

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

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

Fiscal Year 2001

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

EXECUTIVE SUMMARY OF ANNUAL PHA PLAN "2002"

It shall be the continued goal of the Board of Commissioners and staff to improve our public housing management (PHAS) score.

The Housing Authority of Cambridge, in keeping with its mission and that of the U. S. Department of Housing and Urban Development, will provide safe, decent and sanitary housing to the citizens of Cambridge and Dorchester County.

The authority will conduct the admissions process in a manner in which all persons interested in admission to public housing are treated fairly and consistently. Further, the authority will not discriminate at any stage of the admissions process because of race, color, national origin, religion, creed, sex, age, or handicap. The authority will follow the nondiscrimination requirements of Federal, state and local law.

The authority's Admission and Occupancy Policy and Dwelling Lease have been revised to be in compliance with the Quality housing and Work Responsibility Act of 1998. A copy of the authority's Admission and Occupancy Policy is included in the supporting documents of the Agency Plan.

In keeping with the authority's goal to acquire or build additional units/developments, the Board of Commissioners and Residents' Council Executive Board concurred with the Executive Director that the additional units should be designated for the elderly/disabled. To this end the authority has applied for a grant, through the Community Legacy Program with the State of Maryland and under the umbrella of the City of Cambridge, to purchase land for the development of a 100-unit senior citizens' complex.

Residents feel an increased sense of security in and around their unit. The authority has installed address security dusk to dawn light at the street entrance to each of its units in both developments. A meeting was held with the Chief of Police of the Cambridge Police Department at which time it was agreed that the authority would receive on a monthly basis a report of crime occurring on authority property as a part of our crime tracking policy. Further, plans are underway to reorganize the authority's Neighborhood Watch Program.

On July 10, 2001, the first resident elected Board of Commissioner was appointed to the authority's Board for a five (5) year term by the mayor of the City of Cambridge.

iii. Agency Identification

PHA Name: Housing Authority of Cambridge

PHA Number: MD010

PHA Fiscal Year Beginning: (mm/yyyy) 01, 2002

PHA Plan Contact Information:

Name: Mrs. Sylvia E. Jones, Executive Director

Phone: (410) 228-6856

TDD: 1 (800) 545-1833 EXT 620

Email (if available): houseauth@shorennet

Public Access to Information

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

- Main administrative office of the PHA
- PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

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

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

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

PHA Programs Administered:

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

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Authority's Admissions and Occupancy Policy and Dwelling Lease, Community Service Policy, and Pet Policy have been revised based on the final rule for the Pet Policy and Community Service Policy.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. X Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ _____

C. X Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

1. Yes X No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:

2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ N/A
- C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name) Attachment H
3. In what manner did the PHA address those comments? (select all that apply)
- The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
 Yes No: below or
 Yes No: at the end of the RAB Comments in Attachment _____.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment H.
- Other: (list below) The Residents' Council Executive Board/Block Captain were in agreement with the Annual Plan.

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)
City of Cambridge, Maryland - - 1998
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- Yes X No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

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

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

The Housing Authority of Cambridge is required to notify the Residents' Council Executive Board, The Board of Commissioners, and the U. S. Department of Housing and Urban Development of any "Substantial Deviation" or "Significant Amendment or Modification" to the current Annual Statement. As work progresses, the Housing Authority of Cambridge recognizes that conditions may change from time to time from the original anticipated project, that there may be changes to certain rent and admissions policies, and that there may be a need to change programs and activities. The Housing Authority of Cambridge recognizes its duty and responsibility to the residents, Residents' Council Executive Board, and to the general public to notify them of a substantial deviation or significant amendment or modification in items.

Accordingly, the Housing Authority of Cambridge hereby defines "Substantial Deviation" and "Significant Amendment or Modifications" as actions that cause:

1. Changes to rent or admissions policies or organization of the waiting list;
2. Additions of non-emergency work items (items not included in the current Annual Statement or Five-Year Action Plan) or changes in use of replacement reserve funds under the Capital Program;
3. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

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

B. Significant Amendment or Modification to the Annual Plan: NONE

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
x	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
N/A	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing X check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents 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
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	<p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p>X check here if included in the public housing A & O Policy</p>	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: HOUSING AUTHORITY OF CAMBRIDGE		Grant Type and Number Capital Fund Program: CAPITAL FUND PROGRAM Capital Fund Program Replacement Housing Factor Grant No: MD06P01050202			Federal FY of Grant: 2002	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)				
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations					
3	1408 Management Improvements					
4	1410 Administration	34,923				
5	1411 Audit					
6	1415 liquidated Damages					
7	1430 Fees and Costs	25,800				
8	1440 Site Acquisition					
9	1450 Site Improvement	50,000				
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures	290,107				
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2-19)	400,830				
21	Amount of line 20 Related to LBP Activities	0				

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: HOUSING AUTHORITY OF CAMBRIDGE		Grant Type and Number Capital Fund Program: CAPITAL FUND PROGRAM Capital Fund Program Replacement Housing Factor Grant No: MD06P01050202		Federal FY of Grant: 2002	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
22	Amount of line 20 Related to Section 504 Compliance	0			
23	Amount of line 20 Related to Security	0			
24	Amount of line 20 Related to Energy Conservation Measures	0			
25	Collateralization Expenses or Debt Service	0			

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Housing Authority of Cambridge		Grant Type and Number Capital Fund Program #: Capital Fund Program Capital Fund Program Replacement Housing Factor #: MD06P01050202			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA – WIDE	Salary – Mod. Coord./Adm. Asst.	1410		34,923				
HA – WIDE	A/E Fees/Consultant	1430		25,800				
MD – 10 – 1	Replace Damage Cement	1450		50,000				
HA – WIDE	Remodel Administrative bldg.	1470		290107				

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

PHA Name: Housing Authority of Cambridge	Grant Type and Number Capital Fund Program #: Capital Fund Grant Capital Fund Program Replacement Housing Factor #: MD06P-1-50201	Federal FY of Grant: 2001
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA – WIDE	1-26-02			1-26-02			
HA – WIDE	1-26-02			1-26-02			
MD – 10 – 1	1-26-02			1-26-02			
MD – 10 - 2	1-26-02			1-26-04			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of Cambridge		Grant Type and Number Capital Fund Program #: Capital Fund Program Capital Fund Program Replacement Housing Factor #: MD06P01050202			Federal FY of Grant:2002		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA – WIDE	3-31-04			3-31-05			

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

PHA Name: Housing Authority of Cambridge		Grant Type and Number Capital Fund Program #: Capital Fund Program Capital Fund Program Replacement Housing Factor #: MD06P01050202					Federal FY of Grant:2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
HA – WIDE	3-31-04			3-31-05				
MD – 10 – 1	3-31-04			3-31-05				
HA – WIDE	3-31-04			3-31-05				

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
X Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MD – 10 -1	CALVIN MOWBRAY PARK	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)

Pay the salary of Mod. Coord./Adm. Asst	34,923	2002
Hire an A/E firm/consultant to assist with the program	25,800	2002
Replace damaged cement caused by weather and tree roots	50,000	2002
Remodel the administrative building	290,107	2002
Total estimated cost over next 5 years	400,830	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
X Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MD – 10 -1	CALVIN MOWBRAY PARK	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Pay the salary of Mod. Coord./Adm. Asst	40,000	2003
Hire an A/E firm/consultant to assist with the program	30,000	2003
Replace damaged cement caused by weather and tree roots	70,000	2003
Replace exterior water spigots	70,000	2003
Replace the roofs, seal and paint storage sheds	90,000	2003
Build bulkhead to cover the exposed sprinkler pipes in the three, four and Five bedroom units	60,000	2003
Paint the three, four and five bedroom units after the bulkheads have been built	40,830	2003
Replace the existing heat covers and elements, parts and obsolete	60,000	2003
Total estimated cost over next 5 years	400,830	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
X Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MD – 10 -1	CALVIN MOWBRAY PARK	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Pay the salary of Mod. Coord./Adm. Asst	43,000	2004
Hire an A/E firm/consultant to assist with the program	40,000	2004
Replace damaged cement caused by weather and tree roots	70,000	2004
Remove and replace trees that's damaging the cement	60,000	2004
Replace medicine cabinets	75,000	2004
Replace the roofs, seal and paint storage sheds	50,000	2004
Replace existing storm doors with heavy duty storm doors	62,830	2004
Total estimated cost over next 5 years	400,830	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MD – 10 -1	CALVIN MOWBRAY PARK	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Pay the salary of Mod. Coord./Adm. Asst	50,000	2005
Install 5' and 8' black wrought iron fence	150,830	2005
Hire an A/E firm/consultant to assist with the program	20,000	2005
Replace damaged cement caused by weather and tree roots	30,000	2005
Purchase refrigerators	50,000	2005
Purchase gas ranges	40,000	2005
Replace existing storm doors with heavy duty storm doors	60,000	2005
Total estimated cost over next 5 years	400,830	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MD – 10 -1	CALVIN MOWBRAY PARK	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Pay the salary of Mod. Coord./Adm. Asst	57,000	2006
Hire an A/E firm/consultant to assist with the program	35,800	2006
Replace damaged cement caused by weather and tree roots	50,000	2006
Grade and reseed rear yards so water will run away from the units, along With tearing our bad cement and replace	15,000	2006
Purchase gas ranges	40,000	2006
Purchase refrigerators	50,000	2006
Replace existing heat covers and elements, parts are obsolete	93,030	2006
Upgrade locks on all entrance doors to be keyed alike	60,000	2006
Total estimated cost over next 5 years	400,830	

