

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

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

PHA Plan Agency Identification

PHAName: ReedCityHousingCommission

PHANumber: MI020

PHAFiscalYearBeginning:(mm/yyyy) 07/2002

PHA Plan Contact Information:

Name: Ms. Anjanette Shoemaker

Phone: 231/832 -2762

TDD: 231/832 -2762

Email (if available): rchc@tucker-usa.com.

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered :

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

Annual PHA Plan
Fiscal Year 2002
 [24CFR 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 filename in parentheses in the space to the right of the title.

| Contents | <u>Page#</u> |
|--|---------------------|
| Annual Plan | |
| i. Executive Summary (optional) | |
| ii. Annual Plan Information | |
| iii. Table of Contents | |
| 1. Description of Policy and Program Changes for the Upcoming Fiscal Year | 2 |
| 2. Capital Improvement Needs | 3 |
| 3. Demolition and Disposition | 3 |
| 4. Homeownership: Voucher Homeownership Program | 4 |
| 5. Crime and Safety: PHDEP Plan | 5 |
| 6. Other Information: | |
| A. Resident Advisory Board Consultation Process | 5 |
| B. Statement of Consistency with Consolidated Plan | 6 |
| C. Criteria for Substantial Deviations and Significant Amendments | 7 |
| Attachments | |
| <input checked="" type="checkbox"/> Attachment A: Supporting Documents Available for Review | 8 |
| <input checked="" type="checkbox"/> Attachment B: Capital Fund Program Annual Statement | 12 |
| <input checked="" type="checkbox"/> Attachment C: Capital Fund Program 5 Year Action Plan | 16 |
| <input type="checkbox"/> Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement | |
| <input type="checkbox"/> Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan | |
| <input checked="" type="checkbox"/> Attachment D: Resident Membership on PHA Board or Governing Body | 21 |
| <input checked="" type="checkbox"/> Attachment E: Membership of Resident Advisory Board or Boards | 22 |
| <input type="checkbox"/> Attachment__: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text) | |
| <input checked="" type="checkbox"/> Other (List below, providing each attachment name) | |
| Attachment F: Component 3, (6) Deconcentration and Income Mixing | 23 |
| Attachment G: Component 10(B) Initial Voluntary Conversion Assessment | 24 |
| Attachment H: Progress in meeting the 5 -year plan mission and goals | 25 |
| Attachment I: Implementation of Public Housing Resident Community Service Requirement | 26 |
| Attachment J: Policy on Pet Ownership in Public Housing Family Developments | 28 |

| | |
|--|----|
| Attachment K: 2001 Performance and Evaluation Report for Period Ending: 12/31/01 | 29 |
| Attachment L: 2000 Performance and Evaluation Report for Period Ending: 12/31/01 | 33 |

ii. Executive Summary

[24CFR Part 903.79(r)]

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

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

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

Summary of Policy and Program Changes

The PHA has not made nor intend to make any major policy or program changes in 2002. Local preferences were established and will not change, rent policies remain the same, community service policy parameters were included in our lease and ACOP and were implemented on 7/1/01, and our family development pet policy has already been implemented. However, community service requirement has been suspended for FY02 per HUD guidelines.

In response to lower RASS scores for communications, safety and neighborhood appearance the RCHC has developed the following plans:

Follow Up Communication Plan

The Reed City Housing Commission will make all attempts to improve communication with the residents to better serve their needs.

The Housing Commission has implemented a monthly resident Newsletter to provide better communication with the residents. We have also recently started up a new Resident Board increasing communication between housing staff and residents.

Follow Up Neighborhood Appearance Plan

The Reed City Housing Commission will make all attempts to improve neighborhood appearance issues with the residents to better serve their needs.

New improvements have been planned to all outdoor grounds throughout the projects. Including new picnic tables, shrubbery improvements, flowers, gazebo, etc. Major improvements are planned for family section grounds. All funding for this project is a result of the Capital Funding Program.

Follow Up Safety Plan

The Reed City Housing Commission will make all attempts to improve safety issues with the residents to better serve their needs.

