

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

PHA Plan Agency Identification

PHA Name: Exeter Housing Authority

PHA Number: NH014

PHA Fiscal Year Beginning: 10/2002

PHA Plan Contact Information:

Name: Vernon R. Sherman

Phone: (603)778-8110

TDD:

Email (if available): ehanh@rcn.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

[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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Attachments	
<input type="checkbox"/> Attachment A : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment _nh014va01, nh014vb01, nh014vc01_ : Capital Fund	
Program Annual Statement	
<input checked="" type="checkbox"/> Attachment _nh014ve01_ : Capital Fund Program 5 Year Action Plan	
<input checked="" type="checkbox"/> Attachment nh014vd01__ : Capital Fund Program Replacement Housing	
Factor Annual Statement	
<input type="checkbox"/> Attachment _ : Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment page 23_ : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment page 24_ : Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment _text_ : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input type="checkbox"/> Other (List below, providing each attachment name)	

ii. Executive Summary

[24 CFR Part 903.7 9 (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.

There are no changes in programs or policies discussed in last years plan that are not covered in other sections of this update.

We were very proud we achieved our goal of scoring 97% on our PHAS score. We were also proud of our 84 % score on the SEMAP. Almost the entire 16% which was deducted was caused by the mix up with MTCS and our software provider. We have revised our capital fund for 2002 to include money to change software providers.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$170,192.00

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 YES

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment YES

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

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

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

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

[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)

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

- The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
 Yes No: below or

- Yes No: at the end of the RAB Comments in Attachment ____.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment ____.
- Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (State of New Hampshire)
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: **Although we do not anticipate receiving funds from the State CDBG program, we are free to apply n an if needed basis.**
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.

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

**B. Significant Amendment or Modification to the Annual Plan:
None**

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
Applicable & on Display	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
Applicable & on Display	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
Applicable & on Display	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
Applicable & on Display	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
Applicable & on Display	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
Applicable & on Display	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
Applicable & on Display	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
Applicable & on Display	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
Applicable & on Display	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
Applicable & on Display	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
Applicable & on Display	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
Applicable & on Display	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
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
Applicable & on Display	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
Applicable & on Display	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
Applicable & on Display	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
Applicable & on Display	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
Applicable & on Display	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
Applicable & on Display	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	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
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
Applicable & on Display	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
Applicable & on Display	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)

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

PHA Name: Exeter Housing Authority Exeter NH	Grant Type and Number Capital Fund Program Grant No: NH36P011450102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 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	\$35,000.			
3	1408 Management Improvements	\$1000.			
4	1410 Administration	\$1000.			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$10,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$20,000			
10	1460 Dwelling Structures	\$103,596			
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	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$170,596			
22	Amount of line 21 Related to LBP Activities				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Exeter Housing Authority Exeter NH		Grant Type and Number Capital Fund Program Grant No: NH36P011450102 Replacement Housing Factor Grant No:		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
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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 nh014-002	Development Name Linden Fields (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements		Estimated Cost
Toilets		\$3900.
Sheds		\$20,000.
Replace fire protection		\$15,000.
Replace windows		\$38,000.
Planned Start Date (HA Fiscal Year)		2003
		2004
		2005
		2005
Total estimated cost over next 5 years		\$76,900.

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 NH014-003	Development Name Squamscott View (277 Water Street) (or indicate PHA wide)	
NH014	Exeter Housing Authority	
Description of Needed Physical Improvements or Management Improvements		Estimated Cost
Planned Start Date (HA Fiscal Year)		

Kitchen cabinets, floors sinks, bathroom floors vanities and low flow toilets. Second Floor floor.	\$85,000.	2003
Door restrictors elevators	\$3,000.	2003
carpets	\$225.	2003
Kitchen cabinets, floors sinks, bathroom floors vanities and low flow toilets. First Floor	\$89,350.	2004
Emergency pull cords	\$10,000.	2004
Clean vent ducts	\$9,200.	2004
Carpeting	\$5,317.	2005
Replace knob sets with lever handles	12,850.	2005
Replace pull cords	\$22,500.	2006
Control panels both elevators	\$36,200.	2006
Total estimated cost over next 5 years	273,642	

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 NH014-004	Development Name Portsmouth Ave / Auburn Street (or indicate PHA wide)	
NH014	Exeter Housing Authority	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Kitchen cabinets floors, bathroom floors, vanities , and low flow toilets(PA)	\$19,525.	2003
Kitchen cabinets floors, bathroom floors, vanities , and low flow toilets(AS)	\$14,000.	2003
Replace Flooring PA	\$9,000.	2005
Replace Flooring AS	\$9,000.	2005
Replace heating AS/PA	\$50,000.	2006
Replace Roof	\$20,000.	2006
Total estimated cost over next 5 years	121,525	

