<b>\$13,398.00</b>	<b>\$10,213.37</b>	<b>\$10,213.37</b>	<b>\$10,213.37</b>	
	3. Capital Fund Accounting	1410	Authority-wide	\$0.00	\$0.00		\$0.00	
	4. Advertising	1410	Authority-wide	\$169.14	\$169.14	\$169.14	\$169.14	
	<b>Total 1410 Account</b>			<b>\$850.00</b>	<b>\$169.14</b>	<b>\$169.14</b>	<b>\$169.14</b>	
	5. Fees and Costs: A & E	1430	Authority-wide	\$15,000.00	\$17,954.00	\$18,495.19	\$18,495.19	
	6. Facility Plan			\$0.00	\$2,500.00			
	<b>Total 1430 Account</b>			<b>\$15,000.00</b>	<b>\$20,454.00</b>	<b>\$18,495.19</b>	<b>\$18,495.19</b>	Useful Life and Capital Improvement Funding Study moved to CFP 2007.
<u>CT 25-2 Chestnut Grove</u>	7. Landscaping/Drive	1450	Authority-wide	\$2,042.50	\$2,042.50	\$2,042.50	\$2,042.50	
	<b>Total 1450 Account</b>			<b>\$10,000.00</b>	<b>\$2,042.50</b>	<b>\$2,042.50</b>	<b>\$2,042.50</b>	
	8. Carpeting	1460	Authority-wide	\$0.00	\$0.00		\$0.00	
	9. Bathroom Renovaitons	1460	Authority-wide	\$58,017.15	\$57,351.19	\$59,310.00	\$59,310.00	WHA will continue its bathroom barrier-free/accessibility conversions in CFP 2007.
	10. Painting	1460	Authority-wide	\$0.00	\$0.00			
	11. Entry Door	1460	Authority-wide	\$3,339.00	\$3,339.00	\$3,339.00	\$3,339.00	Meeting operational need.
	12. Boiler Renovation	1460	Authority-wide	\$0.00	\$3,544.00	\$3,544.00	\$3,544.00	
	<b>Total 1460 Account</b>			<b>\$53,390.00</b>	<b>\$64,234.19</b>	<b>\$66,193.00</b>	<b>\$66,193.00</b>	
	13	1465.2	11	\$3,362.80	\$3,362.80	\$3,362.80	\$3,362.80	
	<b>Total 1465.2 Account</b>			<b>\$3,362.80</b>	<b>\$3,362.80</b>	<b>\$3,362.80</b>	<b>\$3,362.80</b>	
	<b>TOTAL CAPITAL GRANT FUND</b>			<b>\$92,638.00</b>	<b>\$100,476.00</b>	<b>\$100,476.00</b>	<b>\$100,476.00</b>	

Annual Statement/Performance and Evaluation Report							
Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHA Name Housing Authority of the Town of Winchester			Grant Type and Number Capital Fund Program No. CT26P02550106 Replacement Housing Factor No.			Federal FY of Grant 2006	
Development Number Name/HA Wide Activities		All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)		Reason for Revised Target Date
General Description of Work Categories		Original	Revised	Actual	Original	Revised	Actual
<b>Management Improvements</b>							
1. Management Improvements		06/30/08		06/30/07	06/30/09		06/30/07
2. Software/Computer Upgrades		06/30/08		06/30/07	06/30/09		06/30/07
3. Capital Fund Accounting		06/30/08		03/30/07	06/30/09		06/30/07
4. Advertising		06/30/08		06/30/07	06/30/09		06/30/07
5. Fees and Costs: A & E		06/30/08		06/30/07	06/30/09		06/30/07
6. Facility Plan			06/30/07			06/30/07	Moved forward to CFP 2007
<b>Chestnut Grove</b>							
7. Landscaping/Drive		06/30/08		03/30/07	06/30/09		03/30/07
8. Carpeting		06/30/08		06/30/07	06/30/09		06/30/07
9. Bathroom Renovaitons		06/30/08		06/30/07	06/30/09		06/30/07
10. Painting		06/30/08		06/30/07	06/30/09		06/30/07
11. Entry Door				06/30/07			06/30/07
12. Boiler Renovation		06/30/08		06/30/07	06/30/09		06/30/07
13. Appliances				06/30/07			06/30/07

**Annual Statement/Performance and Evaluation Report**  
**Capital Funds Program and Capital Funds Program Replacement Housing Factors (CFP/CFPRHF)**  
**Part I: Summary**

PHA Name: Housing Authority of the Town of Winchester		Grant Type and Number Capital Funds Program Grant No. CT26PO2550107 Replacement Housing Factor Grant No.		Federal FY of Grant: 2007	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	\$8,400.00	\$10,295.94	\$10,163.94	\$10,163.94
4	1410 Administration	\$918.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$14,000.00	\$18,496.00	\$15,248.25	\$13,113.75
8	1440 Site Acquisition	\$4,500.00			
9	1450 Site Improvement	\$5,000.00			
10	1460 Dwelling Structures	\$59,820.00	\$65,890.06	\$46,484.00	\$27,342.00
11	1465.2 Dwelling Equipment-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	1499 Development activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	<b>Amount of Annual Grant (sum of Lines 2 - 20)</b>	<b>\$92,638.00</b>	<b>\$94,682.00</b>	<b>\$71,896.19</b>	<b>\$50,619.69</b>
22	Amount of Line 21 Related to LBP Activities				
23	Amount of Line 21 Related to 504 compliance	\$17,504.85			
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures	\$6,500.00			
Signature of Executive Director and Date			Signature of Public Housing Director of Native American Program Administrator and Date		

**Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Hosing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name		Grant Type and Number				Federal FY of Grant		
<b>Housing Authority of the Town of Winchester</b>		Capital Fund Program Grant No. CT26PO2550107				2007		
		Replacement Housing Factor Grant No.						
Development Number Name/HA wide Activities	General Description of Major Work Categories	Development Account #	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<u>Management Improvements</u>	1. Management Improvements	1408	Authority-wide	\$6,500.00	\$9,395.94	\$9,395.94	\$9,395.94	WHA required unanticipated upgrades to it phone system in order to handle increased demand.
	2. Software/Computer Upgrades	1408	Authority-wide	\$1,900.00	\$900.00	\$768.00	\$768.00	
	Total 1408 Account			<b>\$8,400.00</b>	<b>\$10,295.94</b>	<b>\$10,163.94</b>	<b>\$10,163.94</b>	
	3. Capital Fund Accounting	1410	Authority-wide	\$459.00				WHA invested in outside consultants to perform pre-liminary analysis of cost/benefit to building expansion. Because of projected costs, this idea is on hold at this time.
	4. Advertising	1410	Authority-wide	\$459.00				
	Total 1410 Account			<b>\$918.00</b>				
	5. Fees and Costs: A & E	1430	Authority-wide	\$14,000.00	\$18,496.00	\$15,248.25	\$13,113.75	
	Total 1430 Account			<b>\$14,000.00</b>	<b>\$18,496.00</b>	<b>\$15,248.25</b>	<b>\$13,113.75</b>	
<u>CT 25-2 Chestnut Grove</u>	6. Property Purchase	1440.1	Authority-wide	\$4,500.00				WHA currently uses land owned by its neighbor for parking. The Authority has an opportunity to purchase this property...which will also provided room for expanding limited parking resources. Funds will function as earnest money only. Property undergoing appraisal....purchase price TBD.
	Total 1440.1 Account			<b>\$4,500.00</b>				
	7. Landscaping/Drive	1450	Authority-wide	\$5,000.00				

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

PHA Name		Grant Type and Number			Federal FY of Grant				
<b>Housing Authority of the Town of Winchester</b>		Capital Fund Program Grant No. CT26PO2550107			2007				
		Replacement Housing Factor Grant No.							
		Development Number Name/HA wide Activities	General Description of Major Work Categories	Development Account #					Quantity
				Original	Revised	Funds Obligated	Funds Expended		
	Total 1450 Account			\$5,000.00					
	8. Carpeting	1460	Authority-wide	\$5,022.00					
	9. Bathroom Renovaitons	1460	8	\$45,320.00	\$22,500.00	\$22,500.00			Inorder to stretch bath tub renovation funds, the Authority has chosen to pursue a tub cut - as opposed to new bath unit -
	10. Painting	1460	Authority-wide	\$5,022.00					
	11. HVAC Renovations	1460	Authority-wide	\$6,500.00	\$3,802.06				
	12. Smoke Detecotr Replacement	1460	Authority-wide	\$0.00	\$12,588.00	\$12,588.00	\$12,588.00		Unanticipated emergency repair. Public safety issue.
	13. Roof Renovations	1460	Authority-wide	\$0.00	\$27,000.00	\$11,396.00	\$14,754.00		
	Total 1460 Account			\$61,864.00	\$65,890.06	\$46,484.00	\$27,342.00		
	<b>TOTAL CAPITAL GRANT FUND</b>			<b>\$94,682.00</b>	<b>\$94,682.00</b>	<b>\$71,896.19</b>	<b>\$50,619.69</b>		

Annual Statement/Performance and Evaluation Report							
Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHA Name Housing Authority of the Town of Winchester			Grant Type and Number Capital Fund Program No. CT26P02550107 Replacement Housing Factor No.			Federal FY of Grant 2007	
Development Number Name/HA Wide Activities		All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)		Federal FY of Grant
General Description of Work Categories		Original	Revised	Actual	Original	Revised	Actual
<b>Management Improvements</b>							
1. Management Improvements		06/30/10		12/30/07	06/30/11	12/30/07	
2. Software/Computer Upgrades		06/30/10		12/30/07	06/30/11	12/30/07	
3. Capital Fund Accounting		06/30/10		12/30/07	06/30/11	12/30/07	
4. Advertising		06/30/10		12/30/07	06/30/11	12/30/07	
5. Fees and Costs: A & E		06/30/10		12/30/07	06/30/11	12/30/07	
<b>Chestnut Grove</b>							
6. Property Purchase		06/30/10		12/30/07	06/30/11	12/30/07	
7. Landscaping/Drive		06/30/10		12/30/07	06/30/11	12/30/07	
8. Carpeting		06/30/10		12/30/07	06/30/11	12/30/07	
9. Bathroom Renovaitons		06/30/10		12/30/07	06/30/11	12/30/07	
10. Painting		06/30/10		12/30/07	06/30/11	12/30/07	
11. HVAC Renovations		06/30/10		12/30/07	06/30/11	12/30/07	
12. Smoke Detecotr Replacement		06/30/10		12/30/07	06/30/11	12/30/07	
13. Roof Renovations		06/30/10		12/30/07	06/30/11	12/30/07	