A new Security System will be in place in the Senior/Disabled/Handicapped building by December 2002 which should dramatically decrease security issues. Additional lighting will be added to parking areas as well as some Security Cameras outside. Our family 2 bedroom apartments are currently receiving new front and reentry doors. All improvements are a result of Capital Funding Program.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$145,469

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 -Year Action Plan

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

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

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

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

2. Activity Description

| Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities) | |
|--|--|
| 1a. Development name: | |
| 1b. Development (project) number: | |
| 2. Activity type: Demolition <input type="checkbox"/> | |
| Disposition <input type="checkbox"/> | |
| 3. Application status (select one) | |
| Approved <input type="checkbox"/> | |
| Submitted, pending approval <input type="checkbox"/> | |
| Planned application <input type="checkbox"/> | |
| 4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u> | |
| 5. Number of units affected: | |
| 6. Coverage of action (select one) | |
| <input type="checkbox"/> Part of the development | |

| |
|--|
| <input type="checkbox"/> Total development |
| 7. Relocation resources (select all that apply) |
| <input type="checkbox"/> Section 8 for units |
| <input type="checkbox"/> Public housing for units |
| <input type="checkbox"/> Preference for admission to other public housing or section 8 |
| <input type="checkbox"/> Other housing for units (describe below) |
| 8. Timeline for activity: |
| a. Actual or projected start date of activity: |
| b. Actual or projected start date of relocation activities: |
| c. Projected end date of activity: |

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

A. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip 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 down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment 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

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA 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? \$ _____

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

[24CFR Part 9 03.79(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 (Filename)

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
 - 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 end of the RAB Comments in Attachment _____.
- Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: State of Michigan

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

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

3. PHA Requests for support from the Consolidated Plan Agency

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

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

The State of Michigan's plan has established the following priorities to address housing needs, which are also the priorities of the Public Housing Commission:

- Maintain its supply of decent, safe and sanitary rental housing that is affordable for low, very low and moderate income families.
- The modernization of PHA housing for occupancy by low and very low income families.

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.

A. Substantial Deviation from the 5-year Plan:

The Public Housing Commission's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification areas follows:

- change to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not intended in the current 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and
- any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

A. Significant Amendment or Modification to the Annual Plan:

The Public Housing Commission's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification areas follows:

- change to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not intended in the current Annual Statement) or change in use of replacement reserve funds under the Capital Fund; and
- any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Attachment A Supporting Documents Available for Review

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

| List of Supporting Documents Available for Review | | |
|--|---|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| YES | 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 |
| YES | 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 |
| YES | 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 |
| YES | Most recent board -approved operating budget for the public housing program | Annual Plan: Financial Resources |
| YES | 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 |
| YES | Any policy governing occupancy of Police Officers 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 |
| YES | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies |
| YES | Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy | Annual Plan: Rent Determination |
| YES | 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 |

| List of Supporting Documents Available for Review | | |
|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| YES | Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination |
| YES | 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 |
| YES | Results of latest binding Public Housing Assessment System (PHAS) Assessment | Annual Plan: Management and Operations |
| N/A | Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) | Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency |
| YES | 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 |
| YES | Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy | Annual Plan: Grievance Procedures |
| YES | Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Grievance Procedures |
| YES | The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 5283 7) for any active grant year | Annual Plan: Capital Needs |
| N/A | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants | Annual Plan: Capital Needs |
| N/A | Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI 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, PIH99 -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 |

| List of Supporting Documents Available for Review | | |
|--|---|---|
| Applicable & On Display | Supporting Document | Related Plan Component |
| N/A | Approved or submitted public housing home ownership programs/plans | Annual Plan: Homeownership |
| N/A | Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan) | Annual Plan: Homeownership |
| YES | 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 |
| YES | Section 3 documentation required by 24 CFR Part 135, Subpart E | Annual Plan: Community Service & Self-Sufficiency |
| 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 (PHDEP) semi-annual performance report | Annual Plan: Safety and Crime Prevention |
| N/A | PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing development assisted under the PHDEP plan; · Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA 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 |
| YES | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy | Pet Policy |
| YES | The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings | Annual Plan: Annual Audit |
| - | Troubled PHAs: MOA/Recovery Plan | Troubled PHAs |
| - | Other supporting documents (optional) (list individually; use as many lines as necessary) | (specify as needed) |