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 type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number PHA-Wide	Development Name (or indicate PHA wide)PHA-Wide	
NH014	Exeter Housing Authority	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Fees & Costs	\$8,000.	2003
Operations	\$35,000.	2003
Management	\$1,000.	2003
Administration	\$1,000.	2003
Fees & Costs	\$5,000.	2004
Operations	\$35,000.	2004
Management	\$1,000.	2004
Administration	\$1,000.	2004
Fees & Costs	\$10,000.	2005
Operations	\$35,000.	2005
Management	\$1,000.	2005
Administration	\$1,000.	2005
New Truck	\$25,000	2005
Fees & Costs	\$5,000.	2006
Operations	\$35,000.	2006
Management	\$1,000.	2006
Administration	\$1,000.	2006
Total estimated cost over next 5 years	193,000	

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 \$ _____

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

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

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

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

F. Duration of Program

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

12 Months_____ **18 Months**_____ **24 Months**_____

G. PHDEP Program History

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

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

B. PHDEP Budget Summary

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

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

C. PHDEP Plan Goals and Activities

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

9110 – Reimbursement of Law Enforcement		Total PHDEP Funding: \$
Goal(s)		
Objectives		

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

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

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

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

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

Required Attachment _1___: 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: **BARBARA CHAPMAN**

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): 2/02 –Expires 4/30/05

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):Town of Exeter, Board of Selectmen

Required Attachment ____2____: 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.)

Roland Chapman
Jean Rawn
Madiline Broadbridge
Harry Lorrington

Annual Statement/Performance and Evaluation Report

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

PHA Name: Exeter Housing Authority 277 Water Street Exeter NH 03833		Grant Type and Number CIAP-99 Capital Fund Program Grant No: NH36P01490999 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) 3/31/00					
<input checked="" 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	30,000.	26840.28	26840.28	26840.28
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16,305.	12714.72	12714.72	12714.72
8	1440 Site Acquisition				
9	1450 Site Improvement	15,000.	23247.60	23247.60	23247.60
10	1460 Dwelling Structures	101,700.	101202.40	101,202.40	97,603.40
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	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	163,005.	163,005	163,005	159,406.00
22	Amount of line 21 Related to LBP Activities				

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

PHA Name: Exeter Housing Authority 277 Water Street Exeter NH 03833	Grant Type and Number CIAP-99 Capital Fund Program Grant No: NH36P01490999 Replacement Housing Factor Grant No:	Federal FY of Grant: 1999
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1) 3/31/00
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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: Exeter Housing Authority 277 Water Street Exeter, NH 03833			Grant Type and Number Capital Fund Program Grant No: NH36P014-501-00 Replacement Housing Factor Grant No:		Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations	8,090.	0	0	0
3	1408 Management Improvements Soft Costs	0	0	0	0
	Management Improvements Hard Costs	0	0	0	0
4	1410 Administration	10,000	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	13,026	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	5,700.	0	0	0
10	1460 Dwelling Structures	116,725.	0	0	0
11	1465.1 Dwelling Equipment—Non-expendable	5,300.	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	13,300.	0	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1502 Contingency	0	0	0	0

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Exeter Housing Authority 277 Water Street Exeter, NH 03833	Grant Type and Number Capital Fund Program Grant No: NH36P014-501-00 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/2001 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
			0	0	0
	Amount of Annual Grant: (sum of lines.....)	172,141.	0	0	0
	Amount of line XX Related to LBP Activities	0	0	0	0
	Amount of line XX Related to Section 504 compliance	0	0	0	0
	Amount of line XX Related to Security –Soft Costs	0	0	0	0
	Amount of Line XX related to Security-- Hard Costs	0	0	0	0
	Amount of line XX Related to Energy Conservation Measures	0	0	0	0
	Collateralization Expenses or Debt Service	0	0	0	0

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

PHA Name: Exeter Housing Authority		Grant Type and Number					Federal FY of Grant: 2000		
Page 1 of 3		Capital Fund Program Grant No: cfg							
		Replacement Housing Factor Grant No:							
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
NH14-2	Replace metal bi fold doors in closets	x	1460		7500	\$12,249.20			
Linden Fields	(1) 1 st floor: (4) 2end fl br unit being done under fy99								
NH14-2	Replace medicine cabinet/light with recessed & floor light(1 btrm in 2\$3-br; 2 baths in 4 br	x	1460		4250	\$3146.55			
NH14-2	Replace entrance storm doors	x	1460		3000	\$1691.00			
NH14-2	Install roll in showers in the 2 HC units	x	1460		1900	\$6000.00			
NH14-2	Paint 2-4 units per year	x	1460		2000	0			
NH14-2	Paint entry porches	x	1460		1500	0			
NH14-3	Paint 15 occupied units per year	x	1460		10,500	14,980.70			
Water Street	Replace carpeting in 15 occupied units per year	x	1460		15,000	9415.00			
NH14-3	Replace bath & kit floor coverings	x	1460		41,050.	0			
NH14-3	Remodel Community room kitchen replace cab & make HC acc	x	1460		9,200	16395.55			
NH14-3	New window shades 85 units	x	1465.1	85 units	2,100	2038.80			
NH14-3	Install safety edge to elevator	x	1465.1	2	3,200	3200			
NH14-4	Rebuild brick foundation	x	1460		3,800	106.00			
NH14-4	Install fluorc fixtures ceilings-common halls	x	1460		1200	512			
NH14-4	Repave parking lot/driveway	x	1450		3,500	1300.00			
NH14-4	Replace closet doors (3 bifold unit, 1	x	1460		3,600	3600			