CAPITAL FUND PROGRAM FIVE-YEAR PLAN

Part I: SUMMARY

PHA Name: Housing Authority of Cambridge			X Original 5-Year Plan Revision No:		
Development Number Name/HA-Wide Activities	Year 1	Work Statement for Year 2 FFY Grant: PHA FY: 2003	Work Statement for Year 3 FFY Grant: PHA FY: 2004	Work Statement for Year 4 FFY Grant: PHA FY: 2005	Work Statement for year 5 FFY Grant: PHA FY: 2006
HA – WIDE		HA – WIDE	HA – WIDE	HA – WIDE	HA – WIDE
HA – WIDE		HA-WIDE	HA-WIDE	HA-WIDE	HA-WIDE
MD – 10 – 1		MD-10-1	MD-10-1	HA-WIDE	MD-10-1
HA – WIDE		HA-WIDE	MD-10-1	MD-10-1	MD-10-1
		MD10-1	HA-WIDE	HA-WIDE	HA-WIDE

CAPITAL FUND PROGRAM FIVE-YEAR PLAN

Part I: SUMMARY

PHA Name: Housing Authority of Cambridge		X Original 5-Year Plan Revision No:			
Development Number Name/HA-Wide Activities	Year 1	Work Statement for Year 2 FFY Grant: PHA FY: 2003	Work Statement for Year 3 FFY Grant: PHA FY: 2004	Work Statement for Year 4 FFY Grant: PHA FY: 2005	Work Statement for year 5 FFY Grant: PHA FY: 2006
		MD10-1	MD10-2	HA-WIDE	HA-WIDE
		MD-10-1	HA-WIDE	HA-WIDE	HA-WIDE
TOTAL CFP FUNDS (EST.)	400,830	400,830	400,830	400,830	400,830
Total Replacement Housing Factor Funds	0	0	0	0	0

CAPITAL FUND PROGRAM FIVE-YEAR PLAN
Part II: SUPPORTING PAGES – WORK ACTIVITIES

Activities for Year 1	Work Statement for Year 2002 FFY Grant: PHA FY: 2002			Work Statement for Year 2003 FFY Grant: PHA FY: 2003		
HA – WIDE	HA – WIDE	1410	34,923	HA – WIDE	1410	40,000
HA – WIDE	HA-WIDE	1430	25,800	HA-WIDE	1430	30,000
MD – 10 – 1	MD-10-1	1450	50,000	HA-WIDE	1450	70,000
HA – WIDE	HA-WIDE	1470	290,107	MD-10-1	1460	70,000
				MD-10-1	1470	90,000
				MD-10-1	1460	60,000
				MD-10-1	1460	40,830

CAPITAL FUND PROGRAM FIVE-YEAR PLAN
Part II: SUPPORTING PAGES – WORK ACTIVITIES

Activities for Year 1	Work Statement for Year 2002 FFY Grant: PHA FY: 2002	Work Statement for Year 2003 FFY Grant: PHA FY: 2003

PHA Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ N/A

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R _____

C. FFY in which funding is requested N/A

D. Executive Summary of Annual PHDEP Plan N/A

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas N/A

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program N/A

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History N/A

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

N/A

B. PHDEP Budget Summary **N/A**

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

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities N/A

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

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

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

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

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

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

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

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

2.							
3.							

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

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							

Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

Required Attachment F : Resident Member on the PHA Governing Board

1. X 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:

Mrs. Elaine S. Stafford

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

X Elected

Appointed

C. The term of appointment is (include the date term expires):

5 Year Term - June 18, 2000 to June 18, 2005

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: June 18, 2005

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

David Wooten, Mayor of the city of Cambridge, Maryland

Required Attachment G : Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Membership of the Residents Council Executive Board

President	Elaine Stafford
Vice-President	Geraldine Cornish
Secretary	Carolyn Williams
Treasurer	Alisa Pinder
Chaplain	Shirley Fitchett
Sergent-Of-Arms	Camellia Pinkett

Required Attachment H : Comments of Resident Advisory Board or Boards & Explanation of PHA Response

PHONE (410) 228-6856 FAX (410) 228-5553 TDD 1-800-545-1833 EXT. 620

**HOUSING AUTHORITY OF CAMBRIDGE
700 WEAVER AVENUE
CAMBRIDGE, MARYLAND 21613**

**RESIDENTS' COUNCIL EXECUTIVE BOARD AND
BLOCK CAPTAINS' MEETING**

**October 4, 2001
7:00 P. M.**

The meeting of the Residents' Council Executive Board and Block Captains' members was called to order by Mrs. Elaine S. Stafford, President of the Residents' Council, on October 4, 2001 at 7:00 P.M. The purpose of the meeting was to review and receive the comments on the 2002 Annual Plan (PHA Plan).

Attached is a copy of the Attendance Sign-In Sheet.

The meeting opened with the praying of the Lord's Prayer. Mrs. Jones distributed copies of the authority's 2002 Agency Plan. Mrs. Jones explained that there were few changes in the plan from last year. As residents were informed previously, non-exempt residents are required to perform community service. The authority's Pet Policy is in place. Mrs. Sarah Kane asked if anyone has a dog. Mrs. Jones stated yes, there is one household that has a dog. Mrs. Jones stated yes, there is one household that has a dog. Most residents are not in favor of pets at the authority especially dogs and cats.

Mrs. Jones further explained to the residents that the authority had applied for a grant through the State of Maryland Community Legacy Grant under the umbrella of the City of Cambridge. This was in keeping with the residents' agreement last year that we need additional housing. Mrs. Annette Gorum and Mrs. Novella Camper stated that they feel the authority should allow the current residents of the authority who abide by the Lease the first opportunity to occupy the new facility.

Under this year's plan the authority is required to review its records to make sure that there is a mixture of incomes in each development and also to determine if the authority would be financially better off and its residents better off if the public housing units were converted to Section 8.

RESIDENTS' COUNCIL EXECUTIVE BOARD AND

BLOCK CAPTAINS' MEETING
OCTOBER 4, 2001 – 7:00 P.M.
PAGE 2

The residents were in agreement with the authority's 2002 Agency Plan.

Mrs. Stafford and Mrs. Jones thanked the residents for their input and for their attendance at tonight's meeting.

The meeting was adjourned.

Respectfully submitted,

Elaine S. Stafford
President, Residents' Council
Executive Board

**Required Attachment I : Voluntary Conversion of Public
Housing Development**

PHONE (410) 228-6856 (410) 228-5553 TDD 1-800-545-1833 EXT. 620

**HOUSING AUTHORITY OF CAMBRIDGE
700 WEAVER AVENUE
CAMBRIDGE, MARYLAND 21613**

**VOLUNTARY CONVERSION OF PUBLIC HOUSING DEVELOPMENT
ANALYSIS REQUIRED INITIAL ASSESSMENT**

The Housing Authority of Cambridge is in the process of performing the Voluntary Conversion of Public Housing Development Analysis Required Initial Assessment and anticipates to have it completed in the coming months. At this point, we are accessing the cost to operate our units – each bedroom size and compare the cost to the Fair Market Rent per bedroom size for Dorchester County.