CAPITAL FUND PROGRAM TABLES START HERE

| Annual Statement/Performance and Evaluation Report | | | | | |
|--|---|--|---------|-------------------|-------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | |
| PHA Name: Reed City Housing Commission | | Grant Type and Number Capital Fund Program Grant No: MI33P020501-02 Replacement Housing Factor Grant No: | | | Federal F Y 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 | 23,229 | | | |
| 3 | 1408 Management Improvements Soft Costs | | | | |
| | Management Improvements Hard Costs | | | | |
| 4 | 1410 Administration | 15,000 | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 8,240 | | | |
| 10 | 1460 Dwelling Structures | 99,000 | | | |
| 11 | 1465.1 Dwelling Equipment — Nonexpendable | | | | |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |
| 18 | 1499 Development Activities | | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | |
|---|---|--|--|-------------------------------|--|
| PHA Name: Reed City Housing Commission | | Grant Type and Number Capital Fund Program Grant No: MI33P020501-02 Replacement Housing Factor Grant No: | | Federal F Y 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 | |
| 19 | 1502 Contingency | | | | |
| | Amount of Annual Grant: (sum of lines.....) | 145,469 | | | |
| | Amount of line XX Related to LBP Activities | | | | |
| | Amount of line XX Related to Section 504 compliance | | | | |
| | Amount of line XX Related to Security --Soft Costs | | | | |
| | Amount of Line XX related to Security --Hard Costs | | | | |
| | Amount of line XX Related to Energy Conservation Measures | | | | |
| | Collateralization Expenses or Debt Service | | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | |
|---|---|--|--|----------|----------------------|---------------------------|-------------------|----------------|
| PHAName: Reed City Housing Commission | | | Grant Type and Number Capital Fund Program Grant No: MI33P020501-02 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2002 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | Status of Work |
| HA Wide | A. Housing Operations | | 1406 | 20% | 23,229 | | | |
| | B. Administration | | 1410 | 10% | 15,000 | | | |
| | Subtotal | | | | 38,229 | | | |
| MI20 -1 | A. Replace apt Windows | | 1460 | 15 units | 40,000 | | | |
| | B. Install new security system | | 1460 | 1 Bldg | 37,000 | | | |
| | Subtotal | | | | 77,000 | | | |
| MI20 -2 | A. Reseal driveways | | 1450 | 3 | 8,240 | | | |
| | B. Replace entry and storm doors | | 1460 | 36 | 22,000 | | | |
| | Subtotal | | | | 30,240 | | | |
| | Grand Total | | | | 145,469 | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule | | | | | | | |
|---|--|--|--------|---|---------|---------------------------|----------------------------------|
| PHA Name: Reed City Housing Commission | | Grant Type and Number Capital Fund Program No: MI33P020501-02 Replacement Housing Factor No: | | | | Federal FY of Grant: 2002 | |
| Development Number Name/HA-Wide Activities | All Funds Obligated (Quarter Ending Date) | | | All Funds Expended (Quarter Ending Date) | | | Reasons for Revised Target Dates |
| | Original | Revised | Actual | Original | Revised | Actual | |
| MI20 -1 | 3/31/04 | | | 9/30/05 | | | |
| MI20 -2 | 3/31/04 | | | 9/30/05 | | | |
| HA Wide | 3/31/04 | | | 9/30/05 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Capital Fund Program Five - Year Action Plan
Part I: Summary**