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

PHA Name: Exeter Housing Authority Page 1 of 3		Grant Type and Number Capital Fund Program Grant No: cfg 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
	slider in back bedroom unit)								
NH14-4	Paint porches/trim	x	1460		1,000	1000			
NH14-4	Replace basement windows	x	1460	6	1,200	1200			

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

PHA Name: Exeter Housing Authority Page 2 of 3		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Fy2000			
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
NH14-4	Replacxe 75' stockade fence along back of property&fence between building units, 40 ft total 20' between units	x	1450		2,200	0			
NH14-4	Replace storm doors	x	1460	6	1,400	0			
NH14-4	Install range hood 33" wide, vent to outside and light	x	1460	3	750				
NH14-4	Install wire to ceiling to hold insulation	x	1460	3 basements	1,000	1000			
NH14-4	Replace vanity, top, &single lever faucets	x	1460	3	1,075	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: Exeter Housing Authority		Grant Type and Number					Federal FY of Grant: 2000		
Page 1 of 3		Capital Fund Program Grant No: cfg					Replacement Housing Factor Grant No:		
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
NH14-4	Install new med cab light, & wall cabinet	x	1460	3	800	0			
NH14-4	Replace closet doors(3 bifold unit,1 slider back bedroom unit)	x	1460	3	2,500	0			
NH14-4	Install dining area lights	x	1460	3	1000	1001.85			
HA-Wide	Administration	x	1410		10,000	10996.64			
HA-Wide	Purchase equipment								
HA-Wide	Sander	x	1475		4,000	3300			
HA-Wide	New trailer	x	1475		3,000	2200			
HA-Wide	Office Furniture	x	1406		6,500	6500			
HA-Wide	New Bagger	x	1475		2,200	1697			
HA-Wide	Telephone system	x	1406		1,590	1590			
HA-Wide	A&E Fees	x	1430		13,026	7408			
HA -Wide	Convert ceiling lights t t-8 and efficiency ballasts	x	1475		900	473.25			

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

PHA Name: Exeter Housing Authority 277 Water Street Exeter NH 03833		Grant Type and Number Capital Fund Program No: NH36P014-501 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		
NH14-02	September 2002			September 2003				
Lindenfields								
NH14-03	September 2002			September 2003				
Water street								
NH14-04	September 2002			September 2003				
Ports-Auburn								
HA-Wide	September 2002			September 2003				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Exeter Housing Authority 277 Water Street Exeter NH 03833		Grant Type and Number Capital Fund Program No: NH36P014-501 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	

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

PHA Name					<input type="checkbox"/> Original 5-Year
					<input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY:	Work Statement for Year 3 FFY Grant: PHA FY:	Work Statement for Year 4 FFY Grant: PHA FY:	
	Annual Statement				
Total CFP Funds (Est.)					
Total Replacement Housing Factor Funds					

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Exeter Housing Authority 277 Water Street Exeter, NH 03833			Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:		Federal FY of Grant: 2001
<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	6,000.00	8039		
3	1408 Management Improvements	4,039.00	14709		
4	1410 Administration	2,000.00	0		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,000.00	12,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	8,376.00	8376		
10	1460 Dwelling Structures	95,852.00	99893		
11	1465.1 Dwelling Equipment—Nonexpendable	14,750.00	0		
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	32,500.00	32,500		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

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

PHA Name: Exeter Housing Authority 277 Water Street Exeter, NH 03833	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	175,517.00	175517		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Exeter Housing Authority 277 Water Street, Exeter, NH		Grant Type and Number Capital Fund Program Grant No: 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
				Original	Revised	Funds Obligated	Funds Expended	
NH014-002	Paint 2-4 units per year	1460	2	\$3,000.00	3000			
NH014-002	Reroof buildings	1460	4 buildings	40000	71895.00			
NH014-003	Paint 10 Occupied units	1460	10	\$4,750.00	4450			
NH014-003	Replace Carpeting in 5 occupied units	1460	5	\$4000.00	0			
NH014-003	Replace roof over entryway, community room and garage	1460	3 areas	\$10,000.00	0			
NH014-003	Replace emergency backup generator	1475	1	\$32,500.00	32500			
NH014-003	Replace fire protection panel	1465.		0	4000			
NH014-004	Replace deck boards	1460		\$900.00	900			
Portsmouth	Reroof porches	1460		\$6100.00	0			
Auburn Street	Vinyl siding	1460		\$13,600.00	13,600			
	Reroof Garage	1460		\$3,950.00	0			
	Reroof apt building	1460		\$5,800.00	0			
	Replace knob handle with lever	1460		\$1,497.00	1497			
HA Wide	Operations	1406		6000	8039			
	Management	1408		\$4,039.00	0			
	Administration	1410		\$2,000.00	0			
	Architect/Engineer fees	1430		\$12,000.00	12000			
	Replace toilet in comm room 14-2	1460		\$255.00	255			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Exeter Housing Authority 277 Water Street, Exeter, NH			Grant Type and Number Capital Fund Program Grant No: 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
				Original	Revised	Funds Obligated	Funds Expended	
	Seal and restripe all parking lots	1450		\$8376.00	8376			
	Computer software	1460		14709	14709			
					175521			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name:		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:			Federal FY of Grant:		
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	
NH014-002	9/03			9/04			
Linden Fields							

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

PHA Name:		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:				Federal FY of Grant:	
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	
NH014-003 Water Street	9/03			9/04			
NH014-004 Portsmouth Ave Auburn Street	9/03			9/04			
PHA-Wide	9/03			9/04			

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

PHA Name: Exeter Housing Authority Exeter NH	Grant Type and Number Capital Fund Program Grant No: NH36P011450102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 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	\$35,000.			
3	1408 Management Improvements	\$1000.			
4	1410 Administration	\$1000.			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$10,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$20,000			
10	1460 Dwelling Structures	\$103,596			
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	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$170,596			

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

PHA Name: Exeter Housing Authority Exeter NH	Grant Type and Number Capital Fund Program Grant No: NH36P011450102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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 nh014-002	Development Name Linden Fields (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements		Estimated Cost
Planned Start D (HA Fiscal Year)		
Toilets	\$3900.	2003
Sheds	\$20,000.	2004
Replace fire protection	\$15,000.	2005
Replace windows	\$38,000.	2005
Total estimated cost over next 5 years		\$76,900.

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 NH014-003	Development Name Squamscott View (277 Water Street) (or indicate PHA wide)	
NH014	Exeter Housing Authority	
Description of Needed Physical Improvements or Management Improvements		Estimated Cost
Planned Start D (HA Fiscal Year)		

Kitchen cabinets, floors sinks, bathroom floors vanities and low flow toilets. Second Floor floor.	\$85,000.	2003
Door restrictors elevators	\$3,000.	2003
carpets	\$225.	2003
Kitchen cabinets, floors sinks, bathroom floors vanities and low flow toilets. First Floor	\$89,350.	2004
Emergency pull cords	\$10,000.	2004
Clean vent ducts	\$9,200.	2004
Carpeting	\$5,317.	2005
Replace knob sets with lever handles	12,850.	2005
Replace pull cords	\$22,500.	2006
Control panels both elevators	\$36,200.	2006
Total estimated cost over next 5 years	273,642	

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)	
NH014-004	Portsmouth Ave / Auburn Street	
NH014	Exeter Housing Authority	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (PHA Fiscal Year)
Kitchen cabinets floors, bathroom floors, vanities , and low flow toilets(PA)	\$19,525.	2003
Kitchen cabinets floors, bathroom floors, vanities , and low flow toilets(AS)	\$14,000.	2003
Replace Flooring PA	\$9,000.	2005
Replace Flooring AS	\$9,000.	2005
Replace heating AS/PA	\$50,000.	2006
Replace Roof	\$20,000.	2006
Total estimated cost over next 5 years	121,525	

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 type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number PHA-Wide	Development Name (or indicate PHA wide)PHA-Wide	
NH014	Exeter Housing Authority	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start D (HA Fiscal Year)
Fees & Costs	\$8,000.	2003
Operations	\$35,000.	2003
Management	\$1,000.	2003
Administration	\$1,000.	2003
Fees & Costs	\$5,000.	2004
Operations	\$35,000.	2004
Management	\$1,000.	2004
Administration	\$1,000.	2004
Fees & Costs	\$10,000.	2005
Operations	\$35,000.	2005
Management	\$1,000.	2005
Administration	\$1,000.	2005
New Truck	\$25,000	2005
Fees & Costs	\$5,000.	2006
Operations	\$35,000.	2006
Management	\$1,000.	2006
Administration	\$1,000.	2006
Total estimated cost over next 5 years		193,000

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.

Nh014vf02

Component 10 (IB) 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)?

one

c. How many Assessments were conducted for the PHA's covered developments? **Two**

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
None	none

If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: