

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2002

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

PHA Plan Agency Identification

PHAName: Housing Authority of Darlington

PHANumber: SC005

PHAFiscalYearBeginning:(mm/yyyy) 10/2002

PHA Plan Contact Information:

Name: Earl A. Johnson, Jr.

Phone: (843)393 -0436

TDD:

Email(if available): darl_had@bellsouth.net

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

AnnualPHAPlan
FiscalYear20 02
 [24CFRPart903.7]

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.

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- Attachment A:** Supporting Documents Available for Review
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- Attachment C:** Capital Fund Program 5 Year Action Plan
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- Attachment D:** Resident Membership on PHA Board or Governing Body
- Attachment E:** Membership of Resident Advisory Board or Boards
- Attachment: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Attachment F:** Voluntary Conversion Initial Assessment

Other (List below, providing each attachment name)

ii. Executive Summary

[24CFR Part 903.79(r)]

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

The Housing Authority of Darlington's Annual Plan serves as an instrument to focus on the policies, programs, operations and strategies to meet the challenges of providing public housing to our community. To help this process we are focusing on the following goals (1) Strengthen our core operations; to provide safe, decent and affordable housing. (2) Use Information Technology to make our operations more efficient. (3) Strengthen partnerships with the community through education, training, recognition programs and other community -focused activities. (4) Continuously improve our programs through evaluations, professional training programs for our staff and community involvement that fosters feedback and suggestions from the community being served.

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

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

The biggest change in this year's annual plan is the consolidation of a critical Capital Fund Program initiative. To improve the market viability of four Public Housing units we are consolidating the plant to install air conditioning in our existing units in one construction project instead of during it in a three -year cycle. This change will allow for some economy of scale and reduce the overall cost of the project.

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? \$280,655.00

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 B

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment C

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

[24CFRPart903.79(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 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 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

[24CFRPart903.7(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 as Attachment _____

6. Other Information

[24CFR Part 903.79(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 as 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 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 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 South Carolina

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:
- A. Support the development and availability of safe, decent and affordable housing.
 - B. Support housing initiatives and services to assist the homeless and other persons with special needs.
 - C. Encourage the development of healthy and sustainable communities.

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:** *A substantial deviation from the 5 -year plan is defined as a reprogramming of CFP funds that exceeds \$100,000.00 in any FY.*
- B. Significant Amendment or Modification to the Annual Plan:** *A significant Modification annual plan is defined as a reprogramming of CFP funds that exceeds \$50,000.00.*

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
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input 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
X	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	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
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	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
X	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
	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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	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 home ownership 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
X	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 program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	<p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the 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
X	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p><input checked="" type="checkbox"/> check here if included in the public housing A&O Policy</p>	Pet Policy

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	The Results of the Voluntary Conversion Required Initial Assessments of Public Housing Stock	Annual Plan: Voluntary Conversion Assessments

ATTACHMENT: B1 - CAPITAL FUND PROGRAM ANNUAL STATEMENT SC16P005501-02

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

PHA Name: Housing Authority of Darlington	Grant Type and Number Capital Fund Program: SC16P005501-02 Capital Fund Program 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	28,000.00			
3	1408 Management Improvements	25,000.00			
4	1410 Administration	3,000.00			
5	1411 Audit				
6	1415 Liquidate Damages				
7	1430 Fees and Costs	20,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000.00			
10	1460 Dwelling Structures	190,655.00			
11	1465.1 Dwelling Equipment — Nonexpendable	5,000.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	4,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activity				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	280,655.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHAName: Housing Authority of Darlington		Grant Type and Number Capital Fund Program#: SC16P005501-02 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE	OPERATIONS	1406		28,000.00				
HA-WIDE	SMALL VAN, COMPUTER UPGRADES	1408		25,000.00				
HA-WIDE	ADVERTISING, PRINTING, ETC	1410		3,000.00				
HA-WIDE	A&E	1430		20,000.00				
SC005-1	EROSION CONTROL, IRRIGATION SYSTEM	1450		5,000.00				
HA-WIDE	ADD AIR CONDITIONING TO EXISTING HEATING SYSTEMS	1460		190,655.00				
HA-WIDE	RANGES & REFRIGERATORS	1465.1		5,000.00				
HA-WIDE	PLAYGROUND EQUIPMENT	1475		4,000.00				

ATTACHMENT:B2 -CAPI TALFUNDPROGRAM SC16P005501-01

**AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary**

PHAName:HousingAuthorityofDarlington	GrantType andNumber CapitalFundProgram: SC16P005501-01 CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2001
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OriginalAnnualStatement ReserveforDisasters/Emergencies RevisedAnnualStatement(revisionno:)
 PerformanceandEvaluationReportforPeriodEnding: 06-30-2002 FinalPerformanceandEvaluationReport

Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	40,000.00		40,000.00	40,000.00
3	1408ManagementImprovements	28,000.00		28,000.00	14,561.72
4	1410Administration	3,000.00		3,000.00	0.00
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	20,000.00		17,000.00	0.00
8	1440SiteAcquisition				
9	1450SiteImprovement	15,000.00		15,000.00	1,882.19
10	1460DwellingStructures	86,002.08		47,087.00	47,087.00
11	1465.1DwellingEquipment —Nonexpendable	10,000.00		10,000.00	0.00
12	1470NondwellingStructures				
13	1475 NondwellingEquipment	15,000.00		15,000.00	1,509.24
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivity	85,379.92		38,292.92	2,356.65
19	1502Cont ingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	302,382.00		213,379.92	107,396.80
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504Compliance				
23	Amountoffline20Related toSecurity				

ATTACHMENT:B2 -CAPI TALFUNDPROGRAM SC16P005501-01

AnnualStatement/PerformanceandEvaluationReport

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary

PHAName:HousingAuthorityofDarlington		GrantType andNumber CapitalFundProgram: SC16P005501-01 CapitalFundProgram ReplacementHousingFactorGrantNo:		FederalFYofGrant: 2001
<input type="checkbox"/> OriginalAnnualStatement		<input type="checkbox"/> ReserveforDisasters/Emergencies		<input type="checkbox"/> RevisedAnnualStatement(revisionno:)
<input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 06-30-2002		<input type="checkbox"/> FinalPerformanceandEvaluationReport		
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost
24	Amountofline20RelatedtoEnergyConservation Measures			

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

PHAName: Housing Authority of Darlington		Grant Type and Number Capital Fund Program#: SC16P005501-01 Capital Fund Program Replacement Housing Factor#:			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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE	OPERATIONS	1406		40,000.00		40,000.00	40,000.00	
HA-WIDE	MAINTENANCE TRUCK, COMPUTER UPGRADES	1408		28,000.00		28,000.00	14,561.72	
HA-WIDE	ADVERTISING, PRINTING, ETC	1410		3,000.00		3,000.00	0.00	
HA-WIDE	A&E	1430		20,000.00		17,000.00	0.00	
SC005-1	EROSION CONTROL, NEW MAILBOX STATION	1450		15,000.00		15,000.00	1,882.19	
SC005-1	NEW INTERIOR DOORS & DOOR FRAMES. BATHROOM VANITIES	1460		86,002.08		47,087.00	47,087.00	
SC005-2	BATHROOM VANITIES							
HA-WIDE	RANGES & REFRIGERATORS	1465.1		10,000.00		10,000.00	0.00	
HA-WIDE	PLAYGROUND EQUIPMENT	1475		15,000.00		15,000.00	1,509.24	
SC005-10	DEVELOPMENT ACTIVITIES	1499		85,379.92		38,292.92	2,356.65	

ATTACHMENT:B3 -CAPITALFUNDPROGRAM SC16P005501-00

**AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary**

PHAName: Housing AuthorityofDarlington	GrantTypeandNumber CapitalFundProgram: SC16P005501-00 CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2000
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OriginalAnnualStatement
 PerformanceandEvaluationReportforPeriodEnding: 06-30-2002
 ReserveforDisasters/Emergencies
 RevisedAnnualStatement(revisionno:)
 FinalPerformanceandEvaluationReport

Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds	90,000.00		90,000.00	90,000.00
2	1406Operations				
3	1408ManagementImprovements	27,000.00		27,000.00	24,803.44
4	1410Administration	2,000.00		2,000.00	952.89
5	1411Audit				
6	1415liquidated Damages				
7	1430FeesandCosts	20,000.00		20,000.00	16,000.00
8	1440SiteAcquisition				
9	1450SiteImprovement	2,000.00		2,000.00	2,000.00
10	1460DwellingStructures	142,367.00		142,367.00	3,760.44
11	1465.1DwellingEquipment —Nonexpendable	10,000.00		10,000.00	948.04
12	1470NondwellingStructures				
13	1475NondwellingEquipment	3,000.00		3,000.00	3,000.00
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivity				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	296,367.00		296,367.00	141,464.81
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504C compliance				
23	Amountoffline20RelatedtoSecurity				

ATTACHMENT:B3 -CAPITALFUNDPROGRAM SC16P005501-00

AnnualStatement/PerformanceandEvaluationReport

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary

PHAName:HousingAu thorityofDarlington		GrantTypeandNumber CapitalFundProgram: SC16P005501-00 CapitalFundProgram ReplacementHousingFactorGrantNo:		FederalFYofGrant: 2000
<input type="checkbox"/> OriginalAnnualS tatement		<input type="checkbox"/> ReserveforDisasters/Emergencies		<input type="checkbox"/> RevisedAnnualStatement(revisionno:)
<input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnd ing: 06-30-2002		<input type="checkbox"/> FinalPerformanceandEvaluationReport		
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost
24	Amountofline20RelatedtoEnergyConservation Measures			

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

PHAName: Housing Authority of Darlington		Grant Type and Number Capital Fund Program#: SC16P005501-00 Capital Fund Program Replacement Housing Factor#:			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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE	OPERATIONS	1406		90,000.00		90,000.00	90,000.00	
HA-WIDE	ADMINISTRATIVE VEHICLE & TRACTOR MOWER	1408		27,000.00		27,000.00	24,803.44	
HA-WIDE	ADVERTISING, PRINTING, ETC	1410		2,000.00		2,000.00	952.89	
HA-WIDE	A&E	1430		20,000.00		20,000.00	16,000.00	
SC005-1	EROSION CONTROL	1450		2,000.00		2,000.00	2,000.00	
SC005-2	REPLACE INTERIOR DOORS, AND DOOR FRAMES. REPLACE KITCHEN CABINETS	1460		142,367.00		142,367.00	3,760.44	
HA-WIDE	RANGES & REFRIGERATORS	1465.1		10,000.00		10,000.00	948.04	
HA-WIDE	PLAYGROUND EQUIPMENT	1475		3,000.00		3,000.00	3,000.00	

ATTACHMENT:C

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 years. 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.

CFP5 - Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number: SC005	Development Name (or indicate PHA wide) PHA Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
FY2003 SC005-2: Replace Floor Tile; Inline Shower Rods SC005-2: Brick up/cover Air Conditioner openings that were part of original construction. SC005-2: Replace Mailbox at Bowen Manor SC005-1: Replace bath tub surround in one -story units. SC005-1: Install sidewalk between S. Pine St. and King Edwards Ave. PHA-Wide: Install Playground Equipment (Multi -year project) M/I: Administrative Vehicle: Security Upgrades	300,000.00	2003
FY2004 SC005-1: Complete bath tub surround in one story units (if necessary) SC005-1: Replace bathroom floors with sheet vinyl. SC005-1: Install Concrete Walkway around Two -story units PHA-Wide: Install Mini blinds in all units. PHA-Wide: Continue with Playground Project M/I: Admin Bldg Heating & Cooling Upgrade	300,000.00	2004
Totalestimatedcostovernext5years		

CFP5 -YearActionPlan		
<input checked="" type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number:SC005	DevelopmentName (orindicatePHAwide)PHAWide	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)
FY2005 SC005-1Repair/ReplaceRoofsonallunits SC005-2ReplaceBathtubsurround PHA-Wide:Replaceclosetandpantrydoors M/I:ComputersystemUpgrade Repair/Replace RoofonAdminBldg SupplyStorageBuilding	300,000.00	2005
FY2006 SC005-1:ReplaceApartmentSecurityScreenDoors(FrontandBack) SC005-2:CommunityRoomHeating/AirConditioningUpgrade SC005-2ReplaceApartmentSecurityScreenDoors(Front&Back) M/I:AlarmSystem Upgrade M/I:MaintenanceVehicle(ReplaceVehiclepurchasedFY2001)	300,000.00	2006
Totalestimatedcostovernext5years	1,500,000.00	

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 PHDEPT target Area (development or site where activities will be conducted), the total number of units in each PHDEPT 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.

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

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 havenot 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 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						
FY1996						
FY1997						
FY1998						
FY1999						

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.

9110 – Reimbursement of Law Enforcement						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.							

9115 -SpecialInitiative					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFund ing (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9140 – VoluntaryTenantPatrol					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							

3.							
----	--	--	--	--	--	--	--

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedAc tivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							

2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFu nds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

**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: Mrs. Willie M. Graham

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

- Elected
 Appointed

C. The term of appointment is (include the date term expires): 5 years. Exp. 09/24/2006

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: 9/24/2002

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

Hon. J. Ronald Ward
Mayor, City of Darlington, South Carolina

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.)

Willie Graham	Chairperson
Rose M. Coe	Co-Chairperson
Sarah Witherspoon	
Lessie Mills, Jr.	
Helena James	Co-Chairperson
Rosa Lee Washington	
Lille Mae Johnson	
Mary King	
Brenda Thomas	

Required Attachment E: Voluntary Conversion Initial Assessment

Voluntary Conversion Initial Assessment

- a. How Many of the PHA's developments are subject to the Required Initial Assessments? **All developments (2).**
- 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? **(2) Assessments were conducted.**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: **None.**
- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments. **All Required Initial Assessments are complete .**