| PHAName ReedCityHousingCommission | | <input type="checkbox"/> Original 5 - Year Plan <input checked="" type="checkbox"/> Revision No: 2 | | | |
|--|---------------------|---|--|--|--|
| Development Number/Name/HA- Wide | Year1 | WorkStatementforYear2 FFYGrant:2003 PHAFY:7/1/03 | WorkStatementforYear3 FFYGrant:2004 PHAFY:7/1/04 | WorkStatementforYear4 FFYGrant:2005 PHAFY:7/1/05 | WorkStatementforYear5 FFYGrant:2006 PHAFY:7/1/06 |
| | Annual Statement | | | | |
| MI20 -1 | | 89,000 | 55,000 | 61,940 | 49,000 |
| MI20 -2 | | 18,240 | 52,240 | 45,300 | 58,240 |
| HAWide | | 38,229 | 38,229 | 38,229 | 38,229 |
| | | | | | |
| TotalCFPFunds (Est.) | | 152,800 | 152,800 | 152,800 | 152,800 |
| TotalReplacement HousingFactorFunds | | | | | |
| | | | | | |
| | | | | | |

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

| Activities for Year 1 | Activities for Year 2 FFY Grant: 2003 PHAFY: 7/01/03 | | Activities for Year 3 FFY Grant: 2004 PHAFY: 7/01/04 | | | |
|-----------------------|--|---------------------------------|--|---------|------------------------------|----------------|
| | MI20 -1 | A. Replace appliances | 47,000 | MI20 -1 | A. Carpet common areas | 25,000 |
| | | B. Install entry locksets | 10,000 | | B. Site improvement | 5,000 |
| | | C. Replace damaged fascia | 17,000 | | C. Replace fire doors | 10,000 |
| | | D. Replace playground equipment | 15,000 | | D. Reseal parking areas | 15,000 |
| | | Subtotal | 89,000 | | Subtotal | 55,000 |
| | MI20 -2 | A. Replace playground equipment | 18,240 | MI20 -2 | A. Reseal parking | 5,000 |
| | | Subtotal | 18,240 | | B. Site improvements | 5,000 |
| | | | | | C. Replace damaged fascia | 20,000 |
| | | | | | D. Replace bathroom flooring | 22,242 |
| | | | | | Subtotal | 52,242 |
| | HA Wide | A. Housing Operations | 23,229 | HA Wide | A. Housing Operations | 23,229 |
| | | B. Administrative | 15,000 | | B. Administrative | 15,000 |
| | | Subtotal | 38,229 | | Subtotal | 38,229 |
| | | Total | 145,469 | | Total | 145,469 |

Capital Fund Program Five - Year Action Plan

Part II: Supporting Pages — Work Activities

| Activities for Year 1 | Activities for Year: 4 FFY Grant: 2005 PHAFY: 7/01/05 | | | Activities for Year: 5 FFY Grant: 2006 PHAFY: 7/01/06 | | |
|-----------------------|---|-------------------------------------|----------------|---|-----------------------|----------------|
| | MI20 -1 | A. Replace carpetentire Senior Bldg | 61,940 | MI20 -1 | A. Renovate kitchens | 49,000 |
| | | Subtotal | 61,940 | | Subtotal | 49,000 |
| | MI20 -2 | A. Replacesitelighting | 8,000 | MI20 -2 | A. Renovate bathrooms | 50,000 |
| | | B. Replace appliances | 32,800 | | B. Site improvements | 8,240 |
| | | C. Replace locksets | 4,500 | | Subtotal | 58,240 |
| | | Subtotal | 45,300 | | | |
| | HA Wide | A. Housing Operations | 23,229 | HA Wide | A. Housing Operations | 23,229 |
| | | B. Administrative | 15,000 | | B. Administrative | 15,000 |
| | | Subtotal | 38,229 | | Subtotal | 38,229 |
| | | | | | | |
| | | Total | 145,469 | | Total | 145,469 |

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD50075 -PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

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

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

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

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

F. Duration of Program

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

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates 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 |
|---------------------------|---------------------------|--------|--|-----------------------------------|---------------------|------------------------|
| FY1995 | | | | | | |

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

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

C. PHDEP Plan Goals and Activities

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

Required Attachment D: 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:

Marlene Millershe was appointed to the Board to fill an unexpired term.

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires):
September 2001 to March 2004.

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

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

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

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

Larry Emig, the Mayor of Reed City

Required Attachment E: 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.)

- 1) Marlene Miller
- 2) Barbara Vore
- 3) Virginia Endress

Attachment F:

Component 3, (6) Deconcentration and Income Mixing

a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

| Deconcentration Policy for Covered Developments | | | |
|--|------------------------|--|---|
| Development Name : | Number of Units | Explanation (if any) [see step 4 at §903.2(c)(1)(iv)] | Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)] |
| | | | |
| | | | |
| | | | |
| | | | |

Attachment G

Component 10(B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments?
Two
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?
None
- c. How many Assessments were conducted for the PHA's covered developments?
One for each development, two developments.
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:
None

| Development Name | Number of Units |
|------------------|-----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

- a. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:
N/A

Attachment H: Progress in meeting the 5 - Year Plan Mission and Goals

The PHA has been able to maintain its mission to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination through the utilization of Capital funds and the proper application of our public housing policies.

We are continuing to address public housing vacancies very aggressively and our PHAS scores indicate that other operational issues are being positively addressed.

Capital funds have been utilized to provide modernization of our property and our FY2002 application will continue that effort.

PHA has implemented local preference to improve the living environment in addition to our modernization efforts.

The implementation of a family pet policy has provided the opportunity for residents to enjoy pets within a regulated environment. In addition, PHA implemented a Community Service program beginning July 1, 2001, but has been suspended for FY02 and has been discussed with residents and each adult member of every household.

We are confident that the PHA will be able to continue to meet and accommodate all our goals and objectives for FY2002.

Attachment I: Implementation of Public Housing Resident Community Service Requirement

PHA Responsibilities

(1) Eligibility Determination

The PHA will review every existing resident file to determine each Adult member's status regarding community service per the following guidelines.

- a. As family status is determined a registered letter or other certifiable document of receipt will be sent to each adult member of that family to notify them of their status (exempt or non-exempt) and explaining the steps they should immediately proceed with through their housing representative.
- b. The PHA will include a copy of the general information section of its Community Service Policy and a listing of PHA and/or third party work activities that are eligible for certification of the community service requirement.
- c. At the scheduled meeting with each non-exempt adult family member, not only will the parameters of the community service requirement be reviewed but also the PHA and/or third party work activities will be identified and selected for compliance with the annual obligation for certification at their annual lease renewal date.

(1) Work Activity Opportunities

The Reed City Housing Commission has elected to provide to those adult family members that must perform community service activities the opportunity to select either PHA sanctioned work activities or Third Party certifiable work items. The administration of the certification process would be:

a. PHA Provided Activities.

When qualifying activities are provided by the Authority directly, designated Authority employee(s) shall provide designed certification that the family member has performed the proper number of hours for the selected service activities.

b. Third Party Certification

When qualifying activities are administered by any organization other than PHA, the family member must provide designed certification (see IIIA(c)) to the Authority by such third party organization that said family member has performed appropriate service activities for the required hours.

c. Verification of Compliance.

The Authority is required to review family compliance with service requirement, and must verify such compliance annually at least thirty (30) days before the end of the twelve (12) month lease term (annual re-certification time). Evidence of service performance and/or exemption must be maintained in the participant files.

d. Notice of Noncompliance.

If the Authority determines that, a family member who is subject to fulfilling a service requirement, but who has violated the family's obligation (a noncompliant resident) the Authority must notify the specific family member of this determination.

The Notice of Noncompliance must:

1. Briefly, describe the noncompliance (inadequate number of hours).
2. State that the Authority will not renew the lease at the end of the twelve (12) month lease term unless:

The resident or any other noncompliant adult family member enters into a written agreement with the Authority to cure the noncompliance and in fact perform to the letter of agreement.

-Or -

The family provides written assurances satisfactory, to the PHA that the resident or other noncompliant adult family member no longer resides in the unit.

This Notice of Noncompliance must also state that the resident may request a grievance hearing and that the resident may exercise any available judicial remedy to seek timely redress for the Authority's non-renewal of the lease because of a noncompliance determination.

a. Resident agreement to comply with the service requirement.

The written agreement entered into with the Authority to cure the service requirement noncompliance by the resident and any other adult family member must:

1. Agree to complete additional service hours needed to make up the total number of hours required over the twelve (12) month term of the new lease.
2. State that all other members of the family subject to the service requirement are in current compliance with the service requirement or are no longer residing in the unit.

a. The Reed City Housing Commission has developed a list of Agency certifiable and/or third party work activities of which each non-exempt adult family member can select to perform their individual service requirement.

Attachment J: Policy on Pet Ownership in Public Housing Family Developments

PET POLICY FOR FAMILY DEVELOPMENTS

In compliance with Section 526 of The Quality Housing and Work Responsibility Act of 1998, RCHC Residents shall be permitted to own and keep common household pets. Animals that are an auxiliary for persons with a disability are excluded from this policy. The ownership of common household pets is subject to the following rules and limitations:

1. Common household pets shall be defined as “domesticated animals such as a dog, cat, bird, rodent, fish or turtle”.
2. No more than one (1) dog or cat shall be permitted in a household. In the case of birds, a maximum of two birds may be permitted. There shall be no limit as to the number of fish, but no more than one aquarium with a maximum capacity of twenty (20) gallons shall be permitted. A Resident with a dog or cat may also have other categories of “common household pets” as defined above.
3. Pets other than a dog or cat shall be confined to an appropriate cage or container. Such a pet may be removed from its cage while inside the owner’s housing unit for the purpose of handling, but shall not generally be unrestrained. Pets will not be allowed in common areas inside the Housing Commission Senior building.
4. Only one (1) dog or cat is allowed per household. **NOPIT BULLS WILL BE PERMITTED.** All dogs and cats will need to be on a leash and restrained at all times when they are outside. Neither dogs nor cats shall be permitted to run loose. Dogs may not be left tied up outside.
5. Pet owners shall maintain their pet in such a manner as to prevent any damage to their unit, yard or common areas of the community in which they live. The animal shall be maintained so as not to be a nuisance or a threat to the health or safety of neighbors, RCHC employees, or the public, by reason of noise, unpleasant odors or other objectionable situations.
6. Each pet owner shall be fully responsible for the care of the pet, including proper disposal of pet wastes in a safe and sanitary manner. Specific instructions for pet waste shall be available in the management office. Improper disposal of pet waste is a lease violation and may be grounds for termination.
7. All pets shall be inoculated and licensed in accordance with applicable state and local laws. All cats or dogs shall be neutered or spayed.
8. Pet sitting will not be allowed.
9. All pets on RCHC property must be registered with the office before they will be allowed on the premises.
10. Any litigation resulting from actions by pets shall be the sole responsibility of the pet owner. The pet owner agrees to indemnify and hold harmless the RCHC from all claims, causes of action, damages or expenses, including attorney’s fees, resulting from the action or the activities of his or her pet.

Attachment K:

| Annual Statement/Performance and Evaluation Report | | | | | |
|---|---|--|---------|-------------------|------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | |
| PHAName: Reed City Housing Commission | | Grant Type and Number Capital Fund Program Grant No: MI33P020501-01 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2001 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/30/01 <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 | 26,167 | 26,167 | 0 | 0 |
| 3 | 1408 Management Improvements Soft Costs | | | | |
| | Management Improvements Hard Costs | | | | |
| 4 | 1410 Administration | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 26,635 | 8,635 | 0 | 0 |
| 10 | 1460 Dwelling Structures | 100,000 | 118,000 | 36,335 | 0 |
| 11 | 1465.1 Dwelling Equipment — Nonexpendable | | | | |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |
| 18 | 1499 Development Activities | | | | |
| 19 | 1502 Contingency | | | | |
| | | | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | | |
|--|---|---|---------|-------------------|-------------------------------------|--|
| PHAName: Reed City Housing Commission | | Grant Type and Number Capital Fund Program Grant No: MI33P020501-01 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2001 | |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) | | | | | | |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/30/01 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | | |
| | Amount of Annual Grant: (sum of lines.....) | 152,802 | 152,802 | 36,335 | 0 | |
| | Amount of line XX Related to LBP Activities | | | | | |
| | Amount of line XX Related to Section 504 compliance | | | | | |
| | Amount of line XX Related to Security --Soft Costs | | | | | |
| | Amount of Line XX related to Security --Hard Costs | | | | | |
| | Amount of line XX Related to Energy Conservation Measures | | | | | |
| | Collateralization Expenses or Debt Service | | | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | | |
|---|--|--|--|----------|----------------------|----------------|---------------------------|----------|---------------------|
| PHAName: Reed City Housing Commission | | | Grant Type and Number Capital Fund Program Grant No: MI33P020501-01 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2001 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| HA Wide Operations | A. Housing Operations | | 1406 | 17% | 26,167 | 26,167 | 0 | 0 | Complete by 6/30/04 |
| | Subtotal | | | | 26,167 | 26,167 | 0 | 0 | |
| MI20 -1 | A. Replace site lighting | | 1450 | LS | 8,635 | 8,635 | 0 | 0 | Complete by 6/30/04 |
| | B. Replace flat built -uproof | | 1460 | 1 Bldg | 34,000 | 34,000 | 0 | 0 | Complete by 6/30/04 |
| | C. Replace windows | | 1460 | 25 Units | 38,000 | 47,665 | 0 | 0 | Complete by 6/30/04 |
| | D. Install security system | | 1460 | LS | 0 | 18,167 | 18,167 | 0 | Complete by 6/30/04 |
| | Subtotal | | | | 80,635 | 108,467 | 18,167 | 0 | |
| MI20 -2 | A. Replace playground equipment | | 1460 | LS | 18,000 | 0 | 0 | 0 | Delete |
| | B. Replace flat built -uproof | | 1460 | 1 Bldg | 28,000 | 0 | 0 | 0 | Delete |
| | C. Install security system | | 1460 | LS | 0 | 18,168 | 18,168 | 0 | Complete by 6/30/04 |
| | Subtotal | | | | 46,000 | 18,168 | 18,168 | 0 | |
| | Grandtotal | | | | 152,802 | 152,802 | 36,335 | 0 | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule | | | | | | | |
|---|--|--|--------|---|---------|---------------------------|----------------------------------|
| PHA Name: Reed City Housing Commission | | Grant Type and Number Capital Fund Program No: MI33P020501-01 Replacement Housing Factor No: | | | | Federal FY of Grant: 2001 | |
| Development Number Name/HA-Wide Activities | All Funds Obligated (Quarter Ending Date) | | | All Funds Expended (Quarter Ending Date) | | | Reasons for Revised Target Dates |
| | Original | Revised | Actual | Original | Revised | Actual | |
| MI20 -1 | 6/30/03 | | | 6/30/04 | | | |
| MI20 -2 | 6/30/03 | | | 6/30/04 | | | |
| HA Wide | 6/30/03 | | | 6/30/04 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Attachment L:

| Annual Statement/Performance and Evaluation Report | | | | | |
|--|---|--|---------|-------------------|------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CF P/CFPRHF) Part 1: Summary | | | | | |
| PHAName: Reed City Housing Commission | | Grant Type and Number Capital Fund Program Grant No: MI33P020501-00 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2000 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/01 <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 -CFPFunds | | | | |
| 2 | 1406 Operations | 29,100 | 30,000 | 30,000 | 30,000 |
| 3 | 1408 Management Improvements Soft Costs | | | | |
| | Management Improvements Hard Costs | | | | |
| 4 | 1410 Administration | 14,500 | 15,000 | 3,290 | 3,290 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 6,400 | 24,937 | 24,937 | 24,937 |
| 10 | 1460 Dwelling Structures | 95,622 | 80,423 | 33,372 | 33,372 |
| 11 | 1465.1 Dwelling Equipment — Nonexpendable | | | | |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |
| 18 | 1499 Development Activities | | | | |
| 19 | 1502 Contingency | | | | |
| | | | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CF P/CFPRHF) Part 1: Summary | | | | | | |
|---|---|---|---------|-------------------|-------------------------------------|--|
| PHAName: Reed City Housing Commission | | Grant Type and Number Capital Fund Program Grant No: MI33P020501-00 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2000 | |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/01 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | | |
| | Amount of Annual Grant: (sum of lines.....) | 145,622 | 150,360 | 91,599 | 91,599 | |
| | Amount of line XX Related to LBP Activities | | | | | |
| | Amount of line XX Related to Section 504 compliance | | | | | |
| | Amount of line XX Related to Security --Soft Costs | | | | | |
| | Amount of Line XX related to Security --Hard Costs | | | | | |
| | Amount of line XX Related to Energy Conservation Measures | | | | | |
| | Collateralization Expenses or Debt Service | | | | | |
| | | | | | | |

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

| PHAN ame: ReedCityHousingCommission | | Grant Type and Number Capital Fund Program Grant No: MI33P020501-00 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2000 | | | |
|---|--|--|---------------|----------|----------------------|---------------------------|-------------------|---------------|------------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| HA Wide Operations | A. Housing Operations | | 1406 | 20% | 29,100 | 30,000 | 30,000 | 30,000 | Completed |
| | Subtotal | | | | 29,100 | 30,000 | 30,000 | 30,000 | |
| HA Wide Administration Cost | A. Partial salary and benefit of staff involved with Capital Grant program | | 1410 | 10% | 14,500 | 15,000 | 3,290 | 3,290 | Complete by 9/03 |
| | Subtotal | | | | 14,500 | 15,000 | 3,290 | 3,290 | |
| MI20 -1 | A. Replacesitelighting | | 1450 | 8EA | 6,400 | 0 | 0 | 0 | Delete |
| | B. Replacebuilt -uproof | | 1460 | 1Bldg | 30,000 | 0 | 0 | 0 | Delete |
| | C. Replaceaptwindows | | 1460 | 20Units | 25,000 | 25,000 | 0 | 0 | Complete by 9/03 |
| | D. Installplaygroundequipment | | 1450 | 1Sys | 0 | 12,468 | 12,468 | 12,468 | Completed |
| | E. Replacestormdoors | | 1460 | 32EA | 0 | 6,320 | 6,320 | 6,320 | Completed |
| | Subtotal | | | | 61,400 | 43,788 | 18,788 | 18,788 | |
| MI20 -2 | A. Replacebuilt -uproof | | 1460 | 1Bldg | 24,000 | 20,732 | 20,732 | 20,732 | Completed |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | | |
|---|---|--|---|----------|----------------------|----------------|----------------------------------|---------------|---------------------|
| PHAN ame: ReedCityHousingCommission | | | Grant Type and Number Capital Fund Program Grant No: MI33P020501-00 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2000 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | B.Replaceroofshingles | | 1460 | 2Bldgs | 5,000 | 5,000 | 0 | 0 | Complete by 9/03 |
| | C.Replace apt windows | | 1460 | 9Units | 11,622 | 17,051 | 0 | 0 | Complete by 9/03 |
| | D.Install playground equipment | | 1450 | 1Sys | 0 | 12,469 | 12,469 | 12,469 | Completed |
| | E.Replace storm doors | | 1460 | 32EA | 0 | 6,320 | 6,320 | 6,320 | Completed |
| | Subtotal | | | | 40,622 | 61,572 | 39,521 | 39,521 | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Grand Total | | | | 145,622 | 150,360 | 91,599 | 91,599 | |

| Annual Statement/Performance and Evaluation Report | | | | | | | |
|---|---|----------|--|---|---------|---------------------------|----------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) | | | | | | | |
| Part III: Implementation Schedule | | | | | | | |
| PHAName: Reed City Housing Commission | | | Grant Type and Number Capital Fund Program No: MI33P020501-00 Replacement Housing Factor No: | | | Federal FY of Grant: 2000 | |
| Development Number Name/HA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | | All Funds Expended (Quarter Ending Date) | | | Reasons for Revised Target Dates |
| | Original | Revised | Actual | Original | Revised | Actual | |
| MI20 -1 | 3/31/02 | 12/31/01 | 12/31/01 | 9/30/03 | | | |
| MI20 -2 | 3/31/02 | 12/31/01 | 12/31/01 | 9/30/03 | | | |
| HA-Wide | 3/31/02 | 12/31/01 | 12/31/01 | 9/30/03 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |